**Performance**

**Report**

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| Name: | Wise Choice In Home Care |
| Commission ID: | 201412 |
| Address: | Suite 4, Level 1, 245 The Boulevarde, FAIRFIELD HEIGHTS, New South Wales, 2165 |
| Activity type: | Quality Audit |
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| Performance report date: | 19 April 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: 8936 Wise Choice In Home Care Pty Ltd  
Service: 26504 Wise Choice In Home Care

**This performance report**

This performance report for Wise Choice In 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, and
* the provider’s response to the assessment team’s report received 4 April 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 | **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 |
| 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 service demonstrated that consumers are treated with dignity and respect and their identity, culture and diversity is valued. Consumers and representatives advised that staff are respectful and routinely uphold their dignity. Management and staff consistently spoke respectfully of consumers and the service demonstrated that care and services are culturally safe. Consumers and representatives advised that care workers understand their individual preferences and culturally sensitive aspects of their services which makes them feel valued and culturally safe. Staff, including care workers, are recruited and trained with a focus on delivering culturally safe care.

The service demonstrated that consumers are supported to exercise choice and independence, including making decisions about how their care is delivered. Care workers support consumer choice and involve nominated third parties, and consumer care plans confirm this. The service’s electronic care management system (ECMS) maintains relevant information to support consumer choice and independence.

Consumers are supported to engage in risk to enable them to live the best life they can. Representatives advised that appropriate risk mitigation strategies are utilised by care workers, and consumers and representatives highlighted that the care and services they receive support them to remain living at home and staff routinely encourage them to be independent.

Consumers and representatives advised that upon commencement of services, they are supplied relevant information, including a client agreement and handbook. They also receive information related to their budget, including regular statements regarding their package funding. Consumers advised that these statements are clear and easy to understand.

The service demonstrated that consumer privacy is routinely respected and their personal information is protected. Consumers and representatives advised that staff respect their privacy and keep their personal information confidential, including when they are having private conversations at home with family. Staff advised that consumer privacy and confidentiality is a key focus and explained that they routinely ensure consumer information is kept secure, and advised that the service’s ECMS has clear permissions related to staff level and consumer list. Staff receive education to support knowledge of consumer privacy and confidentiality.

# Standard 2

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

Findings

The service demonstrated effective assessment and planning processes, including consideration of risk to consumer’s health and well-being. The service demonstrated that this information is used to deliver safe and effective care and services for consumers. Consumers and representatives advised they are satisfied with the support provided by workers, contractors and management. The service administers relevant policies and procedures which provide guidance for staff to ensure consumer assessment and care panning informs effective and safe delivery of care and services. Case managers explained that relevant assessment tools are used to identify consumer individual needs, goals and preferences. Depending on the complexity of needs and approved levels, consumer assessments are undertaken by the case managers or the operational manager.

The service demonstrated that consumer assessment and planning identifies and addresses individual consumer current needs, goals, and preferences, including advance care planning and end of life planning if the consumer wishes. Care documentation highlighted that consumer needs and preferences were captured, and advance care planning had been raised with consumers and representatives. Consumers and representatives confirmed they have discussed advance care planning with the service. Management advised the service addresses consumer choice and advance care planning during reassessment or when things change for consumers.

The service demonstrated that assessment and planning is based on partnership with consumers, their representatives and other providers responsible for their care and services. Consumers and representatives advised that the service enables them to be involved with management of their care through the case managers, and they find it easy to communicate with case managers and support workers. Care and service plans are routinely reviewed and signed by the consumer or their representative and consumers and representatives highlighted their satisfaction with the care and services they receive from the service. Consumer files record relevant medical officer (MO) information, allied health reports, health summaries, medical diagnosis, medication summaries and hospital discharge summaries. Allied services and contractors routinely document the care and service they provide to consumers.

The service demonstrated outcomes of assessment and planning are effectively communicated with consumers and are readily available to them. The service has relevant policies and procedures to provide guidance in developing care and services plans. Support workers demonstrated appropriate knowledge of individual consumer social needs and were familiar with their preferences. Consumers advised they contact their case manager to arrange a copy of their care plan if needed, and support staff highlighted that they have access to care plans through the service’s online application.

The service demonstrated that outcomes of consumer assessment and planning are effectively communicated and are documented in a care and services plan that is readily available to the consumers. The service demonstrated that consumer care and service plans are regularly updated, HCP level 1 and 2 annually, HCP level 3 and 4 every 6 months or when there are changes in the consumer condition. The service’s system used to manage consumer care and services has an alert to indicate when care and service review and planning is required.

# Standard 3

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

Findings

The service demonstrated that each consumer receives care that is best practice, tailored to their needs, and optimises their health and well-being. Consumers and representatives advised they are satisfied with the personal care provided and confirmed it is safe and effective. The service does not currently provide clinical care to any consumers, however management advised they do have nursing staff on contract should the need arise, and advised that the service do engage nursing staff to undertake complex consumer assessments. Support workers advised they provide care that is tailored to the needs of the consumers and management advised they endeavour to maintain support worker continuity for consumers with cognitive deterioration as a strategy to manage their mental health and changed behaviours. The service’s policy and procedures relation to care and services are in line with the Quality Standards and include best practice references to staff. Management ensures that staff are competent and undertake training to ensure clinical and personal care is delivered appropriately, and for brokerage services such as physiotherapy and occupational therapy, management maintain screening checks, including registrations, prior to engaging in an agreement.

The service demonstrated effective systems for management of high impact or high prevalence risks associated with consumer care. Consumers and representatives expressed satisfaction and confidence that risks associated with care and services are managed effectively. The service identifies consumer isolation, gifting from consumers and staffing levels as their high impact or high prevalence risks. The service administers relevant and up to date policies and procedures that guide support workers and management to address and manage changed behaviours when providing care and services to consumers.

The service demonstrated that the needs, goals, and preferences of consumers nearing their end of life are recognised and addressed, their comfort maximised, and their dignity is preserved. Management advised that case managers are on-call during emergencies for consumers and their representatives. The service partners with consumers and supports their decision-making and encourages individual choice. Consumer assessments are focused on the needs and preferences of individual consumers, and management facilitate consumer contact with localised supports, who can provide emotional and religious support to consumers and representatives, for when consumers are nearing end of life. Consumers are provided with information on advance care planning and the topic is discussed at the time of reassessment of consumer care and services. The service administers relevant policies and procedures to guide staff on resources and advice.

The service demonstrated that consumer deterioration or change in consumer mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Representatives expressed their confidence that the service is equipped to identify and respond to consumer deterioration or change in a timely and efficient manner. Support workers demonstrated appropriate knowledge regarding their responsibilities in reporting deterioration to the case manager or operations manager, or calling emergency services if required. Staff await handover from the service and complete an incident report as appropriate. The service administers relevant policies and procedures to guide staff on documenting and reporting consumer deterioration.

The Audit Team reported that the service was unable to demonstrate that information about consumers’ condition, needs and preferences are consistently communicated within the organisation and with others responsible for their care. Consumers and representatives expressed their satisfaction that consumer condition, needs and preferences are communicated well, however the Audit Team noted that some consumers did not have their care consistently documented after delivery as per organisational expectations. This included consumers with changed behaviours requiring behavioural strategies documented to inform delivery of safe care. Support workers appropriately highlighted that they access handover notes from the service’s online application platform and routinely review handover notes thus highlighting effective systems and processes being administered within the service. In their response to the Quality Audit, the Provider highlighted their bespoke eTools developed to ensure comprehensive and individualised care plans that encompass consumer medical treatments and information such as consumer preferences, needs and goals. The Provider emphasised the service’s approach to train staff to review detailed briefings on consumer specific conditions prior to each shift, and to ensure staff are recording relevant progress notes via their eTool software to best facilitate ongoing consumer assessment, optimising consumer care plans and assisting the service and consumers to make informed decisions. In their response to the Quality Audit Report, the Provider also highlighted that the service administers systems and drives a workplace culture of regular communication between consumers, support workers, case managers and the rostering team, thus reinforcing opportunity to document and communicate individual consumer condition. After considering the Provider’s response, I have weighed the evidence and consider the Providers response more completing in relation to documenting and communicating consumer condition, needs and preferences within the organisation. Therefore, I find the service compliant in Requirement 3(3)(e).

The service demonstrated appropriate and timely referrals to individuals, other organisations and providers of other care and services. Consumers and representatives advised they are satisfied that when needed, the service enables appropriate individuals to be involved in their care and service delivery. Consumer care documentation evidenced relevant referrals in response to an identified need, including to general practitioners, podiatry, occupational therapy, physiotherapy services, and respite.

The service demonstrated minimisation of infection related risks through implementation of precautions to prevent and control infection. Support workers are provided with infection control training, personal protective equipment, and infection control protocols are implemented in alignment with the public health unit. Management advised they routinely monitor consumer care and services via discussions with consumers and representatives and via their feedback. Case managers regularly speak with consumers regarding their satisfaction of infection control practices, and support staff routinely notify the service if they are feeling unwell and complete rapid antigen testing. Management engage registered nursing staff to support effective and best practice clinical care for consumers.

# Standard 4

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

Findings

The service demonstrated each consumer receives safe and effective services and support for daily living that meet their needs, goals and preferences, and optimises their independence, health, well-being and quality of life. Consumers and representatives provided positive feedback that they are supported to maintain their independence and staff and management described how services provided to consumers are tailored to their needs, goals, and preferences.

The service demonstrated that services and supports for daily living promote consumer emotional, spiritual, and psychological wellbeing. Consumers and representatives advised that staff understand consumers and management and staff demonstrated an appropriate knowledge of consumers including strategies to support consumers’ emotionally, spiritually and to promote their psychological wellbeing.

The service demonstrated effective assessment and supports to assist consumers to participate in their community and to maintain social and personal relationships. Staff highlighted that this information is used to assist consumers to determine their needs and meet their goals. Consumer care and service plans are routinely developed to support consumers to participate in activities that are of interest to them and are conducive to maintaining connections which are important in their lives.

The service appropriately maintains relevant information about each consumers’ condition, needs and preferences, and this information is available and communicated within the organisation and with others where responsibility is shared. Consumers and representatives advised that staff know them well and management and staff highlighted that frequent and detailed handovers are effective in sharing consumer needs and any changes that occur. Management highlighted that information includes when referrals are made to allied health or other providers of care and services.

The service demonstrated timely and appropriate referrals to other organisations and providers of care and services, and consumers provided positive feedback that the service administers an effective and timely referral process. The Audit Team reported that consumer care and services documentation highlights that timely and appropriate referrals are made in response to the consumer support needs.

The service demonstrated safe, suitable, clean, and well maintained equipment. Consumer documentation confirmed that assistive devices and aids are assessed by allied health professionals and consumers expressed their satisfaction that the equipment available for them is safe and suitable. Consumers and representatives advised that they contact the service with any concerns and, if required, equipment would be repaired or replaced if necessary. Support workers explained that they escalate concerns to the office and that their report is actioned promptly, and management highlighted that the service routinely seek consumer feedback on equipment to ensure it is optimally functional.

# 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

Consumers and representatives advised that they are aware how to provide feedback or make complaints and feel comfortable doing so. Consumers explained they receive written information via their information pack and service agreement. Consumers and representatives are aware of internal and external complaints processes, and confirmed they are encouraged to provide feedback and complaints.

Consumers and representatives advised they are confident to raise any complaints or provide feedback with the service directly and explained they contact their case coordinators, operations manager, or managing director directly as their preferred way to reach their provider. Consumers and representatives confirmed they have also been made aware of advocates, language services and other methods for raising complaints. This includes information on the Aged Care Quality and Safety Commission (ACQSC) and senior rights service (SRS). Management highlighted that for consumers that have language barriers, translator services are made available and the service facilitates documentation in the consumer’s preferred language.

Consumers and representatives advised that appropriate action is taken by the service in response to their feedback and complaints, and staff provide an apology when something goes wrong. Staff, including support workers, demonstrated an appropriate understanding of open disclosure and how it is implemented in service delivery. Staff advised that if there was a problem they would apologise to the consumer or representative and resolve the problem to the best of their ability. Support workers explained they would escalate to the care coordinator, or operations manager for action, and would also document the concerns in the service electronic care management system (ECMS) for escalation.

Consumers and representatives advised the service regularly seeks their feedback and suggestions for improvement on the services they receive. Consumers are encouraged to provide feedback via satisfaction surveys and also directly to care workers or to management by phone, email or in person. Consumers and representatives advised that appropriate action is taken and improvements made to their individual services in response to previous concerns. The Audit Team’s review of the complaints and incidents registers highlighted effective trending and appropriate follow up actions are noted against each complaint. Most changes related to individual consumer services, however management advised they routinely undertake trend

analysis via relevant meetings to identify continuous improvement opportunities based on consumer feedback.

# 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

Consumers and representatives advised the service provides sufficient staff to deliver their care and services. The service demonstrated effective systems to support sufficient staffing numbers of skilled and qualified staff, and after review of consumer support plans and consumer notes, the service demonstrated effective communication to consumers regarding replacement staff and highlighted that services are scheduled in a timely manner. Nursing and allied health services are arranged as needed through internal and external services at agreed times with the consumers and representatives. Staff highlighted that they have sufficient time to complete their tasks and management demonstrated that the service has sufficient standby staff available to meet unexpected staff shortages.

Consumers and representatives advised that staff treat them with kindness, respect and dignity, and highlighted that their individual preferences are respected regarding the choice of care worker and timing of their service.

The service demonstrated a competent workforce with relevant skills, qualifications and knowledge to effectively perform their roles. The service demonstrated robust recruitment and onboarding processes and management highlighted the service’s focus on ensuring staff have appropriate qualifications, including registrations, as part of their monitoring process. Management demonstrated effective oversight of delivery of services by subcontracted agencies where contracts are monitored for compliance and subcontracted staff maintain relevant qualifications, education and knowledge to perform their roles. Staff and management highlighted the service’s effective buddy shift arrangements that support staff competence, and staff are provided orientation and are educated on their role specific scope of practice. Staff also confirmed they are provided a detailed position description, that they sign and understand.

The service demonstrated a workforce that is recruited, trained, equipped and supported to deliver the outcomes required by these standards. The service administers relevant and up to date policies and procedures to guide staff in recruitment and induction processes. The service drives a continuous improvement approach to staff development and staff have completed relevant training and confirmed they are well supported in their roles.

The service demonstrated regular assessment, monitoring and review of workforce performance. The service maintains an effective performance appraisal system where staff appraisals are undertaken annually and management advised that they regularly check in with consumers on their feedback in relation to staff that have attended to their care and services. Management highlighted that the staff appraisal process encourages and supports staff to contribute to their appraisal and to suggest training and development opportunities.

# Standard 8

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

Findings

The organisation effectively engages consumers and representatives in the development, delivery and evaluation of care and services. Consumers and representatives advised that they regularly provide informal and formal feedback to the service and are satisfied that this feedback is used to develop and improve their services. Consumer information is obtained via consumer satisfaction surveys, formal complaints, and informal feedback. Staff advised that management are responsive to consumer feedback and explained that they seek consumer feedback when reviewing care plans and when providing care. Management have taken reasonable steps in forming the organisation’s consumer advisory group.

Consumers and representatives expressed their satisfaction that the organisation routinely promotes a culture of safe, inclusive and quality care. Management, clinical, finance, and rostering teams confirmed regular meetings to discuss support worker allocation based on individual consumer needs and highlighted the organisation’s focus to prioritise appropriate staff to address consumer requests and preferences. The organisation’s managing director, governing body and management team work collaboratively to oversee the service’s strategic plan and manage policies to ensure compliance against the Aged Care Quality Standards. The managing director, the governing body, and the management team are committed and accountable for delivery of quality care and services and the organisation demonstrated appropriate oversight of services being delivered and key risk areas. The organisation’s continuous improvement plan highlights immediate mitigation strategies and longer-term system improvements to develop effective services for consumers.

The service demonstrated effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The service administers a centralised information management system that is easy to navigate and includes relevant information staff require to perform their day-to-day duties. All relevant consumer documentation such as care plans, risk assessments and agreements are attached to this system. The service demonstrated initiative in identifying opportunities for continuous improvement with a focus on improving processes and services for consumers. Staff are delivered suitable training, both mandatory and ongoing, and are supported by their managers to participate in regular meetings and to undertake performance appraisals. The organisation appropriately monitors subcontracted services such as allied health, home modifications, equipment, and gardening services, including documenting police checks, insurance, and staff qualifications. The service regularly seeks consumer feedback about services provided by subcontracted staff. The organisation administers effective systems and processes to ensure consumer, representative and staff feedback is captured, and that information is used by management to inform and improve consumer services.

The service demonstrated effective risk management systems and practices. Management highlighted the organisation’s incident management policy and incident report register that is overseen by the governing body and the management team. Staff are supported by management if they identify abuse and neglect of consumers, and relevant action is taken and referrals made. Staff are provided with relevant training, and meeting agendas appropriately highlight consumer incident management, and how best to support consumers at risk. Staff demonstrated an appropriate knowledge of the aged care abuse line, advocacy agencies and demonstrated that they can source support for consumers if required. Management demonstrated suitable application of the serious incident response scheme (SIRS), and management and staff demonstrated appropriate knowledge of individual high risk consumers, including those with special needs, cognitive and functional difficulties and limited supports through care planning.

The organisation demonstrated appropriate policies and procedures that identify how the service uses consumer information such as incidents, risks, feedback and complaints to measure clinical quality and safety performance. The governing body includes a clinician and the management team can access registered nursing staff to ensure adequate supervision and advice is provided to operational staff when clinical or personal care is being delivered. The organisation’s managing director maintains oversight of clinical care within the organisation, with assistance from contracted registered nursing staff and the clinician on the governing body. The organisation’s suite of policies and procedures cover clinical care and provide relevant guidance to staff. Management and staff demonstrated appropriate knowledge of antimicrobial stewardship, open disclosure, and minimising consumer restraint.

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)