**Performance**

**Report**

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| Name: | Uniting Church - Lilyfield |
| Commission ID: | 200179 |
| Address: | 1 Glover Street, LILYFIELD, New South Wales, 2040 |
| Activity type: | Quality Audit |
| Activity date: | 30 November 2023 to 1 December 2023 |
| Performance report date: | 6 February 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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  
Service: 17634 Lucan Care Dementia EACH Packages  
Service: 17635 Lucan Care EACH Packages  
Service: 17775 Sydney Region - EACH Program  
Service: 17776 Sydney Region EACH Dementia Program  
Service: 17819 UnitingCare Ageing - Sydney Region - Inner West  
Service: 17820 UnitingCare Ageing - Sydney Region – NESB

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8359 UNITING (NSW.ACT)  
Service: 25089 UNITING (NSW.ACT) - Care Relationships and Carer Support  
Service: 25090 UNITING (NSW.ACT) - Community and Home Support

**This performance report**

This performance report for Uniting Church - Lilyfield (**the service**) has been prepared by L. Malone, 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
* the provider’s response to the assessment team’s report received 1 February 2024

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 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

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| --- | --- | --- | --- |
| 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 and representatives said staff respect consumers and understand what is important to their religious background, values, or culture, and how these impact on the way consumers wish for their services to be delivered. Staff demonstrated knowledge of what is important to individual consumers and provided examples of how they personalise care and services to ensure they are respectful and dignified. Consumer care documentation evidenced consideration of the whole person including the consumer’s social circumstances, involvement in decision making and what is important to their physical and psychosocial wellbeing. The service has written policies and procedures which value diversity and respectful relationships with consumers.

Consumers and representatives said consumers feel safe, welcomed or valued. Staff at the service spoke respectfully about the consumers they provide care to, and demonstrated knowledge of their identity and backgrounds, significant cultural practices or celebrations and what is respectful to that individual. Consumer care documentation contained information about consumers’ language and cultural backgrounds, preference for interpreter, and specific cultural needs such as days of worship or significant cultural practices. The service has policies and procedures to support the delivery of inclusive and culturally safe care and services.

Consumers and representatives were satisfied consumers are engaged in decision making, can exercise choices and are supported to involve who they chose and maintain important relationships. Staff provided examples of how consumer choices are respected such as scheduling the services to the consumer’s preference, ensuring they receive a preferred support worker, or supporting them in choices related to the type of social activities they wish to attend. Consumers and representatives are informed of their rights and responsibilities, including consumer’s right to make decisions about their own care, and care documentation demonstrated care and services in line with consumer’s choices.

Staff described how they support consumers live the best life by understanding their choices and proving the right supports. Staff described how they support choices involving risk through appropriate assessment, or engagement of external providers, to optimise safety. Management described how the service values the consumer’s right to take risks and how effective assessment and care planning enables the service to support consumers in this. Care documentation provided information about goals each consumer had identified and how the services in place support their choice, including choices involving risk.

Consumers and representatives said they receive timely and accurate information which supports them to make choices, or understand, their care and services. They describe receiving a range of written information and regular verbal communication, including monthly statements of spending, and said they are kept up to date with changes and are able to keep track of the cost of their services or how their funds are spent.

Consumers and representatives were satisfied that consumers’ personal information is protected and shared appropriately, and that the care provided to them is dignified and respectful or their personal privacy. Staff and management were able to describe practical ways they respect consumers’ privacy including keeping information safe and the relevant policies and procedures which support staff practice.

I have considered the evidence presented in the Quality Audit Report, and summarised above, and I find Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f) to be Compliant.

# Standard 2

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| 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 representative feedback presented throughout the Standard 2 in the Quality Audit Report satisfies me that consumers feel assessment and care planning processes enables staff to be informed of consumers’ needs and plan care that is safe and effective. Consumers described being informed of their care plan and in regular contact with their coordinator. Management and staff described processes to identify risks to a consumer’s wellbeing including an initial screening and an initial clinical assessment which considers the consumer’s medical history, medication, allergies, current health providers, skin integrity, risk of falls and other factors. Care documentation identification of relevant risks for consumers through valid and appropriate assessments, and that strategies planned to manage risks are appropriate to the level and type of risk for that individual consumer.

Care documentation demonstrated the service discusses Advance Care Planning (ACP) and end of life wishes with consumer, and their wishes are documented if the consumer choses. Staff and management said ACP is discussed during the initial assessment process and is revisited if appropriate. Management said the service has an internal palliative care team. Care planning documents viewed by the Assessment Team described consumer’s current needs, goals and preferences in line with feedback provided by respective consumers and representatives interviewed.

Consumers and representatives described being engaged in assessment and care planning and that it is a partnership between the service, the consumer, and others the consumer wishes to involve in their care. Care documentation provided evidence of consumers’, and their representatives, involvement in the planning of services and in regular reviews, and the engagement of brokered services to meet consumers’ choices.

Consumers and representatives said they have a written copy of their care plan. Staff interviews and care documentation demonstrated effective communication of assessment outcomes to consumers and to other providers of care, and that recommendations are discussed with the consumer and/ or representative prior to implementation. Consumer care plans are stored in the electronic consumer file and are sent to consumers via email. Staff described assessment and care planning information to be accessible and accurate.

Consumer care documentation demonstrated evidence of regular reviews of assessment and care planning at both scheduled intervals and when a consumer’s condition or circumstances change. It was noted by the Assessment Team, that some consumers had undergone more frequent review due to more frequent medical changes or hospitalisation, and that reviews are responsive to the individual consumer’s circumstances. The service has an electronic care management system which provides alerts when a consumer is due for review.

I have considered the evidence presented in the Quality Audit Report, and summarised above, and I find Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e) to be Compliant.

# Standard 3

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| 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

Consumers and representatives said that staff know what they are doing, and consumers receive personal and clinical care that is safe and right for them. Consumers who require clinical care such wound care, catheter care or diabetes management undergo a comprehensive clinical assessment by a nurse. The Assessment Team found care file documentation to demonstrate care delivered in line with care plans, that the effectiveness of personal and clinical care is monitored, and that care is best practice and optimises consumer wellbeing. Staff demonstrated an understanding of each consumer’s needs, goals and preferences and could describe how they tailor care to consumers and how they monitor the effectiveness of the personal and clinical care they provide.

The Quality Audit Report presents evidence of effective systems to manage high-impact, high-prevalence risks to consumer wellbeing. Feedback from management describes how these risks are identified and monitored to support safe and effective personal and clinical care delivery including assessment of risks and implementation of strategies to minimise risk, maintenance of a risk register which is monitored by management, and identification of vulnerable consumers and processes to monitor wellbeing.

The Assessment Team found care documentation to record consumers wishes in relation to ACP and end-of-life wishes, or their preference not to discuss it, and that consumer’s wishes are respected. Management described how the service supports consumers at end of life and I note under Requirement 2(3)(b) of the Quality Audit Report it states the service provides palliative care. The service has documented policies and procedures to support consumers in ACP and deliver care in line with their needs, goals and preferences nearing the end of life.

Staff said they felt confident to recognise clinical deterioration in consumers as they know consumers well and receive relevant training. Staff were able to describe how they identify and respond to deterioration and what kind of signs they would consider. Management described effective oversight of any reported clinical deterioration and care documentation demonstrated timely recognition and response to identified changes in a consumer’s physical, cognitive or mental health.

Consumers and representatives said they are satisfied with communication; that staff know their care needs and care is delivered in the right way for them. Management and staff described how they communicate with others providing care within and outside the organisation, and how information to delivery care in line with consumers’ needs, goals and preferences is documented in the consumer’s care file notes. The Assessment Team viewed consumer care files and found communications between internal staff and external providers of care such as specialists and allied health providers to be clearly documented.

Consumers and representatives were satisfied that referrals made for consumers are timely and appropriate. Staff were able to describe when they would consider referrals to other providers such as medical specialists, wound consultants, and allied health. Care documentation viewed by the Assessment Team provided evidence of timely referrals and how these referrals supported the consumer’s goals or health and wellbeing.

Consumers and representatives provided feedback to the Assessment Team that they observe staff practicing appropriate infection control such as hand washing and using personal protective equipment (PPE). Staff were able to describe infection control practices relevant to their role and said they undertake relevant training. The service monitors staff practice and has written guidelines and policies to support the minimisation of infection related risks.

I have considered the evidence presented in the Quality Audit Report, and summarised above, and I find Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g) to be Compliant.

# Standard 4

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| 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 | Compliant |

Findings

Consumers and representatives described how the services and supports they receive allow them to engage in activities which optimise their independence or quality of life. Consumer care documentation identified the individual consumer’s needs, goals and preferences and provided evidence of a range of service providers and programs in place to assist consumers. Documentation included exercise programs, recommendations and care planning information which provides clear instructions to staff on how services and supports are to be delivered.

Consumers and representatives spoke positively of their enjoyment service delivery and said they feel safe or comfortable with staff. Some provided examples of having a regular support worker, staff asking how they are or how their services help them to connect socially. Staff demonstrated knowledge of how to support individual consumers and described a process of getting to know consumers and planning activities in a way that is calming, enjoyable or relaxing. The service has an internal pastoral care worker and arrangements with external providers of services and supports, and referrals can be made as required. Consumer care documentation identified the emotional, spiritual, and psychological needs of consumers and the services and supports in place for their wellbeing.

Consumers and representatives provided positive feedback on opportunities they have to build and maintain relationships and pursue activities of interest in the community and provided examples of accessing community groups and centres, and socialising with people of shared interests. Staff demonstrated knowledge of individual consumer’s important relationships, such as family and friends, and the social activities they enjoy, such as attending a local church, going for walks or drives in the community. Management described effective processes of assessment and care planning to understanding what is meaningful or of interest to individual consumers and enable community connections and social participation.

Staff said information about consumers is effectively communicated and accessible, and it assists them to provide the right type of support such as when assisting a consumer with their mobility in the community. Communication occurs through regular clinical meetings and changes in a consumer’s needs, goals and preferences, or to their services and supports, are documented in the consumer’s care file.

Consumers and representatives said that they had been referred to other care and services and described how these referrals supported them in activities of daily living and goals of independence such as being referred for equipment assessment which helps them to be safe at home. Staff were able to describe how referrals they have made have supported a consumer’s wellbeing, and care file documentation demonstrated timely and appropriate referrals to a range of social services and supports.

Consumers provided feedback about meals served and said they are of suitable quality and quantity, that a variety of meals are served, and meals meet their needs. Staff described processes to understand and document consumers’ dietary requirements, preferences, and food allergies to ensure consumers receive meals which are suitable for their consumer’s needs and preferences. The Assessment Team viewed the service’s menu plan and consumer dietary information and found effective processes in place to ensure the suitability of meals for consumers.

Consumers and representatives were satisfied that equipment provided to them such as mobility aids or personal care equipment is safe and suitable for consumers’ use. Care documentation included assessments for equipment completed by allied health professionals such as occupational therapists, details as to the type of equipment and instructions for use. Management and staff said equipment is provided based on an individual consumers’ needs, assessed by OT and provided through package funds. They said support workers are advised to check equipment regularly and report any issues.

I have considered the evidence presented in the Quality Audit Report, and summarised above, and I find Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e), 4(3)(f) and 4(3)(g) to be Compliant.

# Standard 5

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| 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. | Compliant | 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. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The Assessment Team found the service environment, including cottage respite facility, allied health and exercise rooms, and communal areas to be welcoming and to optimise interaction and function. Consumers described feeling welcome, enjoying the service environment and said it enables social connections. The Assessment Team observed areas to be spacious and have natural light, and to be accessible to consumers with varied mobility, cognitive or other support needs.

Consumers and representatives were satisfied the service environment is safe and clean, and said consumers can move freely indoors and outdoors. At the cottage respite, the Assessment Team observed dining areas which open to a shaded outdoor area and garden. The Assessment Team observed the service environment to be clean and staff described their role in ensuring it is safe and clean for consumers.

Consumers spoke positively of the safety, availability, or cleanliness of equipment. Consumers who attended the gym or exercise programs described having access to a range of equipment and said the environment is kept clean. The Assessment Team found evidence of regular testing and maintenance of equipment, including of the community buses.

I have considered the evidence presented in the Quality Audit Report, and summarised above, and I find Requirements 5(3)(a), 5(3)(b) and 5(3)(c) to be Compliant.

# Standard 6

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| 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 know how to provide feedback and make complaints and feel comfortable and encouraged to do so in a range of ways such as feedback forms and speaking with staff directly. Staff described the ways they support consumers to provide feedback including seeking formal feedback following delivery of some services and programs, providing feedback forms, and referring the feedback to management. The Assessment Team found effective feedback and complaints systems; all feedback and complaints are documented on a register which allows them to be categorised and prioritised, and management described how feedback is communicated to various levels of management.

Consumers are provided with written information to support them to access advocacy and language services such in the consumer handbook, service agreements and other information. Staff were able to describe how they would support a consumer to understand the type of services available or provided examples of how they have supported consumers to access services.

Consumers and representatives provided examples of complaints they had raised and described staff acknowledging, apologising, and taking appropriate actions to resolve their concerns. The Assessment Team viewed documented complaints and found evidence of open disclosure and staff seeking consumer feedback on whether actions taken had resolved their concerns. Management described their role in the management of complaints including expected timeframes for resolution and procedures for escalation of significant or complex issues.

Consumers and representatives could describe how their feedback contributes to improvements in care and service delivery. Management described how the service utilises feedback and complaints information to identify opportunities for improvement at the service level. Feedback and complaints are documented and categorised to allow for trend analysis, and findings inform service improvements for consumers. The Assessment Team viewed documentation such as the continuous improvement plan, complaints register, policies and procedures which provided evidence of consumer feedback leading to care and service improvements such as changes to procedures or implementation of staff training.

I have considered the evidence presented in the Quality Audit Report, and summarised above, and I find Requirements 6(3)(a), 6(3)(b), 6(3)(c) and 6(3)(d) to be Compliant.

# Standard 7

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| 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

The Assessment Team found evidence of effective workforce planning, and deployment of staff to provide safe and effective care to consumers. Consumers and representatives said they are satisfied there is enough staff to meet their needs and do not rush when delivery consumer’s care and services. Management described the systems and processes to plan the workforce to meet the needs of consumers such as through matching staff with appropriate skills, how unplanned leave is managed, and how scheduling changes are communicated to consumers.

Consumers and representatives provided feedback to the Assessment Team that staff are friendly and efficient, and respectful of the consumer and their home when providing care and services. Staff demonstrated respect when speaking about consumers and said they would report any instances of disrespectful behaviour to management. The Assessment Team viewed evidence of staff training in the Code of Conduct, inclusion and diversity, and workplace behaviour.

Consumers and representatives said staff are competent, know what they are doing and how consumers like their services delivered. The organisation has staff members with responsibilities for recruitment and supporting the onboarding of new staff, and a capability framework which outlines qualifications, credentials and competencies required for specific roles. Management described effective processes to monitor the competency of staff, professional registrations and qualifications, and to alert staff of upcoming requirements.

Consumers and representative were satisfied with the skills and knowledge of staff and felt their care is safe. Management described how staff training needs are identified through staff performance reviews or consumer feedback, and how this informs the training schedule. Staff said they have access to training that is relevant to their role. The Assessment Team viewed the training schedule and modules, policies and procedures related to recruitment and staff training which demonstrated the recruitment and training supports the workforce to deliver outcomes required by the Quality Standards.

The Assessment Team found workforce performance reviews are completed annually or reviewed as required, and there are documented policies and procedures to support and guide staff. The Assessment Team viewed evidence of performance reviews being used to identify staff’s goals and training needs, and that a development plan is implemented for staff members.

I have considered the evidence presented in the Quality Audit Report, and summarised above, and I find Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e) to be Compliant.

# Standard 8

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| 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 | Compliant |

Findings

Consumers and representatives described being engaged through feedback and were satisfied with the service’s responsiveness. The organisation seeks consumer engagement through feedback, surveys and audits, and has a Consumer Advisory Board which supports consumers to be engaged in the development and delivery of care and services.

Management and staff described all staff being accountable for identifying improvement opportunities related to inclusivity and safety, and staff could describe their role in supporting safe and inclusive care and services. Management advised the Assessment Team of the organisation's corporate governance structure and responsibilities related to financial, clinical and legal risks. The Assessment Team viewed a range of relevant policies and documentation which provided evidence of effective systems of capturing information related to the consumers’ experience of care and services, communicating this information to the governing body, and promoting safe and inclusive care and service delivery.

The Assessment Team found evidence of effective organisation wide governance systems; information systems support secure storage of consumer information and appropriate information sharing; opportunities for continuous improvements identified through a range of sources including staff, consumer and representatives’ feedback, annual surveys and audits, clinical incident data and that actions are taken to improve care and services for consumers; the organisation receives information on regulatory obligations and effectively communicates changes to staff; and has financial and workforce governance frameworks with effective oversight and accountability.

The Assessment Team found evidence of an effective risk management system, and a range of embedded procedures and practices to monitor and prevent high-prevalence, high-impact risks to consumers. Incidents are captured and used to identify trends, and strategies are implemented to prevent risks to consumers. The organisation has a risk management framework which includes policies and procedures to support consumers to live the best life they can through supporting choices which may involve risk, and which recognises and prevents high-impact, high-prevalence risks and abuse and neglect of consumers.

The Assessment Team found the service has a clinical governance framework, clearly defined policies and procedures related to the delivery of clinical care and effective systems of analysis and reporting of clinical data to ensure the governing body is informed and accountable for the quality of care. There is a statement under Requirement 8(3)(e) of the Assessment Contact report which refers to a locked gate to enter and exit the service’s cottage respite for ‘security purposes’, and states this it is not considered a restrictive practice. The statement provides me little context as to whether the locked gate restricts consumers’ freedom and or how the service understands and minimises restrictive practices more broadly.

The provider submitted a response to the Assessment Contact report dated 1 February 2024 which provides clarification on the purpose of the locked gate and how the service ensures individual consumers’ freedom is not limited. The provider also submits substantial supporting evidence to demonstrate how the service understands, implements, monitors, and minimises the use of restrictive practices in the form of policies and procedures, assessment and care planning tools and other resources, and evidence in the form of governance reports which provide examples of the type of clinical information utilised at the governing level to support quality clinical care and services.

I have considered the evidence presented in the Quality Audit Report, and summarised above, and I find Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) to be Compliant.

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)