**Performance**

**Report**

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| Name of service: | Acacia Court Day Therapy Centre |
| Service address: | 81 Tapley Hills Road HENDON SA 5014 |
| Commission ID: | 600488 |
| Home Service Provider: | Eldercare Australia Ltd |
| Activity type: | Quality Audit |
| Activity date: | 20 March 2023 to 22 March 2023 |
| Performance report date: | 20 April 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 Acacia Court Day Therapy Centre (**the service**) has been prepared by A. Grant, 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

**CHSP:**

* Community and Home Support, 24697, 81 Tapley Hills Road, HENDON SA 5014

# 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.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | CHSP |
| 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers described staff as kind, caring and respectful. Management and staff spoke respectfully about consumers with an understanding of consumers' personal circumstances and described how it influenced the delivery of their individual services. Care planning documents viewed demonstrated the service is inclusive, consumer-centred and respectful of consumers’ identity.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services are culturally safe. Consumers and their representatives sampled described what is important to them and how their services are delivered in a culturally safe way. Staff demonstrated an understanding of consumer’s cultural background and described how they ensure services reflect consumers’ cultural needs and diversity. Care planning documents included consumers' cultural background and preferred gender of staff.

Evidence analysed by the Assessment Team showed the service was able to demonstrate how 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. Consumers and/or representatives confirmed the service involves them in making decisions about the consumer’s care and services. Staff and volunteers described how they support consumers and their representatives to exercise choice and make decisions about the consumer’s services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is supported to take risks, if they wish to, to enable them to live the best life they can. While consumers did not speak directly about taking risks, they advised how they are able to make decisions in their day-to-day life including activities that involve risk. Staff and management explained how supporting consumers to take risks forms an integral part of the care and services delivered through exercises and hydrotherapy.

Evidence analysed by the Assessment Team showed the service demonstrated that 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. Sampled consumers confirmed they are provided with timely and relevant information and are able to speak to staff if they require more details. Staff and management described how they provide information to consumers in various ways, verbally and in writing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers and representatives interviewed felt staff were respectful of personal information and the service demonstrated they have effective systems in place to protect consumers privacy and personal information.

# Standard 2

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| Ongoing assessment and planning with consumers | | 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 |
| 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

Evidence analysed by the Assessment Team showed the service demonstrated that assessment and planning including considerations of risks supports consumers care and services. Consumers interviewed confirmed being part of assessment care planning meetings and their feedback around the services they receive was consistent with care planning documentation. Clinicians use validated assessment tools specific to their discipline, including undertaking risk assessments when risks are identified. Documentation review evidenced individual assessments for each of the allied health services the consumer was receiving.

Evidence analysed by the Assessment Team showed the service demonstrated that assessment and planning identify the needs and goals of the consumers however, advance care planning is not discussed. Consumers at interview stated that the clinicians discuss their goals and how to achieve them. Consumers interviewed stated that the service has not asked or discussed advance care planning with them. Staff and management stated that information about advance care planning is not discussed with consumers however, the service has a brochure displayed in the waiting area that consumers can access.

Evidence analysed by the Assessment Team showed the service demonstrated that consumers and others they wish to be involved in their care work in partnership with the clinicians to review and plan their care needs together. Consumers stated that they can involve whomever they choose to support them and to attend the assessment and care planning meetings. Clinicians provided information of how they support the consumer’s choices in the assessment and care planning process. They involve other medical professionals and use their reports and hospital discharge summaries in setting up the care plans of the consumer to ensure the consumer is supported to get the best outcomes from attending the programs. Care documentation evidenced information and care directives that have improved consumers quality of life.

Evidence analysed by the Assessment Team showed the service demonstrated that the outcomes of assessment and planning are communicated to the consumer/representative and documented in a care plan that is readily available to the consumer, and where care and services are provided. Consumers confirmed at interview that they are provided with information and a care plan is available if they want one. Clinicians stated that the care plans are on consumer files and those attending exercise or hydrotherapy have exercise plans that are available at the classes when they attend. Documentation viewed showed that consumers who attend the online exercise classes and those who wish to do exercises at home are provided with information and exercise regimes with photos to show how the exercise is to be undertaken.

Evidence analysed by the Assessment Team showed the service demonstrated care and services are reviewed regularly for effectiveness, and when circumstance change or when incidents impact on the needs, goals or preferences of the consumer. Consumers stated that the clinicians review their care plans at least every six months. Clinicians stated that they have ongoing review of the consumers to monitor how that are progressing. The podiatrist stated that a review of the consumer is undertaken every eight to ten weeks when consumers attend for a podiatry service. This is to monitor the changes in the consumers feet especially those with diabetes or neuropathy. Physiotherapists monitor the consumers based on their needs. Initially they have one-on-one services and when they attend the exercise classes their abilities are also monitored. A formal review is undertaken every 6 months. A review of documentation confirmed ongoing reviews for all consumer files viewed.

# Standard 3

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| Personal care and clinical care | | 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 |
| 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

Evidence analysed by the Assessment Team showed the service demonstrated that the consumers get safe and effective clinical care that is tailored to their needs and optimises their health and wellbeing. Consumers reported feeling satisfied with the care they receive with most describing improvements they’ve experienced in their health since commencing with the service. File reviews evidence care plans are tailored to the consumer’s needs with goals and regular reviews to optimise their health and wellbeing.

Evidence analysed by the Assessment Team showed the service demonstrated that it effectively manages high impact or high prevalent risks associated with regular reviews, communication with those involved in their care and during assessment and planning with consumers. Staff identified risks associated with the care of each consumer and demonstrated strategies taken to support consumers to manage these risks. Care plan documentation evidenced risks are documented and consumers are referred to other organisations or professionals as needed.

Evidence analysed by the Assessment Team showed the service demonstrated that when identified consumers nearing the end of life are recognised and supported. Clinicians stated that at present the service did not have any consumers nearing end of life. Most of the consumers are low-level short-term care and able to mobilise. The physiotherapist provided an example of how they tried to support a consumer and her family as she was rapidly declining.

Evidence analysed by the Assessment Team showed the service demonstrated that deterioration or change in a consumers cognitive and physical condition is recognised and responded in a timely manner. Consumers stated that the clinicians are very good and have assisted them to improve when they felt they would be unable to mobilise or leave the home.

Evidence analysed by the Assessment Team showed the service demonstrated that information about the consumers' needs and preferences are documented and communicated with others where care is shared. Consumers confirmed that the clinicians know about their needs and discuss or communicate issues with those they want involved in their care such as their medical practitioners, specialists and representatives. Clinicians interviewed were able to discuss referrals to other clinicians and medical practitioners. Documentation reviewed confirmed referral to medical practitioners and other clinicians.

Evidence analysed by the Assessment Team showed the service demonstrated that consumers are referred to other services and providers of care in a timely manner. Consumers interviewed stated that they had been referred to their specialists for further care and assessment of their needs. Clinicians provided information on how when identified consumers are referred to other supports and organisations to assist them with their medical issues. Documentation showed that consumers have been referred to various other services including to hospital or specialists.

Evidence analysed by the Assessment Team showed the service demonstrated that infection related risks are managed and monitored. All staff have had training in hand hygiene and infection control. The service has on site basins for hand washing and a ready supply of hand sanitizer. There is a poster and communication regarding social distancing. During covid the service had signs on the floor and rearranged the gym and exercise rooms so that consumers were not very close to each other. Information was communicated and explained to the consumers along with the need to do things differently. The approach was to ask clients that they are safe and made them do a RAT test prior to entry. Consumers were asked to clean the equipment before and after use as they are responsible for themselves. If they were unable to undertake the cleaning, then staff assisted them.

# Standard 4

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| Services and supports for daily living | | 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 |
| 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

Evidence analysed by the Assessment Team showed the service demonstrated that the consumers get safe and effective supports for daily living. Consumers confirmed the services they receive have assisted them to access services and activities they have not undertaken for a long time. Clinicians confirmed that the consumers goals are focused, and consumers are supported to achieve the goals through strength exercises, appropriate footwear or improved communication.

Evidence analysed by the Assessment Team showed the service demonstrated that consumers are supported to ensure their emotional, spiritual ad psychological wellbeing is maintained. Consumers stated that the clinicians monitor them and know when they are feeling low or unable to manage when undertaking exercises. Clinicians support consumers and are available to assist them if they are unable to manage or showing signs of distress. Documentation showed that there are strategies to assist consumers who are feeling unwell or unable to undertake the identified exercises to assist them improve.

Evidence analysed by the Assessment Team showed the service demonstrated that the consumers are supported to live the best life that can and assisted to participate within the community and do things of interest to them. Consumers stated that the services they get have helped them achieve their goals to improve mobility and take part in community activities. Clinicians provided examples of how the treatment and services they provide have assisted consumers to live a better life. Documentation showed treatment plans that have been implemented to assist consumers improve their mobility through physiotherapy or communication through speech therapy.

Evidence analysed by the Assessment Team showed the services demonstrated that consumers needs, and preferences are communicated within the organisation and with others responsible for their care. Consumers confirmed being referred to their specialists for reassessment and review. As the consumers information is in one hard copy file all the clinicians have access to consumer information and notes show information is provided to others who are responsible for the consumers' care. Clinicians provided information on how they constantly discuss changes in consumer needs to ensure that all the services are meeting the changes in the consumer when deterioration or improvement of consumers occurs.

Evidence analysed by the Assessment Team showed the service demonstrated that referrals are made to other organisations and providers of care and services as identified. Consumers confirmed referrals to their medical practitioner, and other medical services including them back to My Aged Care for home care packages and other services such as home modifications.

Evidence analysed by the Assessment Team showed the service demonstrated that equipment used by consumers in the day therapy centre is safe, suitable, clean and well maintained. Consumers stated that any equipment they use in the centre is cleaned by them before and after the class. Equipment such as crutches, and walkers recommended by occupational therapists are procured from the equipment providers by the consumers themselves. Clinicians confirmed that equipment is not provided to consumers by the services. In exceptional circumstances the service may loan out equipment for a short time till the consumers have received their own equipment. On return all equipment is cleaned and tested prior to reuse at the centre. Documentation reviewed did not show any consumers being provided with equipment. Management stated that when equipment is recommended the referrals go the provider of goods and equipment.

# Standard 5

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| Organisation’s service environment | | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| 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

Consumers reported the service environment, where they attend classes or consultations, made them feel at home and gave them a sense of belonging especially seeing their artwork and those done by others. Staff and management reported the service environments have been arranged to suit a variety of consumers, in addition to those receiving allied health services as part of their CHSP. The environment is accessible to consumers of varying levels of mobility and includes navigational aids to identify bathrooms, water stations, sanitisation stations, and reception.

Consumers reported the service to be clean and well maintained. Observations within service environments evidenced safe, clean, comfortable and well-maintained spaces. Consumers interviewed stated that the clinicians consulting rooms and the waiting areas were clean and comfortable. They provided positive feedback around the freedom and mobility when they attend of the Day therapy centre and the hydrotherapy pool.

Furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers at the exercise group. Consumers stated that at the exercise class they are required to wipe down the equipment before and after they use it. Chairs in the waiting room and clinicians therapy rooms for consumers were observed to be clean and well maintained. Clinicians described cleaning procedures, including the cleaning and disinfecting of shared equipment before and after each activity. Equipment was observed to be tagged and tested on an annual basis. Clinicians stated equipment loaned to consumers for trial such as dumbbells or crutches are cleaned on return to the service.

# Standard 6

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| Feedback and complaints | | CHSP |
| 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that they encourage and support consumers and their representatives to provide feedback or complain about the care and services that consumers receive. Consumers and representatives knew how to provide feedback or make a complaint, and staff and volunteers were aware of what to do when a consumer or representative raises issues or concerns.

Evidence analysed by the Assessment Team showed the service demonstrated consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Management discussed processes to ensure consumers have access to advocates and language services if required, and consumers are made aware of other methods for raising and resolving complaints.

Evidence analysed by the Assessment Team showed the service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Sampled consumers and representatives advised they have never had a need to complain, however, are confident the service is responsive to feedback and suggestions. Sampled staff confirmed they would resolve issues identified by consumers immediately or report it through the feedback processes. Management discussed the service’s processes for managing complaints. Complaint’s documentation demonstrated open disclosure is used as part of the complaint management process.

Evidence analysed by the Assessment Team showed the service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. Staff and management described how consumers’ feedback and complaints inform continuous improvement as required. Feedback and complaints documentation viewed showed how the service used consumer feedback to improve the quality of services.

# Standard 7

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| Human resources | | 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 |
| 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and/or representatives stated they are happy with the number of, and the support provided by staff delivering care and services. Management discussed processes to ensure there are enough staff to deliver care and services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identify, culture and diversity. All consumers and/or representatives said staff are kind and caring. Staff and management spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their care and services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is competent and have the knowledge to effectively perform their roles. Consumers and/or representatives sampled, described in various ways that staff are competent in their job. Staff and management described recruitment processes to ensure staff have adequate skills and qualifications, and how management monitor their competency ongoing through consumer feedback and observation during service delivery.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Staff and contractors described completing relevant training and being supported in their role. The service has policies and procedures to guide staff in recruitment and induction. Consumers and representatives did not provide evidence specific to this requirement.

Evidence analysed by the Assessment Team showed the service was able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Staff confirmed they were supported in their performance review process and can request support whenever it is required. Management described their process for regular assessment and monitoring of staff performance.

# Standard 8

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| Organisational governance | | 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 |
| 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are engaged in the development, delivery and evaluation of care and services, and are supported in that engagement. Consumers and representatives interviewed advised, in various ways, they were satisfied the organisation is well run and can provide suggestions through formal and informal processes. Staff and management described how they seek input into service improvements from consumers and/or representatives through feedback processes.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the organisation promotes a culture of safe, inclusive and quality care and services, and is accountable for their delivery. The service has a range of reporting mechanisms to ensure the organisation is aware and accountable for the delivery of care and services. The service's risk register identified risks related to business and disaster contingency planning, financial sustainability, organisational governance and workforce planning. The service provides regular reports to the Board addressing performance and risk with standing agenda items including incidents, feedback and complaints, staffing, systems and procurement.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate an established, documented and effective organisation-wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback and complaints.

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents. Care documentation viewed, and interviews with staff and management, demonstrated there are robust processes in place to manage high impact and high prevalence risks for consumers, through detailed communication to staff delivering care and services, and monitoring of risk by clinical staff and management.

Evidence analysed by the Assessment Team showed the service was able to demonstrate an effective clinical governance framework to maintain and improve the reliability, safety and quality of the clinical care consumers receive. All care and services provided by the service are delivered by qualified clinical staff and the service maintains oversight through effective reporting processes and audit of consumers files. Staff described, and documents viewed by the Assessment Team showed, comprehensive training and processes are in place to ensure safe delivery of care and services, and detailed monitoring and reporting. The service has a clinical governance framework, clearly outlining roles and responsibilities of all staff and management and detailing key performance indicators to ensure the service can measure their performance.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)