**Performance**

**Report**

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| Name: | Wirraminna Care Home Care Packages |
| Commission ID: | 600614 |
| Address: | Lot 5 Memorial Drive, WILLIAMSTOWN, South Australia, 5351 |
| Activity type: | Quality Audit |
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| Performance report date: | 23 November 2023 |

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: 235 Wirraminna Care Incorporated  
Service: 26459 Wirraminna Care Home Care Packages

**This performance report**

This performance report for Wirraminna Care Home Care Packages (**the service**) has been prepared by M Glenn, 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 consumers, representatives, staff, management and others; and
* the provider’s response to the assessment team’s report received 10 November 2023. The response included commentary and supporting documents relating to the deficits identified, as well as a plan for continuous improvement outlining planned actions.

# 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 | **Not Compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 8 requirements (3)(a), (3)(c) and (3)(e)**

* Implement processes to ensure HCP consumers are supported and engaged in the development, delivery and evaluation of care and services.
* Review the organisation’s governance systems, including monitoring processes, in relation to information management and regulatory compliance.
* Ensure clinical data and information is reported and monitored organisationally to ensure safe and quality care and services are being delivered and opportunities for improvement to be identified.
* Review the organisation’s clinical governance framework in relation to antimicrobial stewardship.

# Standard 1

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

Findings

The Quality Standard is assessed as compliant as all six requirements assessed have been found compliant. The assessment team recommended requirement (3)(e) in Standard 1 Consumer dignity and choice not met.

Requirement (3)(e)

The assessment team were not satisfied consumers are provided information that is current, accurate and timely. Deficits specifically related to monthly statements. The assessment team provided the following information relating to my finding:

* Four consumers and/or representatives said they have not received a monthly statement for some time. One representative said they received an email from the service detailing technical issues delaying the issue of statements, however, has not had any recent communication. Management described issues with the newly implemented electronic care system as the reason for this delay and actions undertaken to remediate this.
* A letter provided to consumers in August 2023 explained the delay and apologised for the inconvenience. Following feedback from the assessment team, management provided a letter stating the service has continued to have ongoing issues.

I have come to a different finding to the assessment team’s recommendation of not met and find requirement (3)(e) compliant. In coming to my finding, I have placed weight on the provider’s response which included commentary and supporting information to demonstrate actions taken in response to delays in monthly statements prior and subsequent to the quality audit. The response demonstrated July, August and September 2023 statements have been provided to all consumers, with October 2023 statements planned to be provided in November 2023. Letters communicating reasons for the delay, and an apology, were also included in the response.

For the reasons detailed above, I find requirement (3)(e) in Standard 1 Consumer dignity and choice compliant.

**In relation to all other requirements in this Standard,** all consumers and representatives said consumers are treated with dignity and respect, and their identity, culture and diversity are recognised and valued. Staff demonstrated an understanding of consumers’ personal circumstances, and described how this influenced delivery of their individual services. Staff said they mostly work with the same consumers each week and get to know them well, enabling them to deliver personalised care and services.

Consumers said staff and volunteers understand them and their cultural needs, and deliver care and services with this in mind. Consumers are provided with a folder containing information to support a culturally safe environment, such as advocacy services, ethnic link services and the Charter of Aged Care Rights. Staff demonstrated an understanding of consumers' cultural background and described how they ensured care and services reflect their cultural needs and diversity.

Each consumer is supported to exercise choice and independence, make decisions about their care and services, including when others should be involved, and communicate their decisions. Staff described how they regularly engage consumers to make informed choices about their care and services, and consumers and representatives described how the services supports consumers' choice.

Each consumer is generally supported to take risks to enable them to live the best life they can. Coordinators and management described how they discuss risks and management strategies with consumers whilst supporting them to live their best life. However, these discussions are not documented to acknowledge consumers’ right to decline supports or undertake activities that involve risks. While consumers did not speak directly about taking risks, they said they are able to make decisions in their day-to-day life, including activities that involve risk. I would encourage the service to review their processes relating to requirement (3)(d) of this Standard and supporting consumers to take risk.

Each consumer’s privacy is respected, and personal information is kept confidential. However, staff said they were taking photographs of one consumer’s skin integrity on their personal phones and were deleting them afterwards. Since the quality audit, staff have received training on how to use an app on their phones which included how to take photographs.

Based on the assessment team’s report, I find requirements (3)(a), (3)(b), (3)(c), (3)(d) and (3)(f) in Standard 1 Consumer dignity and choice compliant.

# Standard 2

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

Findings

Consumers and representatives confirmed care and services were well planned, and the service understood how to support consumers’ care and service needs and preferences. Initial assessments, including consideration of risk, are completed with the consumer and their representatives at commencement of services. Care files demonstrated effective assessment processes had been undertaken to inform care and services, including consideration of risks relating to falls and cognition. However, specific food allergies, dietary requirements and health outcomes for two consumers had not been documented. Management said they will include this information in the assessment process and consumer care documentation to guide staff.

Assessment and planning identifies and addresses consumers’ current needs, goals and preferences, including advance care and end of life planning if the consumer wishes. Conversations with consumers and/or their representatives about what is important to consumers informs assessment and planning of care and services. Support plans outlined personalised, achievable goals for each consumer related to the care and services they receive. A brochure for advance end of life planning is included in the consumer information pack.

Consumers and representatives confirmed they are involved in making decisions about consumers’ care and services and the coordinator talks to them about consumers’ care needs referral requirements, where required. Care files demonstrated consumers and/or their representatives, health professionals or external providers are involved in the assessment and planning of consumers’ care and services. Consumers’ preferences for care and service delivery are considered and brokerage agreements with other services ensure consumers’ requests are meet.

Consumers and representatives confirmed that services are explained to them, outcomes of assessments are communicated to them, and they are provided a copy of the care plan. Care planning documentation included information about consumers’ needs, goals, preferences and risks and was accurate and reflective of assessments and reviews. Staff said information in care plans is current and sufficient to enable them to deliver consumers safe and effective services.

Assessments and care plans are reviewed six monthly or annually with consumers and/or representatives or when consumers’ care needs change. Reviews are also conducted as required, including following incidents or when risks are identified. Care staff have input into review processes by informing the coordinator of how the consumer is going and whether they have noticed any changes in their condition.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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

Findings

Consumers and representatives confirmed consumers receive care and services which are tailored to their needs and preferences, and optimises their health, including in relation to skin integrity, wound care checks, personal care, and medication prompts. Care files demonstrated personal and clinical care is based on consumers’ assessed needs and detailed instructions to support staff in the provision of safe and effective care are included. The coordinator has oversight of all consumer progress notes to ensure staff are delivering care in line with best practice.

High impact or high prevalence risks, including risks relating to skin integrity, mobility and falls are effectively managed. Care files included individualised risk management strategies, and demonstrated allied health professionals are involved in consumers’ care. Incidents or change in a consumer’s condition are monitored through daily discussions, as well as monthly staff meetings where incidents and consumer concerns are standing agenda items. Consumers and representatives confirmed the service and staff ensure consumers receive safe personal and clinical care and do their job well to ensure they are safe.

While the service has not required to provide end of life care, the coordinator described actions they would take, including liaising with the consumer’s general practitioner and engaging external palliative services to provide the required palliative needs. The service has connections with the organisation's palliative care team and referrals would be initiated, where appropriate. Care files demonstrated deterioration or change in consumers’ condition is recognised and responded to in a timely manner, including escalation to the coordinator, increased monitoring and referrals to My Aged Care. Consumers and representatives felt confident staff would notice if consumers’ health changed and would respond appropriately.

Information about consumers’ condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. Care staff said they have access to care planning documents and are alerted to changes in consumers' needs or conditions. Consumers and/or representatives confirmed staff know consumers and they do not need to repeat information about their needs and preferences.

There are practices and processes to minimise infection related risks, including through implementation of standard and transmission-based precautions to prevent and control infection. Staff complete mandatory training, including in relation to COVID-19, and were observed practicing good infection prevention techniques. An infection register for tracking consumers’ infections and antibiotic use is not maintained. Information has not been provided to consumers relating to appropriate use of antibiotics nor have discussions relating to appropriate antibiotic prescribing been undertaken with general practitioners.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

The Quality Standard is assessed as compliant as all seven requirements assessed have been found compliant. The assessment team recommended requirement (3)(d) in Standard 4 Services and supports for daily living not met.

Requirement (3)(d)

The assessment team were not satisfied information about consumers’ condition, needs, and preferences is effectively communicated and documented within the organisation, and with others where responsibility for care is shared.

* Information about consumers attending social group and outings, including medical conditions and identified risks, individualised emergency contact details, dietary needs and food preferences and/or activities of consumers was not readily available to staff.
* Management said there is a folder containing consumer emergency contact details and dietary information, but this was with a staff member who was off sick.
* Three staff members were aware of consumers’ dietary preferences and said they would call an ambulance in the event of a medical emergency, however, did not know where the information was stored or how to access it.

I have come to a different finding to the assessment team’s recommendation of not met and find requirement (3)(d) compliant. In coming to my finding, I have placed weight on the provider’s response which included commentary and supporting information to demonstrate actions taken in response to deficits highlighted in the assessment team’s report subsequent to the quality audit. Consumer information is being uploaded into the electronic system and staff now have access consumers’ medical, emergency and actions to take information via an app. The hardcopy social group folder is now kept onsite and will be collected prior to the social group. Social club registration forms have been updated to include consumers’ emergency contact details, dietary needs, medications, and medical conditions, and consumers highlighted in the assessment team’s report now have clear directives which are accessible to staff. I have also considered further evidence in the assessment team’s report demonstrating most consumers and representatives felt staff know consumers and their needs well, and staff demonstrated a sound knowledge of consumers and explained any change in condition would be promptly identified and reported to the coordinator for investigation.

For the reasons detailed above, I find requirement (3)(d) in Standard 4 Services and supports for daily living compliant.

In relation to all other requirements in this Standard, consumers’ goals, needs and preferences are discussed during care plan reviews, and services provided are tailored to optimise consumers’ quality of life. Consumers and representatives confirmed community services enable consumers to do things of interest and maintain social relationships. Care files demonstrated consumers are referred to appropriate individuals, other organisations and providers, where required, in a timely manner.

Consumers are involved in activities they would like to do, which promotes their emotional and psychological well-being and prevents social isolation. Staff described how they have supported consumers who required additional support, including though provision of one on one emotional engagement. All consumers interviewed said staff know them well and would recognise if they were feeling low and would respond appropriately.

Consumers at the social group luncheon were happy with the food provided. Social group luncheon meals are cooked at the service, using fresh produce, in line with a seasonal menu which is adjusted to consumers’ likes and dislikes. Management discuss consumers’ preferences in relation to the social group luncheon menu with them, and staff confirmed consumers are asked what they would like and provide their choice.

Equipment is safe, suitable, clean and well maintained. Consumer equipment needs are assessed by allied health professionals. Equipment is monitored during scheduled visits and any concerns are identified and rectified promptly. A vehicle used for transportation of consumers to social outings is regularly maintained to ensure it is fit for purpose. Consumers and representatives were satisfied with equipment provided, stating it is safe to use, well-maintained and meets consumers’ needs.

Based on the assessment team’s report, I find requirements (3)(a), (3)(b), (3)(c), (3)(e) and (3)(f) in Standard 4 Services and supports for daily living compliant.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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 |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. The service environments were bright, well-lit, comfortable, spacious, and easy to navigate. The kitchen is located at the entrance to the facility and the smells of the kitchen flow through the main dining area. Consumers said they feel welcome when they attend social group lunch sessions and easy moves classes, and found the service environment safe and easy to understand.

Staff and management described processes to ensure the service environments remain safe, clean and well maintained, including preventative and reactive maintenance programs. Handrails are installed on the step access and on walkways, with adequate lighting, air-conditioning and fans in the exercise and dining area. Fire safety and emergency provisions are in place and all fire extinguishers have been tested and maintained. Emergency evacuation plans are displayed, and staff and volunteers were aware of what to do in the event of an emergency.

Staff described processes to ensure equipment is safe, clean and well maintained. Preventative and reactive maintenance and cleaning processes are in place, as well as processes to alert staff to furniture and equipment requiring maintenance, such as hazard and incident forms.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant.

# Standard 6

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

Findings

All consumers and representatives felt encouraged and supported to provide feedback and felt comfortable to do so. Consumer home folders include information regarding internal and external feedback and complaints processes, and staff said they provide an opportunity for consumers and representatives to provide feedback about services at each contact point. Following the self-assessment process, management recognised no surveys have been undertaken with consumers and representatives for an extended period and a survey will be implemented in the future.

Consumer home folders include information detailing external complaints and advocacy services, including a range of multicultural and Aboriginal and Torres Strait Islander specific advocacy services. Staff were aware of translating and interpreting services, and external complaints avenues, and said they would support consumers and representatives to raise concerns. Appropriate action is taken in response to complaints and an open disclosure process is used. Consumer feedback was found to be addressed in a timely manner and documented. A register is maintained and mainly included compliments from consumers and suggestions from staff. However, documentation for two complaints showed how the service resolved the complaints, including consultation with consumers, representatives and other stakeholders. While consumers did not have any examples of complaints lodged with the service, most said staff and coordinators are responsive to any queries they have and ensure prompt action.

Feedback and complaints are analysed, trended and information used to identify and implement improvements to the quality of services. Staff and management meeting minutes showed standard agenda items to review and discuss compliments, suggestions and complaints, and the clinical manager’s Board report also discussed complaint information. However, due to the low number of feedback and complaints, the service is actively undertaking a range of actions to encourage feedback from consumers, which were included on the plan for continuous improvement.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant.

# Standard 7

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

Findings

Rostering staff described how they ensure sufficient staff and subcontracted staff to allocate for consumers’ care and services, and communicate any changes to the schedule promptly. Management said while there are no male workers currently employed, they can meet any consumers’ preference for a male worker by seconding a staff member from the residential facility to undertake the shifts. Consumers and representatives said care and services are consistently provided to meet consumers’ assessed needs.

Consumers and representatives said staff, subcontracted staff and volunteers are kind, caring, supportive and respectful when delivering care and services. Staff and management described the small community they provide services to as cohesive, and they ensure provision of quality care and services through retaining staff and volunteers who demonstrate kindness and empathy with the consumers they support. The feedback register included a range of compliments received by consumers, with one compliment describing staff as ‘friendly, helpful and always polite.’

All consumers and representatives were confident in the skills and ability of staff and volunteers. Personal care staff are required to have a minimum qualification of Certificate III in Individualised Support. A register is maintained to monitor currency of driver licences, national police checks, first aid training and cardiopulmonary resuscitation updates for staff and volunteers. Staff said they complete mandatory training requirements and the service supports them to ensure they are competent to undertake their roles.

Staff are supported in their role through induction, mandatory training, attendance at meetings and ongoing support from managers. Staff receive ongoing training, and a range of online modules, identified through staff feedback and audit findings, are allocated to staff, with respective completion dates. However, online training completion is not consistently monitored.

Staff performance reviews are undertaken annually, with staff performance monitored ongoing through staff meetings and feedback from consumers, which informs the formal performance development process. Moving forward, management said a new six-monthly reflection, in addition to the annual performance review process will be implemented. While volunteers are supported in their roles, there is no formal review of their performance. All staff discussed performance reviews and development opportunities, and described how the service had responded to training they had requested.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant.

# Standard 8

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

**Findings**

The Quality Standard is assessed as non-compliant as three of the five requirements assessed have been found non-compliant. The assessment team recommended requirements (3)(a), (3)(c) and (3)(e) in Standard 8 Organisational governance not met.

**Requirement (3)(a)**

The assessment team were not satisfied consumers and representatives are engaged in the development, delivery, and evaluation of care and services. The assessment team provided the following evidence relevant to my finding.

* Management and staff described how they and the Board engage with consumers at the residential aged care facility and independent living units. However, there are currently no formal channels to engage with HCP consumers to receive feedback and influence the delivery of care and services.
* Consumer surveys will be recommencing in response to gaps identified through the self-assessment relating to consumer engagement.
* The Board has self-identified the need to engage with HCP consumers and will be attending the social group on a regular basis, moving forward.
  + Management acknowledged they had identified the highlighted deficiencies and will be working with the Board to ensure engagement is undertaken with consumers to further improve delivery of care and services.

The provider’s response confirmed the Board will trial regular quarterly meetings, open to all home care consumers, with dates to be confirmed. These meetings will continue if successful. Consumer experience surveys, which were scheduled for January 2024, have been provided to consumers and will be continued on a six-monthly basis.

I acknowledge the provider’s response. However, I find HCP consumers have not been supported or provided with sufficient opportunities to engage with the organisation in the development, delivery and evaluation of care and services overall. There were no formal channels for management, staff and the Board to engage with HCP consumers, and surveys to gauge consumers’ satisfaction with care and services and identify improvement opportunities had not been undertaken for some time.

For the reasons detailed above, I find requirement (3)(a) in Standard 8 Organisational governance non-compliant.

**Requirement (3)(c)**

Effective organisation wide governance systems relating to continuous improvement, financial governance, workforce governance, and feedback and complaints were demonstrated. However, the assessment team were not satisfied effective systems for managing and governing some aspects of care and services, specifically information management and regulatory compliance were demonstrated. The assessment team provided the following evidence relating to my finding.

* A new web based electronic care system is not designed, nor fit for purpose, for the aged care sector, and staff and management do not feel confident to use and upload all relevant information into the system, and had difficulty accessing information in the system.
* Consumers have not received their monthly statements for July, August and September 2023 due to issues with the system and management are actively working to find effective solutions. Data is currently being manually entered into the system resulting in significant delays provision of monthly statements.
* An external compliance system provides access to a full library of aged care policy and procedural templates mapped to regulations for both residential and home care services. There are over 500 policy documents, in either draft or published status. An organisational decision was made to remove all current documents and reset the system to the draft templates, and this was actioned on 3 August 2023.
  + At the time of the quality audit, three policies had been published, however, it was unclear if these had been modified to ensure service specific instruction or endorsed by the Board. The policies had suggested links to other organisational documentation that currently do not exist.
* The service reviewed its pricing schedule in March and August 2023, however, the My Aged Care website still held the pricing schedule for 2020. The pricing schedule is not currently published on the organisation’s website.
  + Following the review of the pricing schedule in March and August 2023, Home Care Agreements were not updated. The service was charging a separate fee for initial and ongoing assessments costs following the March 2023.
* Three of five social group volunteers were not listed on the register to ensure compliance with regulatory requirements.

The provider’s response confirmed 14 home care specific policies have been reviewed and published and reference links are not outdated. Of the 50 home care policies for review, significant progress is being made with the aim for completion in February 2024. The Board has endorsed the three governance policies, with a further three to be tabled at the Board meeting in November 2023 for endorsement. The organisation’s website and home care agreement have been updated to include the home care pricing schedule, and agreements are being delivered to consumers in November 2023. Home care charge reversals have occurred. An advisory service has been retained enabling all employee and volunteer documentation to be monitored and tracked.

I acknowledge the provider’s response. However, I find effective organisation wide governance systems, specifically relating to information management and regulatory compliance were not demonstrated. I acknowledge there are plans for staff training in use of the new electronic system implemented in July 2023. However, staff and management do not feel confident to use the new system, including to access documents. Additionally, a number of policies are required to be reviewed, with this service aiming to have this completed by February 2024. Systems to monitor and ensure compliance with legislation and regulatory compliance have not been effective. Home care agreements had not been updated in response to pricing changes, and consumers were being charged a separate fee for initial and ongoing assessments, in addition to their monthly care management fee.

For the reasons detailed above, I find requirement (3)(c) in Standard 8 Organisational governance non-compliant.

**Requirement (3)(e)**

The assessment team were not satisfied an effective clinical governance framework was in place to maintain oversight of clinical care provided to consumers. The assessment team provided the following evidence relevant to my finding.

* While a clinical governance policy is in place, systems and processes are not fully implemented to enable appropriate oversight to ensure the reliability, safety and quality of the clinical care consumers receive. Clinical governance systems and processes are not imbedded, including clinical guidelines to inform best practice.
* The quality care advisory committee met for the first time in September 2023. Data and information reported at the meeting related specifically to the residential facility. No information was discussed regarding clinical and quality indicators for home care services.

I have also considered evidence presented in Standard 3 requirement (3)(g) indicating information has not been provided to consumers relating to appropriate use of antibiotics nor have discussions relating to appropriate antibiotic prescribing been undertaken with general practitioners.

The provider did not agree with aspects of the assessment team’s report. The provider’s response included spreadsheets containing a range of current clinical care policies, as well as a supporting processes document which are available to guide staff. The provider has recognised going forward, reporting for home care must be identified independently from residential care. The next quality care advisory committee is scheduled for December 2023 with two new members, including a home care consumer representative and the home care coordinator who will submit reports to the meeting.

I acknowledge the provider’s response. However, I find effective systems to maintain and improve the safety and quality of clinical care and improve outcomes for consumers were not demonstrated. I acknowledge policies and processes are available to guide staff in the delivery of clinical care. However, clinical data and information relating to home services has not been reported on or monitored through the organisation’s quality care advisory committee to ensure safe and quality care and services are being delivered or opportunities for improvement identified. Additionally, I have also considered there are no systems in place for preventing, managing and controlling infections and antimicrobial resistance. Information relating to appropriate use of antibiotics has not been provided to consumers nor have practices relating to appropriate antibiotic prescribing been implemented.

For the reasons detailed above, I find requirement (3)(e) in Standard 8 Organisational governance non-compliant.

**In relation to requirements (3)(a), (3)(c) and (3)(e),** I acknowledge the actions planned and/or implemented to address the deficits identified. However, I consider time will be required to establish efficacy, staff competency and improved consumer outcomes in relation to this requirement.

**In relation to requirements (3)(b) and (3)(d) in this Standard**, the organisation is governed by a Board and Board meeting minutes demonstrated ongoing reporting from service management regarding some oversight of the home care service delivery. The management structure of the organisation has recently been reviewed by the Board, and clinical manager and business manager roles have been established to oversee the two services. A quality care advisory committee has been established by the organisation, with the first meeting held in September 2023. While there is a system to monitor subcontractor requirements, including having brokerage agreements, police clearances, and insurance details, these are not consistently monitored.

The organisation 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; and managing and preventing incidents, including use of an incident management system. However, while a high-risk register identifying consumers at risk of falls and/or with a diagnosis of dementia has recently been implemented, there is no high-risk register for HCP consumers.

Based on the assessment team’s report, I find requirements (3)(b) and (3)(d) in Standard 8 Organisational governance 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)