**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | The Frank Whiddon Masonic Homes of New South Wales |
| Commission ID: | 200301 |
| Address: | 81 Belmont Road, GLENFIELD, New South Wales, 2167 |
| Activity type: | Quality Audit |
| Activity date: | 24 September 2024 to 27 September 2024 |
| Performance report date: | 6 November 2024 |

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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 769 The Frank Whiddon Masonic Homes of New South Wales  
Service: 17568 Ilumba Gardens CACP Service  
Service: 17789 The Whiddon Group Far North Coast  
Service: 17790 The Whiddon Group Far North Coast (Grafton)  
Service: 17791 The Whiddon Group Far North Coast (Tweed Heads)  
Service: 17793 The Whiddon Group Hunter (Redhead)  
Service: 17795 The Whiddon Group Mid North Coast (Wingham)  
Service: 17796 The Whiddon Group New England  
Service: 17797 The Whiddon Group South West Sydney (Glenfield)  
Service: 27763 The Whiddon Group- Northern Sydney  
Service: 26968 Whiddon Community Care South East QLD  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8000 THE FRANK WHIDDON MASONIC HOMES OF NEW SOUTH WALES  
Service: 23978 THE FRANK WHIDDON MASONIC HOMES OF NEW SOUTH WALES - Community and Home Support

**This performance report**

This performance report has been prepared by A Cachia, 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 services it operates, 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.

The provider did not submit a response to the Assessment Team’s report for the Quality Audit.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| 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 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# 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

|  |  |  |  |
| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers said staff treat them with dignity and respect, with consumers sharing in different ways how they feel treated well by staff across all services. Staff explained how they treat consumers with dignity and respect, sharing how they understand what is important to consumers and respect consumers identity, background and preferences. Sampled consumer documentation were recorded in a respectful manner, including their needs and preferences.

Consumers and their representatives said they are satisfied that consumers cultural needs and background are understood by staff, reflecting culturally safe care and services by making them feel valued and respected. Staff explained how they deliver culturally safe care and tailored services to consumers’ individual needs, with staff advising they accommodate to consumer’s beliefs. Management said staff induction processes include training modules on working with culturally and linguistically diverse consumers. Documentation showed consumer’s cultural background and preferences were recorded in assessments, which informed consumer care plans.

Consumers and representatives said they are informed about their care and service options available and are encouraged to actively make decisions about their care and delivery of services. One representative advised how a consumer receives a lot of choices to do what they want and furthermore, said staff make suggestions, however they do not influence the consumers choice. Staff were knowledgeable and explained how they support consumer decisions and provide options when undertaking services. Sampled consumer documentation showed staff are actively working with and involving consumers in the planning of their care and services, including examples of involving representatives which include enduring power of attorney’s and general practitioners in decision around consumer’s ongoing care.

Consumers and their representatives said did not identify risk as a separate issue, but instead spoke about how the provider supports their choices to enable them to live the best life they can. Staff were knowledgeable about the dignity of risk procedure and explained how they provide information to consumers to inform decision making. Management explained, and documentation showed processes when working with consumers who have identified an activity that would be considered a risk, guiding staff in understanding the consumer, their capacity and activity of risk they wish to undertake.

Consumers and their representatives said they are satisfied with the information they receive, which is clear and easy to understand, including a welcome pack and client agreement. Most consumers said they receive copies of their monthly statements which they understand. Management explained how staff attend consumers’ homes to go through information in the client information pack, budgets and agreements to ensure consumers understand. Sampled consumer documentation showed consumers are provided with information at the commencement of services, including their agreement, Charter of Aged Care Rights, client handbook and complaints form.

Consumers and representatives said they felt their privacy was respected, and personal information remained confidential, advising they had no concerns across all services. Staff were knowledgeable and provided examples of how they ensure a consumer’s privacy is maintained, by ensuring consent and privacy documentation are up to date. Staff and management said consumer information is predominantly kept on the electronic system and are aware of the need to maintain confidentiality. Documentation showed policies and procedures in place including privacy, dignity and consent to release information if required.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 1 Consumer dignity and choice.

# Standard 2

|  |  |  |  |
| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

Consumers and their representatives are satisfied with how services support consumers’ needs, providing positive feedback on assessment and care planning processes. Staff explained the assessment and care planning process considers individual risk and informs the delivery of consumers’ care and services. Management described processes in place to ensure the delivery of safe and effective services, with each service demonstrating current assessment and care planning, including consideration of risks to consumer’s health and well-being. Sampled care plans showed consistent processes across all services, including detail to guide the delivery of services such as risks identified and documented.

Sampled care plans captured sufficient detail of consumers' needs, goals and preferences to enable staff to provide effective services. Consumers and representatives said care and services meet consumers’ needs and goals, including the opportunity to discuss advance care planning. Staff were knowledgeable and explained how they undertake assessments which consider consumer’s needs, goals and preferences and plan services accordingly. Documentation showed policies and processes in place to guide staff to assess needs, goals and preferences, along with advance care planning.

Consumers and representatives said they are actively involved in the decision-making process when developing or reviewing a care plan to ensure that it meets consumers’ needs. Staff described ways they ensure ongoing communication is maintained, including the involvement of the consumer and any nominated advocates or representatives. Care planning documentation was reflective of the consumer and inclusive of those involved in the care of the consumer.

Consumers and representatives described the care and services they receive, with all consumers recalling being provided with a copy of the consumer care plan. Staff described how they provide services and support in alignment with the consumers care plans available, where all information is available to staff. Sampled consumer files evidenced demonstrated care planning and assessment documentation available for all consumers.

Consumers and representatives said they are satisfied with the regular reviews of care and services, confirming that staff make changes to meet consumers current needs and make contact on a regular basis. Staff and management said consumers’ care and services are reassessed annually, with the involvement of consumers and their representatives or when a change in circumstances occurs. Furthermore, staff explained that they tend to see the same consumers regularly and are able to identify deterioration in their physical and mental well-being.

Based on the evidence summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

|  |  |  |  |
| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

The provider has processes and guidelines to ensure each consumer gets safe and effective personal, and clinical care, that is best practice, tailored to their needs, and optimises their health and well-being. Consumers and representatives said consumers were satisfied with the care they receive and provided examples of tailored care. Staff were knowledgeable and advised they received training in the provision of personal care. Management explained how they employ clinical staff for clinical oversight who cover direct care services. Sampled consumer files confirmed services are provided in line with care plans, developed to optimise their health and wellbeing.

Processes and policies are in place to manage high impact or high prevalence risks associated with the care of consumers, including risk management systems to monitor, identify and manage risks relating to consumer care. Staff were knowledgeable of consumers’ risks and interventions used to manage or minimise risk of harm, and discussed how any high impact or high prevalence risks are recorded on the risk register for monitoring. Sampled consumer files and interviews with staff demonstrate effective management of high impact or high prevalence risks, including wounds, falls and stoma care.

Consumers and their representatives said they recall the offer to discuss advanced care directives and end of life. Staff said, and documentation showed staff provide information to consumers and representatives about advance care and end of life planning, which is offered during each assessment and review process as care needs change Sampled consumer files showed end of life discussions were had with consumers and their representatives, including examples of consumers disclosing their wishes. Documentation showed policies in place that include consumer’s needs, goals and preferences, inclusive of end-of-life care.

Consumers and their representatives said they felt confident staff know consumers well and would identify and report changes to overall health and well-being. Staff were knowledgeable and understood their responsibilities when responding to consumer deterioration and change, providing examples of significant changes that occurred in consumers personal or clinical care needs. Documentation showed, and staff said deterioration in consumers’ health, cognition or physical function is recognised and responded to, in line with the organisation’s policies and procedures. Sampled care documentation identified staff recognised, reported and responded to consumer condition changes.

Information regarding consumers’ condition, needs and preferences is documented on a care plan and readily available to staff and others where responsibility for care is shared. Consumers, representatives and staff considered consumers’ needs and preferences are effectively communicated between staff. Staff said they communicate information about consumer’s conditions by submitting updated progress notes on the mobile application, which was sighted by the Assessment Team.

There are processes in place to ensure appropriate and timely referrals to individuals or other care and service providers. Consumers and representatives said they are satisfied with the timeliness of referral processes and the care and services received. Staff said in the instance where services could not provide suitable support internally to meet the consumer’s needs, they are supported to access external support services, including allied health providers. Documentation showed referrals are made in an appropriate and timely manner.

Consumers and representatives said they felt assured by the organisation’s commitment to take measures to protect consumers from infection. Staff said, and management confirmed, they are vigilant in their adherence to hygiene practices, including use of personal protective equipment. Documentation outlined each service has effective processes in place for the prevention and control of infection including management of an infectious outbreak.

Based on this evidence, I find the provider, in relation to each service, compliant with Requirements in Standard 3, Personal care and clinical care.

# Standard 4

|  |  |  |  |
| --- | --- | --- | --- |
| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Not Applicable |

Findings

Consumers and their representatives said the services and supports consumers receive help them to maintain quality of life and to be active and independent. Staff demonstrated an understanding of what is important to consumers and described how they help the consumer to maintain independence. Documentation showed processes are in place to identify and build services to meet consumers’ preferences and care planning documentation were written in a consumer centric way, including their interests and personal goals.

Consumers and their representatives said consumers enjoy services and supports for daily living, which promotes their emotional well-being, sharing positive feedback about feeling socially connected. Staff demonstrated sound knowledge of consumers and strategies to ensure they are appropriately supported, including assisting in maintaining their emotional, spiritual and psychological well-being. Documentation evidenced showed detailed information regarding consumer’s emotional, spiritual and psychological well-being in the assessment and care plan template.

Consumers and their representatives described how consumers are supported to participate in opportunities within their community to build and maintain social and personal relationships and do things of interest to them. One consumer shared how they do not attend a social support service, however, enjoys interactions and conversation with staff delivering services, encouraging social connection for the consumer. Staff demonstrated knowledge of consumers, including their social connections and described examples of activities consumers enjoy, including attending particular shopping centres and going for drives and walks around their local community. Sampled care plans showed information on what was important to consumers, including their interests, preferred activities and relationships in the consumers’ lives.

Consumers and their representatives said they were satisfied with the organisation’s communication systems in place to ensure staff know consumer needs when changes occur, and representatives are kept informed. Staff described how to access, update and share consumer information with those involved in consumer’s care. Furthermore, staff explained how they communicate with consumers and their family and provide information for services as needed. Sampled care documentation showed progress notes and communication with representatives and other service providers.

Consumers and their representatives said they were satisfied with the referral process and provided examples of how they have been referred to allied health professionals to access equipment and home modifications. Interviews with staff and documentation showed consumers are referred to other individuals, organisations and providers of other care and services as needed. Management described, and documentation showed processes in place to ensure appropriate referrals are made, based on the consumer’s needs.

Consumers on a Home Care Package (HCP) can access meals through their package including meal preparation and ready-made meals, while consumers accessing social support groups said they receive suitable meals that meet their needs. Staff described, and documentation showed how home-based meals are organised for HCP consumers along with the provision of meals are centre-based groups. Consumers said they were satisfied with the meals they access each week either at home or during social support groups and expressed positive feedback about the food and stated the food is of suitable quality and quantity. The Assessment Team observed lists of consumer allergies and food preferences in the kitchens on site.

Processes are in place to ensure equipment is used to support daily living is safe, suitable, clean and well maintained. Consumers receiving a home care package said they are satisfied with equipment provided, describing equipment as safe, suitable, and maintained to assist consumers in their daily lives. Staff said equipment is accessed based on individual needs and provided through the HCP package, and explained if consumers do not have enough funds, renting equipment is an option. Sampled consumer files showed equipment identified in the consumer home and progress notes sighted, including referrals for occupational therapist assessments.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements, in Standard 4 Services and supports for daily living.

# Standard 5

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Not Applicable | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Not Applicable | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable | Compliant |

Findings

Consumers said, and observations showed consumers are always welcomed and safe, sharing how they find it easy to navigate and understand the centre-based service environment. The Assessment Team observed how staff in each service location demonstrated an in depth understanding of consumers, including welcoming them by name, and were knowledgeable about their interests and mobility support needs. Furthermore, staff were able to ensure the service environment encourages consumer independence and a sense of belonging. Service environment signage and functions were observed to be well maintained.

The service environment was observed to be clean, safe and well-maintained. The environment was well laid out and provided spacious areas wide enough for consumers to move freely, with consumers and staff sharing how they can move freely to the outside area. Consumers and representatives said they have no complaints about the safety or cleanliness of the service environments. Staff and management said they maintain the cleanliness of the environment, utilising cleaning schedules and venue safety checklists, and were knowledgeable in how to report maintenance requests.

Consumers from each service environment said furniture and equipment are safe, clean and well-maintained. Staff and management said, and documentation evidence cleaning, and maintenance checks are performed regularly at each day at the day centres.

Based on this evidence, I find the provider, in relation to each service, compliant with all Requirements in Standard 5 Organisation’s service environment.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers and representatives said they feel supported, comfortable and know how to provide feedback and make complaints. Staff and management were knowledgeable of the feedback and complaints process, and said they encourage consumers and representatives by providing information to assist with providing feedback or to make a complaint. Documentation showed information about the organisation’s complaints and feedback processes available, and policies and procedures are in place to guide staff on how to support consumers in various ways.

Consumers and representatives across each service said they were aware of and have access to advocacy and language services, including external supports such as the Commission. Staff said they received training on the consumer’s rights to access alternate avenues for complaints. Management was knowledgeable, and documentation showed they support consumers and representatives by providing advocacy service and complaints information in their information pack.

Consumers and representatives said they are satisfied that concerns raised are actioned to their satisfaction in a timely manner, explaining how each service keeps consumers informed throughout the process. Staff described how they escalate and record complaints regarding care and services and were knowledgeable and provided examples of how they demonstrate open disclosure. Management described the organisation’s complaints process, management systems and demonstrated appropriate action, including open disclosure of complaints.

Consumers and representatives said they are satisfied the service listens to their feedback and makes necessary changes to ensure feedback is actioned promptly. Management described and provided examples of how service-wide improvements were made as a result of feedback and complaints. Documentation showed the organisation’s complaints and feedback register is tracked against sampled consumers evidenced, with trend data analysed and reported to the Board by management.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 6 Feedback and complaints.

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Consumers and representatives were satisfied with the number of staff available, advising that staff arrive on time and have enough time to complete their duties. Staff said in different ways that they have sufficient time to complete their work effectively. Management discussed workforce planning and analysis of workforce needs, and reported recruitment strategies to ensure scheduling sufficient resources and a mix of members are deployed to deliver safe and quality care and services. Furthermore, management said, and documentation showed the organisation responds promptly to unexpected workforce shortages through the casual staff pool available.

Consumers and representatives said staff are kind, respectful and caring and are responsive to consumers’ needs, including examples such as staff making time to get to know and understand consumers. Staff were knowledgeable and provided examples, demonstrating how they treat each consumer respectfully and have an awareness of individual preferences and diverse needs. Management explained there are numerous touchpoints through staff support and supervision to ensure staff interactions are compliant with the Code of Conduct. Documentation showed policies and procedures supporting the organisation’s consumer-centred approach.

Consumers and representatives provided positive feedback that staff understood consumers’ needs and effectively performed their roles. Staff said they work within their responsibilities, skills and scope of practice, holding qualifications and skillset to deliver adequate service delivery to consumers. Management explained, and documentation showed how the organisation determines staff as competent and capable in their role through minimum essential qualification requirements and comprehensive job descriptions, including programs and training.

Consumers and representatives said they are satisfied with staff training and are confident they are equipped to deliver quality care and services. Staff said the organisation provides an orientation on commencement along with mandatory training and a practical buddy support system. Management said staff training is tracked through the organisation’s training system, alerting managers in instances where training is overdue. Furthermore, management explained how the organisation delivers monthly community of practices and clinical review meetings to examine caseloads.

Consumers and their representatives said in different ways how each service is in regular contact with consumers, and they feel comfortable providing feedback on staff performance. Staff and management said systems are in place to regularly assess, monitor and review staff performance, including formal annual reviews and regular information opportunities, including team meetings and one-on-one support. Management described the process for monitoring and reviewing staff performance through annual performance reviews and explained each service uses feedback from consumers and staff appraisals to inform training needs. The Assessment Team sighted performance appraisals are regularly completed with staff.

Based on the information summarised above, I find the provider, in relation to each service, compliant with all Requirements in Standard 7 Human resources.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Not Applicable |

Findings

Consumers and representatives said they are satisfied with the quality of services and are encouraged to participate in the development, delivery and evaluation of care and services, including having the opportunity to provide feedback via surveys and other mechanisms. Management explained how they engage consumers through various mechanisms, including feedback channels, including evaluation surveys and consumer advisory committee meetings, to seek input and feedback from consumers to improve care and services. Documentation showed meeting minutes from the community advisory body, and surveys, including feedback and continuous improvement policy.

The provider’s governing body (the Board) promotes a safe, inclusive, and quality care and are accountable for its delivery of services. Consumers and staff said they are satisfied that each service promotes a culture of safe, inclusive and quality care, with consumers complimenting staff responsiveness. Management explained how each service is supported by organisation wide governance systems and processes that underpin the governing body’s responsibilities for and commitment to promoting a culture of safe, inclusive and quality care. Documentation showed regular meeting minutes from management and the Board, along with evidence of discussion around quality and compliance matters, internal audit results, key risk areas and continuous improvement changes.

Interviews with consumers and staff, and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. There are systems and practices in place to ensure effective regulatory compliance including information reviewed by management and senior executive collaboratively to inform and distribute to staff and the Board. Staff are kept informed of regulatory change through meetings, updated operational processes and emails. Documentation evidenced demonstrated the organisation’s regular monitoring of COVID-19 vaccinations, training and police checks through the data management system.

There are systems and practices in place to ensure effective management of high impact or high prevalence risks. Staff were knowledgeable and said they completed training on identifying abuse and neglect of consumers and understood the services reporting processes, including incident escalation. Management described how consumer risks are identified during the onboarding and care planning and assessment process. The Assessment Team sighted evidence of a risk management system to address various aspects of consumer safety, with documentation and staff demonstrating how consumer incidents are reported and referred to appropriate health professionals for assessment and mitigation of risks.

The organisation has a clinical governance framework and multi-tiered committee overseeing clinical issues at the operational, organisational and Board level, which addresses minimising the use of restraint, open disclosure, and antimicrobial stewardship. Management explained the clinical governance framework has four key elements, including consumer value, clinical performance and evaluation, clinical risk and professional development and management that support in improving consumers health outcomes and personal experience. Documentation showed policies and processes in place to measure, monitor and respond to clinical indicators, clinical risks and consumer outcomes.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements in Standard 8 Organisational governance.

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