**Performance**

**Report**

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| Name of service: | Adelaide City Council |
| Service address: | 25 Pirie Street ADELAIDE SA 5000 |
| Commission ID: | 600180 |
| Home Service Provider: | Corporation of the City of Adelaide |
| Activity type: | Quality Audit |
| Activity date: | 17 April 2023 to 19 April 2023 |
| Performance report date: | 17 May 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 Adelaide City Council (**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, 24542, 25 Pirie Street, ADELAIDE SA 5000

# 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 | **Not Applicable** |
| **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

The service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers described staff and volunteers as kind, caring and respectful. Management, staff and volunteers spoke respectfully about consumers with an understanding of consumers' personal circumstances and described how it influenced the delivery of their individual services. Documentation viewed demonstrated the service is inclusive and respectful of consumers' identity.

The service was able to demonstrate services are culturally safe. Consumers described what is important to them and how this is taken into account when their services are delivered. Staff and volunteers demonstrated an understanding of consumer’s diversity and described how they ensure services reflect consumers’ needs and preferences. Documentation viewed included consumers' cultural background and spoken language, and staff are guided about consumer’s culture, values and diversity.

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 confirmed the service involves them in making decisions about care and services. Staff described how they support consumers to exercise choice and make decisions about the consumer’s services, and support consumers through advocacy when required. This was confirmed through documentation viewed.

The service was generally able to demonstrate consumers are supported to take risks to enable them to live the best life they can. Sampled consumers indicated they do not wish to take risks, however, the services they receive enable them to maintain their independence and make decisions in their day-to-day life.

The service was able to demonstrate information provided to consumers is current, accurate and timely, and communicated clearly in a way that enables them to exercise choice. Consumers confirmed they were provided information when they first commenced at the service, and ongoing. Staff and management described how they provide information to consumers in various ways, verbally and in writing. This was confirmed through documentation viewed.

The service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers sampled felt staff were respectful of their privacy. 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

The service was able to demonstrate that 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. Consumers sampled confirmed in various ways their care and services were well planned, and the service understands how to support them. Staff described how they assess consumers’ risks at commencement of services, reviews and/or as required. Care planning documentation viewed for sampled consumers evidenced that assessment and planning, including consideration of risks to inform safe care and services delivery, were generally undertaken.

The service was able to demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences. Consumers sampled confirmed in various ways their needs, goals and preferences were discussed with them, and informed the provision of current care and services. Staff described, and provided evidence confirming, how they assess consumers’ needs, goals and preferences, in consultation with consumers at the commencement of services and reviews; including consideration of advanced care and end of life planning if they wished.

The service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer, and others who are involved in their care and services. Consumers confirmed they are involved in planning and making decisions about their care and services. Staff described how consumers, and others as required, are involved in assessment and planning of care and services. This was confirmed through care planning documentation viewed for sampled consumers.

The service was generally able to demonstrate the outcomes of the assessment and planning processes are communicated to consumers and documented in a care plan, readily available to consumers and where care and services are provided. Some consumers could not recall been offered a service plan, however, they confirmed that information was provided to them about their care and services. Staff described how outcomes from assessment and planning are documented in the service’s electronic systems, and relevant information is provided to contracted providers and volunteers either electronically or verbally. Consumers’ care plans are attached to their services confirmation letter. This was confirmed through care planning documentation viewed for sampled consumers.

The service was generally able to demonstrate care and services are reviewed regularly for effectiveness, including when circumstances changed or following incidents. Consumers generally confirmed their care and services are reviewed regularly and as required. Staff described how they review consumers’ care and services at least annually, and how changes to the consumer’s condition or incidents prompt a review. Care planning documentation viewed for sampled consumers generally demonstrated that consumers’ care and services had been reviewed as per the service’s process, including when their health had declined, following incidents or their care and services needs had changed.

# 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. | **Not applicable** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Not applicable** |
| 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. | **Not applicable** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Not applicable** |
| 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. | **Not applicable** |

Findings

All individual requirements within Standard 3 are not applicable, therefore Standard 3 is not applicable and as a result was not assessed.

# 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

The service was able to demonstrate 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. Consumers were satisfied that the services provided support their independence, wellbeing and quality of life. Staff described what is important to consumers, and how the services they provide enhances their quality of life. This was confirmed through care planning documentation viewed by the Assessment Team.

The service was able to demonstrate that services and supports for daily living promote consumers’ emotional and psychological wellbeing. Consumers and staff interviews, and care planning documentation viewed for sampled consumers, confirmed that services enhance the consumer’s emotional and psychological wellbeing.

The service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social relationships, and do things of interest to them. Consumers confirmed that social support and transport services enable them to participate in their community and maintain relationships. Staff described how they encourage and support consumers to access and participate in their community, this was confirmed through care planning documentation for sampled consumers.

The service was generally able to demonstrate that information about consumers’ condition, needs, goals and preferences is communicated within the organisation and with others where responsibility for care is shared. Consumers confirmed that care and services are provided by regular staff who know them well, and they do not need to repeat information about their needs and preferences. Staff and volunteers advised relevant information about consumers’ services are documented and communicated through electronic and paper-based documentation, and verbally. This was generally confirmed through care planning documentation viewed.

The service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers interviewed in relation to this requirement confirmed they were referred as required. Staff described processes to refer consumers to other organisations and this was confirmed through care planning documents viewed for sampled consumers.

The service was able to demonstrate that, when equipment is provided, it is safe, suitable, clean, and well maintained. Staff described the processes related to equipment when it is provided as part of the home modification services, and this was confirmed through care planning documentation viewed by the Assessment Team.

# 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

The service was able to demonstrate the vehicles making up the service environment during provision of transport services optimised consumers’ sense of belonging, independence, interaction and function. Consumers sampled confirmed they felt welcome by staff providing assistance with transport, and transport services enable them to independently attend to their community. Staff and management advised transport services are provided in contracted staff’s personal vehicles, taxis and a bus to/from the Adelaide Central Market.

The service was able to demonstrate the vehicles making up the service environment were safe, clean, well maintained and comfortable. Consumers sampled said they felt safe in vehicles during transport services. Staff and management described the process to ensure vehicles are safe and suitable for delivery of transport to consumers. Contracted staff providing transport services in their personal vehicles are required to provide evidence to the contracted organisation of their aged care police clearance, drivers licence and vehicle road worthiness, and complete training including CPR and first aid, WHS and infection control.

The service was able to demonstrate fittings and equipment in vehicles are safe, clean, well maintained and suitable for the consumer. The service advised staff and volunteers are provided with infection control equipment such as wipes and hand sanitisers, and are guided by the service’s CHSP Infection Control Guideline document. The service advised, and provided documentation confirming, staff and volunteers are guided by the infection control document including provision and use of infection control processes.

# 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

The service was able to demonstrate consumers and others are encouraged and supported to provide feedback and make complaints. All consumers interviewed stated they are actively encouraged to provide feedback to the service. Staff, volunteers and management described how they support consumers to provide feedback and make complaints. Complaints records show that consumers are confident to provide feedback on their services.

The service was able to demonstrate that consumers are made aware of, and have access to, advocates, language services and other methods for raising and resolving complaints. Consumers interviewed stated they would feel comfortable ringing the service to discuss their concerns. Management and coordinator discussed processes to ensure consumers have access to advocates if required, and consumers are made aware of other methods for raising and resolving complaints.

The service was able to demonstrate appropriate action is taken in response to complaints and open disclosure process is used when things go wrong. Most consumers interviewed stated they have not needed to make a complaint or provide feedback, however, felt confident that the service would resolve their issues. Management discussed the service’s processes for managing complaints. Documentation demonstrated that the service has adopted open disclosure principles which are used during the complaint resolution process.

The service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. Management and coordinator were able to describe how the service used consumers’ feedback and complaints to inform continuous improvement. Management described how they trend complaints and identified that subcontracted services through HenderCare resulted in consumer dissatisfaction due to a lack of communication. Management advised, and documentation confirmed, how they increased correspondence and communication through meetings with the subcontractor to ensure that consistent scheduling officers are used, and reinforced the expectation that consumers are contacted within 48 hours of scheduling a service. Since addressing the issue, management advised they had noticed a significant improvement.

# 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

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 interviewed were satisfied with the number of staff to deliver the consumers’ services and staff interviewed indicated sufficient staffing numbers. Management discussed processes to ensure there are enough staff to deliver care and services. Management advised, and documentation confirmed, how the service assesses the workforce capacity and will stop taking on new consumers until the current needs are serviced. Only when they resolve workforce issue new consumer referral will be accepted.

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 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 services. The Assessment Team viewed job descriptions for various positions within the service and noted that they all highlighted the service’s values which include acting with honesty, transparency, respect and listening to and understanding consumers’ needs.

The service was generally able to demonstrate that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. All consumers described staff delivering services as competent. Staff and volunteers advised they are provided adequate training which enables a competent workforce at the point of service delivery. Management demonstrated how they generally monitor the competency of its subcontracted workforce. Management described, and documentation confirmed, the organisation generally checks that the workforce, inclusive of volunteers and subcontracted staff, have the required skills, qualifications and knowledge and ensures that mandatory requirements are upkept.

The service was able to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Volunteers and staff described in various ways how the service supports them to perform their role through training. Management described how they monitor for changes in aged care requirements to educate and support its workforce.

The service was generally able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Most staff, and all volunteers interviewed confirmed they have undergone a performance review to support them in their roles. 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. | **Not applicable** |

Findings

The organisation was able to demonstrate consumers are engaged in the development, delivery and evaluation of services. Most consumers described how they have input about care and services provided. Management and staff described how consumer feedback received through formal and informal channels is used to influence the delivery of services. The organisation undertakes an annual community wellbeing survey to capture feedback from the CHSP Health Aging Program regarding social and wellbeing activities. Findings from this process are collated and summarised in a report. The outcomes are analysed and recommendations for improvements are documented on the continuous improvement register for implementation. The organisation commissioned an independent contractor to undertake random spot calls to gather information about support workers and services provided by HenderCare. Management advised that no actions resulted from the spot check survey due to high levels of consumer satisfaction, however, the organisation was able to identify the success of the process and plans to continue the survey in future.

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 various methods to ensure the organisation is accountable for the safe and quality delivery of care and services.

The governing body consists of a Chief Executive Officer (CEO) and 4 Executive Directors; Director of City Shaping, Director of Finance, Director of City Services and Director of Adelaide Economic Development Agency. The governing body meets at least 3 times per year for purposes including the CHSP program and has delegated day to day management of the Adelaide City Council Health Ageing Program, including CHSP program, to the Manager of City Lifestyle, Team Leader Community Wellbeing, Coordinator of Healthy Aging and Wellbeing Support Officer.

The Assessment Team viewed an internal memorandum demonstrating the governing body's involvement in reviewing and approving 13 policies and procedures specific to the CHSP program to better support the delivery of care and services. The organisation has a strategic action plan that describes the priorities and strategic directions for the Healthy Ageing Program which is endorsed by the governing body.

The organisation was able to demonstrate an established, documented and effective organisation-wide governance system in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback and complaints.

*Information Management:*

The service has an effective policy on confidentiality, privacy and information management which describes how consumers’ personal information is stored, accessed and protected. Electronic systems are securely protected by passwords, and information can only be accessed by staff within the Health Ageing Program. Volunteers receive the relevant information as required on the day of service delivery. Policies and procedures are accessible by all staff and the Assessment Team observed that many of these documents are specific to CHSP program and have recently been reviewed and updated. The Assessment Team also noted that organisation receives and stores some policies and procedures of subcontracted organisations.

*Continuous Improvement:*

The organisation’s Continuous Improvement Plan identifies opportunity for service improvements through consumer feedback, internal staff assessments and organisational self-assessments. The Continuous Improvement Plan outlines how improvements are identified, desired outcomes, planned actions, persons responsible, estimated completion date, and tracks the results of implemented improvements by documenting outcomes and evaluations. The Continuous Improvement Plan showed that the service identified a range of improvements relating to the Aged Care Quality Standards.

*Financial governance:*

Management advised, and documentation confirmed, that the finances and CHSP services outputs are reported to the finance team monthly and discussed with the governing body. Management advised, and documentation confirmed, that the organisation collects a CHSP fee contribution and supports consumers experiencing financial hardship by reducing or waiving fees as per the organisation’s contribution policy. Management advised how the organisation reviews output data and compares it to previous budgets to ensure they are servicing within the CHSP funding capacity.

*Workforce governance:*

Management described, and documentation confirmed, the process undertaken by the organisation to ensure that the workforce is supported with adequate staff and volunteers. The service utilises subcontracted services and demonstrates effective governance oversight to ensure that these subcontracting arrangements are managed effectively. The service has an effective recruitment selection policy and job description for various roles which guide the organisation to successfully screen and recruit a workforce that is responsible to deliver safe and quality services.

*Regulatory compliance:*

Management is subscribed to Aged Care Quality and Safety Commission newsletter and attends CHSP sector support meetings to ensure up to date monitoring of changes in regulations and requirements. Management advised, and documentation confirmed, that incident management policies have been updated to include information on Serious Incident Response Scheme (SIRS) and staff have received the relevant training.

*Feedback and complaints:*

Management advised, and documentation confirmed, that the organisation summarises feedback and complaints, and this is included in executive reports for review by the governing body. The organisation engages in additional methods to capture consumer feedback and complaints. Information obtained from the community wellbeing survey and independent spot checks was analysed to identify service improvements including Adelaide City Council tours and advanced care planning seminars. The organisation has multiple resources such as feedback and complaints, advocacy and open disclosure policies which support the workforce to effectively manage and resolve complaints. – *End Feedback and Complaints heading.*

The service was generally 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. Management stated, and documentation confirmed, that the organisation recently updated its incident management policy to include information on the Serious Incident Response Scheme (SIRS). Email correspondence observed by the Assessment Team confirmed that the organisation provided staff, volunteers and subcontracted providers information to inform them of the new reform. Staff and volunteers stated that were made aware of the change.

The updated Incident management policy also included information on elder abuse and neglect which supports the workforce to utilise external resources through organisations such as ELDERHelp. Management advised, and documentation confirmed, that the service has utilised a new Incident management system called Skytrust. Management advised that the system allows for direct reporting by subcontracted providers or manual entry by Healthy Ageing coordinator and/or management. Furthermore, it allows for greater oversight as coordinator, management and executives are notified of incidents as soon as it is reported. Reports can be generated to allow management to trend incidents to inform continuous improvements. The Assessment Team viewed the effective incident management processes, including the reporting, escalation and analysis of incidents.

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)