**Performance**

**Report**

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| Name: | The Buckland Convalescent Home Services |
| Commission ID: | 201525 |
| Address: | Unit 1, 39 Hawkesbury Road, SPRINGWOOD, New South Wales, 2777 |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:

Provider: 1455 The Buckland Convalescent Hospital

Service: 27833 The Buckland Convalescent Hospital

**This performance report**

This performance report for The Buckland Convalescent Home Services (**the service**) has been prepared by Therese Solomon, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | HCP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Consumers and/or representatives described staff as kind, caring and respectful. Staff spoke respectfully about consumers and with an understanding of consumers’ personal circumstances and described how it influenced the delivery of care and services. Care documentation included information about consumers background, important relationships and things that are important to them.

Staff spoke respectfully of consumers and explained how they value each consumer as an individual. Support workers spoke of how they maintain dignity for consumers when assisting with personal care, such as meeting their preferences for where they like to get dressed in their homes and ensuring doors are closed when they live with others.

Consumers stated their individuality is recognised and respected. Staff spoke of the importance of listening to what consumers want and respecting their individual differences, so each consumer feels valued. The service has a Culturally Safe Care and Services Policy and demonstrated a range of resources available to all staff around providing culturally safe care and services.

Management demonstrated how staff can access a range of resources in other languages when needed. Management stated they are developing connections with various local support groups for people from diverse backgrounds such as Indigenous Australians, veterans, and care leavers.

Consumers are supported to make choices about their care and services, when family and friends should be involved, communicate their decisions, and maintain relationships of choice. Consumers reported they are given choice about when and what services are provided, and that those choices are respected. Staff demonstrated knowledge and understanding of consumers’ choices and could describe how they support consumers to make informed choices about their care and services. Care documentation identified key consumer choices and decisions about care and services, including others they would like involved in their care.

The service demonstrated each consumer is supported to take risks to enable them to live the best life they can. Consumers provided feedback in relation to how the service supports them to live their best life. Staff described how they support consumers to live their best life by linking them with services that meet their needs or doing their preferred activities. Support workers described the support and assistance measures to ensure consumers are as safe as possible while living their best life.

Consumers stated they receive timely and clear information from the service. The service Home Care Agreement include information on home care package services provided, fees and services, advocacy, privacy, and internal and external complaints processes. Consumers who transfer from one home care package level to another level are provided with a new service agreement. Consumers and/or representatives stated communication with the service is excellent and they get the information they need, they confirmed they had been given a copy of their care plan.

The service welcome pack was reviewed, it includes a copy of the Charter of Aged Care Rights, Code of Conduct for aged care workers, information on advocacy services, how to make a complaint, pricing and inclusion/exclusion information, and local community events/activities/supports that the service can assist people to connect with if they wish.

Consumers and/or representative stated their privacy is respected by staff. Staff described how they protect consumers’ personal information and show respect for their privacy. The service has policy and procedures in place to ensure confidentiality and privacy of personal information.

Support workers were aware of their obligation to maintain privacy and confidentiality. Staff have received education on privacy and dignity, and they could demonstrate a sound understanding of how to respect consumers’ privacy and ensure personal information is kept confidential.

The service adheres to its privacy policy by all electronic records being password protected. The service reported they only include information about consumers relevant to a referral when referrals are made, and all home care agreements and staff agreements have privacy and confidentiality clauses detailed, including that consumers must consent to any sharing of their information.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service demonstrated assessment and planning processes, including the consideration of risks to the consumer’s health and well-being to inform the delivery of safe and effective care and services. Documentation reviewed confirmed risks are identified and discussed with consumers, and mitigating strategies implemented to manage the risk. Consumers and/or representatives reported they are satisfied with the assessment and planning process.

The service demonstrated assessment and planning identifies and addresses the consumer’s current needs, goals, and preferences, including advance care planning if the consumer wishes. Consumers and/or representatives stated how the service plans care around what is important to them, and care documentation showed consumers’ needs and preferences were captured, and advance care planning has been raised with consumers and representatives.

The service demonstrated that assessment and planning is based on partnership with the consumers and others that the consumer wishes to include other organisations, individuals, and providers of other care and services. Care documentation show consumers and/or representatives had been involved in the assessment and planning process, and consumers confirmed they are a partner in care.

The service demonstrated that the outcomes of assessment are communicated to the consumer and documented in a care and service plan that is readily available to the consumer, and where care and services are provided. The service provides each consumer with a copy of their care plan, which is readily available to staff at the point of care.

Staff expressed satisfaction with information provided to them related to consumer care need. Staff stated that in addition to care plans, they can access care related information through case notes, task lists which is available on their ‘app’ within their scheduled visit, and verbal communication from the home care manager, and conversations with the consumers and/or their representatives. If support workers are unsure and need further advice, they can speak to either the support advisor, support coordinator, or home care manager to seek clarification.

The service demonstrated care and services are regularly reviewed for effectiveness, when a consumer’s circumstances change or when an incident may impact on their needs, goals, and preferences. Support workers stated care documentation is updated when changes occur, with the service ensuring they are kept informed of these changes through face-to-face handovers or by telephone.

Management described their responsibilities for assessment and planning and described it is a key requirement that care, and services are reviewed regularly for effectiveness especially when circumstances change or when incidents impact on the needs, goals, or preferences of the consumer. Documentation was evidenced to demonstrate regular reviews are conducted.

# Standard 3

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| Personal care and clinical care | | HCP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The service demonstrated that each consumer receives care that is best practice, tailored to their needs, and optimises their health and well-being.

Management described how they ensure best practice care is provided by sub-contracting clinical care to appropriate nursing services. The nursing services will conduct clinical assessments on level three and level four home care package consumers and on case-by-case basis for level one and level two home care package consumers. The service ensures that they are regularly in contact with consumers and/or representatives to ensure consumers are receiving safe and effective care.

The nursing services ensure best practice care is provided through ensuring staff are adequately qualified and are guided by their own policies and procedures within their organisation to meet their professional obligations. During the initial assessment the home care manager will ask consumers whether they would like to be contacted by the service on a weekly, fortnightly, or monthly basis to ensure active involvement in goal setting and to facilitate regular review of the care plan.

The service demonstrated effective management of high impact and high prevalence risks associated with the care of each consumer. Assessments related to risks are completed during the initial assessment, during each care plan review and when circumstances change. Risk forms are completed with consumers if they choose to take risks. Support workers are guided with information readily available which alerts support workers to possible risks and mitigates interventions and strategies during scheduled services.

The service demonstrated knowledge of vulnerable consumers, who consisted of consumers living alone or with complex care needs. The service conducts either weekly, fortnightly, or monthly phone calls depending on the consumers preference to monitor and check in with the consumer.

The service demonstrated the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. Management reported advance care directives are discussed and information is provided to the consumer and/or their representatives if they do not have a current directive in place. It is reviewed annually in accordance with the annual care plan reviews or when a consumer’s condition changes.

The service demonstrated deterioration or change in a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Consumers and/or representatives expressed confidence that support workers would identify and respond to consumer deterioration or change in a timely manner.

Support workers demonstrated their knowledge and responsibilities in reporting consumer deterioration or change to management immediately, calling emergency services if needed and completing an incident report when appropriate.

The service demonstrated that information about consumer’s condition, needs and preferences are communicated within the organisation and with others responsible for care. Consumer consent is obtained during the initial assessment which enables information to be shared internally and externally where responsibility for care is shared.

The service demonstrated that timely and appropriate referrals to individuals, other organisations and providers of other care and services. This included occupational therapists, dieticians, medical practitioners, registered nurses, and providers of equipment. Consumers and/or representatives stated they are satisfied that when needed, the service enables appropriate individuals and others to be involved in care and service delivery.

The service demonstrated the minimisation of infection related risks through the implementing of precautions to prevent and control infections. Consumers and/or representatives were satisfied with the measures staff take to protect the consumers from infection. Management stated infection control protocols are implemented in alignment with public health directives.

Management reported they provide each support worker with a toolbox that contains personal protective equipment and rapid antigen testing kits. Support worker said they wear personal protective equipment as appropriate, participate in infection control training, have the mandatory required vaccinations, and do not work when unwell.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Quality Standard is assessed as Compliant as six of the seven specific requirements have been assessed as Compliant.

The service was able to demonstrate consumers get supports for daily living that meet their needs, goals, and preferences. Care plans reviewed demonstrate how the service supports consumers, and support workers described how they take consumers on outings of their choice to optimise their well-being and quality of life.

Consumers and/or representatives stated the various ways that they receive safe supports for daily living to optimise their independence and quality of life. Management reported they ensure consumers are supported to optimise their independence, health, well-being, and quality of life. The service conducts weekly, fortnightly or monthly catch ups via telehealth to ensure active involvement in goal setting.

The service demonstrated that services and supports promote each consumer’s emotional, spiritual, and psychological well-being. Consumers and/or representatives stated staff knew consumers well and could describe the many ways how services provided enhance their emotional and psychological well-being, including services such as social and community outings. Support workers described their strategies to support consumers emotionally, spiritually and promote their psychological wellbeing.

The service supports consumers by assisting to participate in their community in a way that interests them and to have social and personal relationships. Management advised that during the initial assessment the goals for the consumers are established including any social activities that are important to them and they use this information to help guide and achieve these goals. The preferences are then documented in the consumers care plans.

A review of consumer care plans confirmed the preference of outings to the community and other things that interest consumers are documented.

The service demonstrated information about consumers is communicated within the organisation and with others who are responsible for the consumer’s care. The mobile app for support workers was observed by the Assessment Team to have comprehensive information documented about the consumers. Care plans were reviewed and showed the condition, needs, and preferences recorded.

Consumers and/or representatives stated the service conducts annual reviews to capture their current condition, needs and preferences. They both advised that all staff are aware of their needs, both emotional and physical.

The service demonstrated timely and appropriate referrals to other organisations and providers of care and services. Feedback received from consumers described the effective and timely referral process, and the review of care documentation evidenced timely and appropriate referrals are made in response to the support needs of the consumers.

The service demonstrated that where equipment is provided, it is safe, suitable, clean, and well maintained. Evidence viewed confirmed that assistive devices, mobility aids and recliner lift chairs provided were assessed by either an occupational therapist or physiotherapist and deemed safe and suitable by the consumers.

Support workers stated if they see anything wrong with either the assistive devices or mobility aids, they know to call the office immediately and advise the consumer of their concern.

# Standard 6

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| Feedback and complaints | | HCP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Consumers and/or representatives stated they feel encouraged, safe, and supported to provide feedback and make complaints. Staff described the avenues available for consumers and representatives if they wanted to provide feedback or make a complaint, and the process they follow should a consumer or representative raise an issue with them directly. The service has processes and systems in place for consumers, representatives, and staff to provide feedback or make a complaint, and these are included in the continuous improvement process.

Consumers and/or representatives stated they are aware of the complaints and escalation process if required and are comfortable raising concerns with management and staff. Staff demonstrated understanding of advocacy policies available for consumers. Staff were able to describe how they assist consumers who have cognitive impairment and communication difficulties.

The service includes information on how to make a complaint and how to access advocacy services in the welcome pack, service agreement, and consumer’s home file. This information includes internal and external complaint avenues, how to access advocacy services, contact details for the service and the organisation, and contact details for the Aged Care Quality and Safety Commission.

Consumers and/or representatives stated the service addresses and resolves their concerns and complaints. Consumers confirmed staff and management provide an apology upon the making of a complaint or when things go wrong. Support workers described the process followed when receiving feedback or a complaint and said they escalate complaints for investigation and follow-up.

Management reported an open disclosure process is applied following an adverse event, and as part of the service’s complaints management and resolution process. The service has policies and procedures that guide staff through the complaints management and open disclosure process.

The complaint register demonstrated each complaint had been appropriately investigated and the consumer and/or representative had been involved in the process. Open disclosure was reflected in most entries. Service documentation includes Feedback and Complaints Guide, Complaints and Incidents Registers, Open Disclosure Policy, and training records showed all staff had received training in complaints and open disclosure.

Consumers and/or representatives stated the service seeks their feedback about the services and supports they receive via phone calls from their support advisor and on an ad hoc basis from support workers. The service has an annual survey in which all consumers and/or representatives are encouraged to participate. Management described how they use the information from complaints and feedback to gain insight to the quality-of-service provision and reports are made to the governing body.

# Standard 7

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| Human resources | | HCP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service demonstrated that the number and mix of workforce members are sufficient to deliver safe and quality care and services to consumers. Management described how they take account of consumer and support worker locations and travel time required when planning service times, and that they encourage consumers to have at least two support workers who regularly attend services. Support workers are employed full time, or part time with full days, which provides the service with flexibility to meet consumer requests or other short notice changes. Consumers and/or representatives provided positive feedback regarding staff, and all said they are satisfied with the support workers attending services for them.

Consumers and/or representatives stated that staff are kind and caring and that they respect their identity and diversity. Staff demonstrated how they provide care that is respectful to each consumer’s identity, culture, and diversity. Support workers described how they treat each consumer as an individual and described individual preferences and how they accommodate these for each consumer.

The service demonstrated the workforce is competent and the members of the workforce have the skills, qualifications, and knowledge to effectively perform their roles. The service described having a recruitment process and an initial onboarding process to ensure that the workforce is competent to perform their roles. Recruited staff must have relevant qualifications specific to their roles or be willing to undertake the necessary training. Contract agreements with brokered service providers for clinical care and allied health include clauses relating to minimum qualifications and other compliance requirements to remain current.

The service demonstrated it has implemented appropriate systems and processes to ensure appropriately trained and skilled staff are recruited and supported to deliver quality care and services. Staff are recruited using a formal recruitment process that includes interviews, referee checks and qualification checks. Management said that ongoing training and development is provided for all staff and their participation in the training programs is recorded. Management described the organisation’s training program and relevant processes for identifying staff training needs. Staff said they received training during their orientation and are provided time and support to participate in ongoing training.

The service was able to demonstrate that the performance of the workforce is regularly assessed, monitored, and reviewed. Management advised, and staff interviews confirmed, the service has probationary and ongoing performance review systems in place. The Assessment Team sighted the service’s policies and guidance materials that guide processes for regular assessment, monitoring and review of the performance of staff along with a completed appraisal document. In addition, the Assessment Team reviewed various documents that guide staff practice including training materials, training records, policies, processes, and duty statements.

Regarding subcontracted staff, feedback is regularly sought from consumers and/or representatives on their performance and any issues would be addressed through discussion with the relevant agencies. Management confirmed that performance appraisal and management of subcontracted staff forms part of vendor agreements. Agencies with ongoing performance issues would be terminated and new ones organised as needed.

# Standard 8

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| Organisational governance | | HCP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers and/or representatives stated they provide ongoing input into how care and services are delivered. They confirmed that the service has sought their input in a variety of ways such as monthly phone calls, annual surveys, and face to face discussions. They said that they feel included in the discussions around care planning and service provision. Management advised they have invited consumers to join the organisation’s consumer advisory body, and have planned follow up with particular consumers to provide further information.

The service demonstrated that the organisation’s governing body promotes a culture of safe and inclusive care. The governing body uses information from consolidated reports to identify the service’s compliance with the Quality Standards, initiate improvement actions to enhance performance and monitor care and service delivery. Reports to the executive include clinical governance and quality review summaries. The organisation drives improvements and innovations using data from audits, clinical indicator reports, incidents, complaints, and consumer/staff feedback. Management said that the service strives to improve its quality of care by being responsive to information from their data.

Management confirmed and review of records evidenced the governing body is accountable for and promotes the delivery of safe, inclusive care and services. Policies and other documents are published by the organisation to guide management and staff and to inform consumers and others to promote safe, inclusive, and quality care and services. The organisation has a clinical governance framework that establishes accountability from the service manager through various committees to the governing body.

The Assessment Team observed documentation and conducted service staff and senior management interviews that demonstrated effective organisation-wide governance systems in relation to areas including, but not limited to, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints. Consumers and representatives said they felt the service encourages feedback and complaints and uses this information for continuous improvement. Staff were able to describe key principles of the organisation-wide governance systems, such as feedback and complaints and regulatory compliance. The service has policies and procedures that detail processes around each governance system to guide staff practice.

Management at the service are responsible for managing the continuous quality improvement process. Continuous improvement is informed from a variety of sources, including consumer and/or representative feedback and complaints mechanisms, consumer experience survey results, regular analysis of incident data, staff feedback, and regular audits. The service has a continuous improvement plan which showed evidence of activities and their review.

The service manager is supported by the organisation in monitoring regulatory compliance. Individual staff members and shared team email inboxes are subscribed to industry and regulatory updates and changes from a range of sources. Management demonstrated knowledge regarding Serious Incident Response Scheme reporting for home services, minimising use of restrictive practices, consumer advisory body requirements, pricing caps, and other recent and upcoming home care package program reform changes.

The organisation has a comprehensive suite of policies and procedures, including a risk management policy. Management described how these inform how high impact or high prevalence risks associated with the care of consumers are managed, the abuse and neglect of consumers can be identified and responded to, consumers are supported to live the best life they can, and incidents are managed. Staff confirmed that they had received education on these topics and were able to provide examples of their relevance to their work. Staff demonstrated knowledge of various risk minimisation strategies which correlated to interventions documented in consumer care plans. Staff described their reporting responsibility in relation to incidents and suspicion of abuse.

The service maintains a risk register which records consumers who are vulnerable, living with dementia, at risk of falls, and other risks identified by the service or via clinical assessment. Risks are identified, analysed, evaluated, and treated in accordance with a risk matrix. Consumer documentation showed the service is in frequent contact with consumers identified as high risk.

The organisation has a clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and open disclosure. The service utilises this framework for the relevant aspects of providing home care packages for consumers. Staff were aware of antimicrobial stewardship and minimising the use of restraint, however said there was limited opportunity to implement these aspects due to their consumer cohort in the community setting. Use of open disclosure was evident throughout service and organisation documentation and staff demonstrated their knowledge of open disclosure to the Assessment Team.

The service contracts clinical care to a nursing agency and the contracted registered nurse described their agency’s policies and clinical governance. Both service staff and agency staff described the frequent communication that occurs regarding consumers’ clinical care.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)