**Performance**

**Report**

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| Name of service: | All About You RSL LifeCare @ Home ACT |
| Service address: | 26 Archibald Street LYNEHAM ACT 2602 |
| Commission ID: | 200983 |
| Home Service Provider: | RSL LifeCare Limited |
| Activity type: | Quality Audit |
| Activity date: | 22 November 2022 to 24 November 2022 |
| Performance report date: | 9 January 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.

**This performance report**

This performance report for All About You RSL LifeCare @ Home ACT (**the service**) has been prepared by J Taylor, 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.

# Services included in this assessment

**Home Care:**

* All About You RSL LifeCare @ Home, 17619, 26 Archibald Street, LYNEHAM ACT 2602
* All About You RSL LifeCare @ Home, 17621, 26 Archibald Street, LYNEHAM ACT 2602

**CHSP:**

* Allied Health and Therapy Services, 4-7WJT9SC, 26 Archibald Street, LYNEHAM ACT 2602
* Specialised Support Services -Community and Home Support, 4-G1SJBLB, 26 Archibald Street, LYNEHAM ACT 2602
* Social Support - Group -, 4-E0POC7V, 26 Archibald Street, LYNEHAM ACT 2602
* Social Support - Individual -Community and Home Support, 4-E0POCFG, 26 Archibald Street, LYNEHAM ACT 2602
* Domestic Assistance, 4-E0PFE1S, 26 Archibald Street, LYNEHAM ACT 2602
* Flexible Respite, 4-E0PFEDE, 26 Archibald Street, LYNEHAM ACT 2602
* Personal Care, 4-E0DXG52, 26 Archibald Street, LYNEHAM ACT 2602
* Nursing, 4-E0PT8BC, 26 Archibald Street, LYNEHAM ACT 2602

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 9 January 2023.

# 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 as not all requirements have been assessed** |
| **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 as not all requirements have been assessed** |
| **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 interviewed said in various ways how they felt respected and valued by coordinators, care workers, brokered staff, and management. They described how their interactions with the service were always respectful and felt their cultural backgrounds were understood and respected.

The Consumer Consultation Plan for consumers procedural documents included prompting for inclusion of consumer ethical, spiritual and cultural preferences. All staff interviewed described their interactions with consumers and how they understand consumers cultural backgrounds. Management interviewed provided training records and service agreements for brokered services regarding staff training for inclusivity, cultural diversity and delivery of culturally safe care.

Consumers and representatives interviewed said the service supports them to make decisions in relation to their services, including involving those they wish to be involved in their care and preferred ways of communication. Management interviewed confirmed the importance of capturing everyone involved in decision making for consumers in the initial assessment process. Review of the ‘LifeCare’s Choice and Decision-Making Policy’ include the involvement of nominated representatives and consumers in making decisions regarding their services.

Staff interviewed described how the service identified potential risk to individual consumers and discussed how to minimise harm, which is included during the initial assessment process. Staff described the importance of supporting consumers in their choices and advised how consumers have the right to take risks and explained support and assistance measures to ensure consumers are supported. Individual plans sighted by the Assessment Team supported consumer’s independence and self-determination to take control of their life and make their own choices, including to take some risks. For example:

The service recommended a mobility aid be purchased for a consumer however the consumer and their representative declined. The service discussed this with both the consumer and representative and explained the risk and the consumers right to take risks. The consumers care planning documentation was updated to reflect the consumer declined the mobility aid, discussion had occurred and a signed Dignity of Risk form attached.

Consumers interviewed advised they are provided information that is clear and easy to understand and enables them to make choices. Consumers demonstrated their understanding of the services available to them. They said they received information when they commenced, including the Charter of Aged Care Rights, a client handbook and fees schedule, including how to provide feedback. They said if they had any questions the staff always explain things to them.

All staff interviewed demonstrated an understanding of the importance of protecting consumer information and respecting consumer’s privacy. Staff described practical ways they protect consumer information, such as only discussing consumer information with relevant office staff and not disclosing a consumer’s personal information to anyone outside of the service. Where consumer information is shared with other services involved in the delivery of care and services, the organisation evidence consent from consumers is obtained.

Considering the information provided above, the service demonstrated consumers are treated with dignity and respect and the service has a culture of inclusion and respect for consumers, supports consumers to exercise choice and independence and respects consumer privacy. This Standard is therefore assessed as Compliant as six of the six requirements have been assessed as Compliant.

# Standard 2

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

Findings

The service evidenced home environment risk assessments are completed for all consumers. For example:

Review of care documentation of a consumer with multiple health concerns and mobility issues included a recent clinical assessment, referrals for additional supports and equipment checks.

Review of care documentation for another consumer who receives daily personal care and identified to be at risk of developing pressure injuries included guidance for staff to monitor specific areas.

All consumers interviewed said the services and supports received meet their current needs and their goals and preferences are addressed. There was evidence that end-of-life discussions are included in assessment and planning, as per review of care documentation. Review of a care plan template included a prompt to discuss Advanced Care Planning.

All consumers interviewed said they are involved in making decisions regarding the services and supports they receive and permission to share information with external services is obtained by the service. Home care coordinators, allied health professionals and clinicians interviewed said they include family members, representatives and next of kin in the development of care plans, if the consumer wishes them to be involved. Home care information and agreement packs sighted included the Charter of Aged Care Rights advising consumers they may ‘have a person of my choice, including an aged care advocate, support me or speak on my behalf.’

Support workers, neighbourhood co-ordinators, allied health professionals and clinicians interviewed said they have access to consumer information at the point of service delivery which guides them in delivering effective and safe services. A review of 10% of care documentation for consumers consistently identified outcomes of assessment and planning are documented in consumers’ care plans.

All care plans reviewed were current and showed evidence of being updated when needs, goals and preferences of the consumer changed. The service’s client service agreement states the consumer ‘Support Plan’ will be reviewed every 12 months or as circumstances require and you (consumers) may request a formal review of Services at any time by phoning us.’

Considering the information provided above, the service demonstrated initial and ongoing assessment and planning is done in partnership with consumers and has a focus on optimising health and well-being in accordance with consumer’s needs, goals and preferences. This Standard is therefore assessed as Compliant as five of the five requirements are assessed as Compliant.

# Standard 3

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

Findings

Consumers and representatives interviewed said in various ways staff know what they are doing and consumers felt they receive personal and clinical care and services that are safe and effective. Care plans sampled documented information and strategies to guide staff practice. For example:

Progress notes reviewed for a consumer listed their preference to shower themselves with support workers to stand by to assist when dressing.

A care plan for a consumer included a wound management plan informing the frequency of wound dressing, detailed clinical progress notes and evidence of regular contact with the medical officer. It was also noted an alert identified an additional risk of the consumer developing pressure injuries with notes from the medical officer to guide staff to monitor.

Management interviewed described monitoring systems and processes to ensure personal and clinical care is safe. For example, regular auditing of file notes, fortnightly quality and clinical practice meeting, and weekly complex client meetings.

Examples of the service managing high impact or high-prevalence risks associated with the personal and clinical care of its consumers include the use of a ‘client vulnerability index’ conducted during assessment and planning. This index is used when prioritising services. The Assessment team observed monthly reporting where clinical indicators are captured, indicators include:

* Aggressive behaviours
* Medication incidents
* Falls
* Hazards
* Skin injuries

Consumer care plans reviewed showed progress notes for consumers risk assessments or review of risk assessments, and mitigation strategies to support staff providing care.

Support workers and a registered nurse interviewed said they recently had discussions and education regarding palliative care and were aware of the service’s palliative care strategy about to be implemented.

Support workers interviewed provided examples where changes in the condition of consumers had been identified through observation and communication, for example:

A registered nurse interviewed said they would notice a deterioration in a consumers wound as a photo is taken of the wound at each visit which the nurse could access via an application on their phone.

In addition to mandatory training, it was noted support workers receive training to identify and respond to changes in the condition of consumers through the online learning portal, regular toolbox talks, and documentation including a flowchart to assist support workers which includes roles and responsibilities.

The service consistently demonstrated information about consumers’ care is documented and is communicated within the organisation and with others where responsibility of care is shared. Minutes of the weekly ‘complex client’ meetings were sighted where discussions are noted between multidisciplinary team members regarding personal and clinical care for services of new consumers, identification and management of high-risk consumers and updates on clinical incidents.

Review of care documentation demonstrated both internal and external referrals are documented and were noted to occur in a timely manner based on consumers individual requirements. All staff interviewed demonstrated knowledge of the internal referral process. For example, a registered nurse interviewed stated the transition to a new client management system has improved the timeliness of receiving and progressing referrals.

Consumers interviewed described support worker practices to prevent the spread of infection including staff wearing masks, gloves, and hand washing. All staff interviewed described how they maintain appropriate infection control and the service provides them with ample personal protective equipment.

Considering the information provided above, the service demonstrated the delivery of safe and effective personal and clinical care in accordance with consumer’s needs, goals and preferences. This Standard is therefore assessed as Compliant as seven of the seven requirements are assessed as Compliant.

# Standard 4

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

Findings

Consumers interviewed stated the service made them feel safe, and that they were able to receive daily supports and services that were personalised. Services for daily supports included transportation, individual social support, meal preparation, home maintenance and domestic assistance. For example:

The representative for a consumer said that while the consumer is independent, domestic assistance provided improves their quality of life as the consumer is identified as a falls risk and physiotherapy services enables the consumer to maintain their strength.

Support workers interviewed explained how they would know when a consumer is feeling low and described what they would do to support them. This included asking the consumer if they were ok, documenting this interaction in the consumers progress notes and escalating their concern to the neighbourhood coordinator, if required. For example:

a support worker interviewed said sometimes a consumer may not want to go out on a planned trip so on those days ‘they have a cuppa and talk’.

Consumers and representatives interviewed said the service enabled them to do things of interest to them and maintain social and personal relationships. Support plans and case notes reviewed provided information on consumer’s backgrounds their social activity preferences and confirmed consumers have input to the services they receive.

Consumers and representatives interviewed said consumers are informed about consenting to their information being shared with others. Staff interviewed described how the organisation kept them informed of consumers’ needs, preferences, and any changes to the consumer’s condition. Documentation reviewed evidenced communication with consumers and representatives when other providers are involved in care and services.

Consumers and representatives interviewed said they are aware they can access additional home supports from other organisations. For example:

Care documentation reviewed for a consumer described an increase in pain in their legs however they did not consent to visiting their medical officer because they do not want to take pain medication. The home care coordinator had discussed other therapies that the service could organise on their behalf, such as massage and physiotherapy.

Management interviewed advised they maintain contact details for other organisations that may be useful for consumers. For example, welfare and advocacy services for elder Australians. The service’s referral management procedure was sighted which showed timely and appropriate referrals are made and managed in collaboration with the consumer and representative to meet the ongoing needs of the other care services.

The service does not provide meal services therefore this requirement was deemed not applicable.

The service demonstrated where equipment had been provided for consumers to use in their home, it is assessed for suitability and safety by an appropriate allied health professional. This was evidenced in the consumers’ home environment checklist form. Support workers interviewed described how consumer outings are planned and support workers assist consumers to get in and out of the vehicles and with seat belts to maintain their safety. The services vehicle documentation was observed to be clean, well maintained, compliant and included registration, servicing and relevant insurances.

Considering the information provided above, the service demonstrated provision of safe and effective services and supports for daily living that optimise consumer independence, health and well-being and quality of life. This Standard is therefore assessed as Compliant as six of the six requirements assessed are Compliant. One requirement is assessed as Not Applicable.

# Standard 5

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

Findings

The service does not provide supports in an organisation service environment, therefore Standard five is assessed as not applicable.

# 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 interviewed said they are encouraged and supported to provide feedback and make complaints. Consumers said the staff always check with them if they are satisfied with the service and they would be comfortable raising issues if they arose as all staff at the service were very approachable. Care workers interviewed confirmed they support consumers and their representatives by providing information on the persons rights, how to make a complaint or give feedback as well as how to access an advocate or external bodies such as the commission.

Consumers and representatives interviewed said they received information on their right to an advocate and advocacy services in their community as well as how to provide feedback or complaints. Consumers said they knew how to access interpreter services if needed but those interviewed had not required this service. The service evidenced information provided to consumers via the Home Care Agreement and Consumer Handbooks which included the Charter of Aged Care Rights, and additional information on complaints and advocacy.

Staff interviewed demonstrated an awareness of open disclosure and advised they would always apologise to consumers who were not happy with anything regarding their services. Staff said they ensure any issues are addressed promptly and make sure to keep consumers informed regarding any actions or outcomes of their feedback. The Service demonstrated appropriate action is taken in response to feedback and complaints. Review of the services Feedback and Complaints Register evidenced appropriate recording of complaints and feedback, monitoring and consumer updates provided. The services Open Disclosure Policy and Open Disclosure Procedure demonstrated clear processes to guide staff appropriately manage complaints and feedback.

The service demonstrated feedback, complaints and incidents are captured in the services electronic system which enables the service to identify trends and analyse feedback and complaints data to improve the quality of care and services.

Considering the information provided above, the service demonstrated input and feedback is sought from consumers, representatives and staff to inform continuous improvement for both individual consumers and the service more broadly. This Standard is therefore assessed as Compliant as four of the four requirements are assessed as Compliant.

# Standard 7

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

Findings

Staff and management interviewed advised feedback regarding lack of communication and inconsistency of different allocated care workers delivering services to consumers had been received. The service advised this prompted the service to update their information management system to ensure the workforce was appropriately planned. The service advised consumer base data information had been transitioned to a new system in November 2022 to ensure detailed management information was readily available for monitoring of safe service delivery and quality care. Management interviewed confirmed workforce planning activities occur regularly to ensure the number and mix staff deployed are enabled to deliver and manage of safe and quality care and services. Subcontractor service agreements reviewed demonstrated the service monitors brokered services to ensure high quality service delivery.

Consumers and representatives interviewed provided positive feedback in relation to their interactions with the workforce. They described in various ways how the staff are kind, caring, respectful and helpful. Review of the feedback and complaints register showed a high number of compliments and positive feedback recorded by consumers and their representatives regarding their positive interactions with staff when delivering services.

All staff interviewed confirmed they received training and information on forms to use when issues arise, such as feedback and complaints, and incident reporting. Staff interviewed confirmed they have access to all policies and procedures via the services electronic systems with the system noted to easily accessible to staff. Review of staff files evidenced all roles had a job description. The service advised monitoring of staff competencies, qualifications and knowledge is undertaken via the services internal recruitment systems. The service demonstrated subcontracted staff had the necessary competencies to deliver quality care and services by assessing and monitoring the brokered service providers via service agreements between the brokered provided and the service which outlines expectations and obligations.

Staff interviewed said they feel well supported by management, through regular meetings and the provision of ongoing training and information, including information on the aged care standards. Staff interviewed said they would feel comfortable asking for training if they felt they needed it and said management are very approachable in this regard. Review of the service’s training matrix demonstrated individualised mandatory training for each staff member recruited. The service demonstrated a robust recruitment procedure and the mandatory training register showed all staff have completed the mandatory training and included tracking dates for refresher training.

The service demonstrated regular assessment, monitoring and review of staff performance is undertaken via one-on-one and staff meetings, annual performance reviews, monitoring of feedback and complaints involving staff and review of training and development opportunities. Staff interviewed confirmed they had participated in performance reviews and this was supported in review of staff files.

Considering the information provided above, the service demonstrated effective processes in place to support a workforce that is sufficient, skilled and qualified to provide safe, respectful and quality care and services. This Standard is therefore assessed as Compliant as five of the five requirements are assessed as Compliant.

# Standard 8

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

Findings

Consumers and representatives interviewed said they feel they can provide feedback at any time, they are asked for input on their delivery of care and services and the service seeks feedback regularly from them. Management interviewed said consumers are engaged in the development, delivery and evaluation of care and services through the following:

* Conducting client feedback surveys.
* Front line staff having conversations with consumers and representatives.
* Regular meetings with consumer and representative groups to understand the consumer’s journey and experience.

Management interviewed advised the organisation’s board of directors are responsible for the overall culture, strategy, governance and performance of the Company and are experienced in Aged Care, Retirement Living, Finance, Construction and Business. The Board has the following subcommittees providing reports:

* Quality and Safety sub-committee
* Audit and Risk sub-committee
* Senior Quality and Clinical Governance Committee

**Information Management**

Staff interviewed demonstrated an awareness of the individual consumers’ needs and stated they have access to information supporting delivery of services. Staff and subcontracting services interviewed advised they are involved in regular meetings and confirmed they are provided with regular information on any changes to services, regulations or policies.

**Continuous Improvement**

Opportunities for continuous improvement at an operational level are identified through a range of mechanism such as;

* Consumer complaints and feedback data.
* Surveys and informal feedback received.
* Staff are also able to provide verbal feedback at any time.

**Financial Governance**

The service demonstrated effective financial management and reporting systems in place to manage finances and resourcing needed to deliver safe and quality care to consumers. Services are reviewed regularly by management to report on resourcing needs of programs.

**Workforce Governance**

The service demonstrated effective workforce governance processes in place, as detailed in Standard 7.

**Feedback and Complaints**

The service demonstrated feedback and complaints management mechanisms and data are reviewed regularly and processes are in place to address feedback and complaints, as detailed in Standard 6.

Staff interviewed advised they are supported by management if they identify abuse and neglect of consumers and relevant action taken and referrals made if required. Staff outlined processes they follow if concerned about a consumer or if a consumer does not respond to a scheduled visit. Online training and meeting agenda items reviewed included reference to incidents and hazard management, and how best to support consumers at risk. The services Disaster Management Plan was sighted and noted to incorporate Business Continuity to manage interruptions to service, incidents or disasters and noted on individualised consumer care planning documentation as identified environmental risks/hazards.

The services Quality and Clinical Governance Team set guidelines and procedures to ensure a high level of infection control. To ensure a safe work environment and minimise the transmission of infection, all staff must adopt these standard precautions whilst practicing care provision/services to consumers. Management interviewed confirmed all staff have access to a number of clinical policies and procedures that underpin legislative and organisation best practice.

Considering the information provided above, the service demonstrated the governing body is accountable for the delivery of safe and quality care and services. This Standard is therefore assessed as Compliant as five of the five requirements are assessed as 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)