**Performance**

**Report**

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| Name: | Wendy's Home Care |
| Commission ID: | 201250 |
| Address: | 323 George Street, WINDSOR, New South Wales, 2756 |
| Activity type: | Quality Audit |
| Activity date: | 2 May 2024 to 3 May 2024 |
| Performance report date: | 6 June 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: 3487 Wendy's Home Care Pty Limited  
Service: 26196 Wendy's Home Care Pty Limited  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9797 Wendy's Home Care Pty Limited  
Service: 27720 Wendy's Home Care Pty Limited - Care Relationships and Carer Support  
Service: 28313 Wendy's Home Care Pty Limited - Community and Home Support

**This performance report**

This performance report for Wendy's Home Care (**the service**) has been prepared by M.Wyborn, 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 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)

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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 | **Not Applicable** |
| **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 advised that staff are respectful and treat them with dignity, and show they value individual consumer identity, culture and diversity. Consumer care plans are individualised and specific details of consumers’ identity, culture and diversity preferences were confirmed in interviews with consumers, representatives and staff.

Consumers and representatives with specific cultural preferences advised that staff respect their cultural identity and preferences. Staff demonstrated understanding of how to provide culturally safe care, and the management team confirmed staff receive cultural safe training and demonstrated that strategies to support consumers’ cultural preferences are routinely noted in care plans. The service demonstrated relevant policies and procedures.

Consumers and representatives advised they are supported to exercise their choice and independence, and staff demonstrated awareness of organisational policies and processes about the importance of consumers making their own choices and staff supporting their independence. Case managers demonstrated that consumers are routinely consulted about how they can make their own decisions regarding their care and services.

Consumers and representatives advised they are safe and supported while engaging in individual independent activities they enjoy. Staff demonstrated appropriate support for consumers to engage in activities which enable them to live their best life. When consumers’ choices engage risk, the management team consult and engage with external service providers such as the NSW ageing disability commission, elder abuse department of health and aged care and involve community support such as cultural organisations if required.

Consumers and representatives advised that the service provides regular and clear information about choices available to them and how their budget can be allocated. The service ensures consumers and representatives are informed of changes to funding and legislation via email and text messaging, and case managers follow up with consumers who have language difficulties or who do not have access to electronic messaging.

Consumers and representatives advised that the service respects their privacy and feel safe when sharing information about themselves with staff members. Staff demonstrated how they effectively maintain consumer privacy by closing windows and doors and not discussing consumer information in public. The service administers relevant policies and processes aligned with legislation to ensure consumer privacy is maintained and information is shared with service providers who are approved by the service. The service maintains relevant consumer consent documentation and the service’s electronic information systems are protected by individual logins and passwords.

# 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

The service demonstrated comprehensive consumer assessment and planning that considers risks to the consumer and which informs safe delivery of care. Consumers and representatives advised they are satisfied with the assessment and planning processes, that staff listen to their needs and discuss ways to mitigate risk. Case managers and coordinators demonstrated routine identification and follow up of risk during the care planning process, and care staff were able to effectively describe individual risks of the consumers they care for and the strategies implemented to mitigate risk. The service is effectively identifying risks related to vulnerability, health, cognition, mobility and transfers, falls, nutrition, skin integrity, pressure injury risk, swallowing impairments and allergies, continence, home safety, non-response to a service and emergency planning.

The service demonstrated that assessment and planning processes capture current information about consumer needs, goals, and preferences. Consumers and representatives confirmed information about their needs, goals and preferences is maintained through regular communication with staff. The case managers and coordinators demonstrated that through regular discussion with consumers and their representatives, they identify what is important to consumers to inform delivery of services and this is reflected in consumer care planning documentation.

The service demonstrated that consumer assessment and planning involves ongoing partnership with consumers and those whom the consumer wishes to be involved in their care, including contractor/brokered services and other external providers. Case managers demonstrated a well established relationship with general practitioners, who consult regularly about the care and needs of specific consumers. Consumer care plans list substitute decision making information, and consumers and representatives advised that they are routinely involved in deciding the care and services they receive, and that consent is obtained for individuals and others involved in care consultation and decision making.

The service demonstrated that outcomes of consumer assessment and planning are effectively communicated to the consumer and are available in the consumers’ care plan. Consumers have a physical file they maintain within their home. Care workers advised that consumer care plans are accessible, accurate and contain relevant detail to deliver appropriate, safe care and services.

The service demonstrated that consumer care and services are regularly reviewed for effectiveness, when circumstances change, or when incidents impact on the needs, goals, or preferences of a consumer. Consumers and representatives advised that they are satisfied that their care and services are reviewed regularly and they are able to communicate with staff any changes impacting their needs and health. Policies and procedures guide review of care and services at least annually or more frequently if care needs change or increase. The service manages an effective review tracking system to ensure delivery of up to date care and services for consumers.

# 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 provided positive feedback about the clinical and personal care they receive and advised they are satisfied that care workers routinely provide care that is safe and right for them. The service provides personal care to consumers and clinical care is outsourced to subcontractors when required. Contracted registered nursing staff demonstrated delivery of best practice clinical care and the service demonstrated that best practice guidelines inform safe delivery of care. Care managers advised that consumers with high clinical needs, including wounds, are managed by their general practitioners or with regular review being provided by the contracted registered nursing staff. Allied health subcontractors are used for all other clinical or health care needs. Consumer care plans appropriately highlight consumers’ current personal care needs and case managers regularly seek verbal feedback from care workers and consumers after services. Care workers demonstrated they are familiar with the personal and clinical care needs of individual consumers and consumer care documentation demonstrated evidence of safe personal care services tailored to individual consumer needs. Best practice guidelines are available to care workers including medication management, falls prevention and management, wound care, and behaviour management.

The service demonstrated that high impact and high prevalence risks are managed via effective clinical governance systems and procedures. This includes risks relating to mobility, falls, self-administering of medication, wounds/pressure injury, and relevant environmental risk. The service records high impact and high prevalence clinical and personal risks for consumers in their clinical data indicator and incident reports. This data is analysed and discussed at the weekly quality and staff meetings. Care workers aligned with consumers identified with risk are provided education on the risk topic, including management and prevention of the risk. Consumer care plans are maintained to ensure all necessary strategies are in place and available on the support worker mobile device application.

The service is not currently managing the needs of consumers who are palliative or nearing end of life care, however care managers advised that end of life care is provided alongside community or private palliative care organisations, while other consumers choose to enter into hospital or residential aged care facilities. The service administers relevant policies and procedures to guide staff in end-of-life care and discussions with consumers and representatives about relevant goals and preferences.

The service demonstrated that deterioration or change in consumer mental health, physical health, capacity and condition is recognised and responded to in a timely manner. Consumers and representatives advised they are confident staff would recognise and report deterioration to their case managers. Care workers explained they routinely contact case managers with any concerns about consumers and record relevant progress notes that can be flagged as incidents and monitored by case managers.

The service demonstrated information about consumer condition, needs and preferences is effectively communicated within the organisation and with others responsible for care. Consumers and representatives are satisfied the service uses effective communication systems to ensure care workers understand their needs and preferences, and when changes occur with their services. Regular contact with external providers is maintained, via emailed reports and phone discussions, and care workers demonstrated current knowledge of consumer changes and understood where to access the most current information. Subcontracted registered nursing staff provided positive feedback about the service’s communication and case coordination practices, and the Assessment Team reported that reports and communication between the service and allied health providers was consistent with the service’s documentation and care planning.

The service demonstrated appropriate and timely referrals are made to other providers and services, and consumers and representatives advised they are satisfied that when needed, the service will assist them by arranging timely referrals to appropriate providers external to the service. The service manages an extensive referral directory that is accessible to case managers, including physiotherapists, occupational therapists, dietitians, podiatrists, equipment suppliers and speech therapists.

The service demonstrated effective minimisation of infection related risks to prevent and control infection. Consumers and representatives highlighted their satisfaction with the measures taken by staff to protect them from infection. Staff demonstrated an appropriate knowledge of infection control practices and highlighted appropriate use of Personal Protective Equipment (PPE) including masks when requested by consumers. The service administers relevant policies and procedures related to infection control with a focus on minimising the spread of infections, including outbreak plans for influenza, gastroenteritis, rhinovirus, and COVID-19. A policy on antimicrobial stewardship (AMS) is available. Case managers and registered nursing staff demonstrated appropriate knowledge of AMS and advised that they liaise with general practitioners regarding antibiotic usage, monitoring of antibiotic prescription as well as make sure there is consideration of consumer allergies.

# 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. | Not Applicable | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers and representatives provided positive feedback about how staff support them to maintain their independence and highlighted that staff understand the things that are important to consumers. Staff demonstrated an appropriate understanding of consumer preferences and consumer care plans record relevant personal details and preferences. Care plans include strategies for staff to follow to ensure care and services are safe and effective, and the management team routinely speak with consumers and representatives to obtain feedback about how their care and services are being delivered and any concerns and suggestions for improvement.

Consumers and representatives advised they are satisfied with how staff engage with them and support their mental health and wellbeing. Staff demonstrated relevant and individualised understanding of how to support consumers’ emotional, psychological and spiritual well-being. Consumer care plans highlight strategies for staff to support consumer emotional, spiritual and psychological needs and preferences, and the service administers relevant policies and procedures to guide staff including when to engage religious or cultural community organisations, clinical psychology support or other allied health support.

Consumers and representatives advised they are supported by staff to participate in their local community and engage in social activities of interest to them. Care staff demonstrated a focus on their responsibility to support consumers to participate in community and social activities and case managers and the management team have developed a system to contact consumers and coordinate times in alignment with their preferences on a day-to-day basis.

Consumers and representatives advised staff understand their needs and preferences, and the service provides accurate and timely communication when changes occur. Care staff use care plans and communication books to remain up to date of changes to individual consumer condition, needs and preferences, and case managers provide care staff with updates as required. Care staff demonstrated appropriate knowledge on how to identify changes in the consumers they interact with. Care staff highlighted that this is strengthened due to the service facilitating consistent, regular and ongoing care therefore maintaining oversight if there are changes in consumer behaviour, routines or state of mind. Consumers and representatives advised the service effectively supports their needs and preferences by engaging a network of external service providers to compliment the delivery of specific services and supports in alignment with consumer needs and preferences.

Consumers and representatives advised the service supports them in providing assessments for equipment such as walkers, beds and shower chairs via engagement with allied health professionals such as occupational therapists and physiotherapists. Management advised that equipment purchased by the consumer is the responsibility of the consumer to maintain and service. However, the service provides support in sourcing service providers and staff routinely report faulty equipment within the consumers home. Care staff advised they routinely support consumers to clean equipment and report faulty or outdated equipment to case managers who then action timely follow up with consumers and representatives to ensure equipment is safe, suitable and well maintained.

# 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 advised they are encouraged and supported to provide feedback and make complaints. They do this via discussion with staff, case managers and speaking directly with the service manager. Care staff demonstrated that they encourage consumer feedback by asking if they have any concerns and listening to their feedback. Care staff demonstrated appropriate knowledge of the organisation’s complaints policy and processes and case managers routinely discuss with consumers how they can submit complaints and provide feedback when consumers start their home care service as well as at review. The Assessment Team reported that the service’s complaint register and consumer documentation shows complaints and responses are recorded and contain notes of actions and relevant strategies to best support consumers.

Consumers and representatives advised they feel safe in submitting complaints to staff and the management team and are aware of advocacy and language services. Consumers with language difficulties or hearing impairment are provided with alternative communication strategies such as communicating via family members or speaking with staff face-to-face. The service provides written material in the consumer welcome pack relating to advocacy and language services such as the Older Persons Advocacy Network (OPAN), Seniors Rights Service, Translating and Interpreting Service (TIS) and Aboriginal Interpreter Service (AIS), and the written material is provided in various languages. Consumer care plans highlight additional assessment or care needs for consumers with vision, hearing, or cognitive impairments, and strategies are developed to support them to provide feedback and make complaints.

Consumers and representatives advised they feel the service is open to their feedback and complaints and take action to find appropriate solutions. Staff demonstrated appropriate knowledge of the organisation’s complaints policy and processes, and how it applies to practical examples such as finding an immediate resolution for consumers or escalating concerns to case managers if required. The service demonstrated that relevant actions are implemented in response to complaints and staff understand the principles of open disclosure. Complaints are entered into the service’s electronic system to enable monitoring and analysis of trends and actions.

The service demonstrated that complaints and feedback are reviewed and analysed to inform continuous improvement. The organisation’s complaints register and consumer care plans demonstrated that complaints are investigated and analysed to understand trends and the organisation is informed whether complaints are single events which require only individual solutions or affect multiple consumers and should be included as a wider continuous improvement initiative. The organisation demonstrated that information from complaint data is used to make improvements to safety and quality systems including how complaints are managed.

# 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 service demonstrated that the workforce is planned to enable effective delivery and management of safe and quality care and services. Consumers and representatives provided positive feedback in relation to the service’s staff attending on time and completing all required work during the allocated shift. Care workers advised they have enough time to complete the work required to best support individual consumers. The rostering manager advised that if there are unfilled shifts and a lack of available staff, the rostering team ensures that consumers with personal care needs are prioritised over those with solely domestic needs. The service ensures that consumers with clinical care needs are not affected by unfilled shifts because clinical care is provided by third parties.

The service demonstrated that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers and representatives advised that care workers routinely provide care and services in a respectful and caring manner. Care workers demonstrated appropriate understanding of the importance of respecting each consumer’s identity, culture and diversity, and consumer progress notes and incident forms highlighted that care workers and care coordinators routinely communicate about consumers in a respectful and professional manner.

The service demonstrated that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers and representatives advised that care workers are competent and routinely provide services and care in an efficient manner. Care workers advised that the service ensures their competency and knowledge at induction, as well as by providing training and ongoing discussions with care coordinators. The service ensures that third party suppliers, such as clinical service providers, are competent via a robust engagement process, which includes entering into an agreement with the third party that outlines their responsibilities to provide competent, safe and quality care. The service maintains third-party evidence of AHPRA registration of registered nursing staff and undertakes qualification checks for other third party allied health providers.

The service demonstrated that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Care workers highlighted a robust induction process when commencing employment with the service, including online and face-to-face training and buddy shifts. Care workers also advised that the service provides ongoing training including medication management, safety, privacy and confidentiality, manual handling, identifying abuse and neglect, and specific dementia training. The service’s training records highlight that care workers are provided with a comprehensive suite of mandatory and non-mandatory training that is targeted towards their employment and delivered according to their levels of responsibility.

The service demonstrated regular assessment, monitoring and review of staff performance. Care workers advised that they undertake regular assessments of performance, including annual performance reviews. The HR and WHS coordinator advised they are responsible for completing annual performance reviews.

# 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

The service demonstrated that consumers are engaged and supported in the development, delivery and evaluation of care and services. Consumers and representatives advised that the service is open to their feedback and advised they are invited to participate in consumer feedback surveys. The service undertakes annual feedback surveys to assess consumer satisfaction with the quality of care and services and to understand any areas for improvement. The service has established a consumer advisory group and has invited consumers to participate as a member of their consumer advisory body. The service also produces a newsletter to support delivery of relevant information to best support consumers and representatives.

The service demonstrated that the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation’s governing body consists of the director, the general manager, and business manager. The governing body is supported and advised by two advisory bodies, the Consumer Advisory Group and the Quality & Clinical Advisory Group, with the latter composed of three independent clinical members, a consumer representative, the operations manager and the quality & compliance manager. The governing body monitors and reviews risks at quarterly governing body meetings. The organisation’s Quality & Clinical Advisory Committee reports contain detailed clinical, quality and safety data including, the number of reported incidents and incident trends, number of consumer referrals to health professionals, number of case manager home visits, number of care plan reviews, number of healed wounds, COVID trends including impacted staff and consumers, and complaint trends. The organisation’s Strategic Plan outlines the governing body’s promotion of safe and quality care and services by highlighting the service is committed to delivering safe and quality services and committed to identifying and managing risks through review and action of items on the risk register and implementation of a quality management program.

The service demonstrated effective organisation wide governance systems related to information management; continuous improvement; financial governance; workforce governance; regulatory compliance; and feedback and complaints. The service administers an electronic management system to store relevant consumer data, such as original and revised care plans, progress notes, incident report forms, records of consumer communications such as phone calls and emails, and other relevant documents, such as hospital discharge forms. The strategic plan and strategic roadmap outlines continuous improvements actions including relevant initiatives to build staff knowledge and skills, mapping consumer experience and consumer journeys to assess for opportunities for improvement and, information technology upgrades including a mobile phone application for care workers. The service administers a comprehensive suite of procedures relating to onboarding and managing performance of third-party suppliers, including those that provide clinical care.

The service demonstrated effective risk management systems and practices including in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can; and managing and preventing incidents, including the use of an incident management system. The service’s incident management framework contains a seriousness and risk assessment matrix and care workers are provided with relevant information about how to manage risk and what actions need to be undertaken in relation to different types of risk, such as fire, flood, deceased consumers, missing consumers, consumer accidents and medical emergencies, and threatening behaviour.

The service demonstrated an effective clinical governance framework which includes antimicrobial stewardship; minimising the use of restraint; and open disclosure. The service’s clinical governance framework outlines four main clinical governance domains including risk management; quality assurance; training and development; and consumer participation. Within these four domains the organisation maintains focus on continuous improvement; consumer directed care; and safe and quality care and services. The organisation’s antimicrobial stewardship in the community document outlines the service’s policy in minimising infection related risks to consumers, which includes supporting practices to promote appropriate prescribing and use of antibiotics to support optimal care and reduce the risk of increasing resistance to antibiotics. The organisation achieves this by communicating any indicators of infection in a timely and effective manner to the consumer’s medical officer and by providing education to consumers, representatives and staff about antimicrobial stewardship and safe and appropriate medical use. The service administers relevant policies and procedures in relation to minimising infection related risks. The organisation’s statement on restrictive practices document outlines the service’s approach to restrictive practices, including obtaining informed consent from the consumer or representative and using behaviour support plans to detail relevant information such as alternative strategies for addressing behaviours of concern. The document supports staff and consumers to understand how the restrictive practice will be monitored, how records of consumer consent and maintained; and provides a focus on routine monitoring of consumer behaviour support plans. The service’s clinical governance framework includes procedures for engaging in open disclosure. The framework highlights that staff will identify when things go wrong, address immediate needs and provide support; acknowledge the concerns and offer an apology; investigate what happened and implement improvements.

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)