**Performance**

**Report**

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| Name of service: | Alpine Health Community Care Program |
| Service address: | Bright & District Hospital, 32-36 Cobden Street BRIGHT VIC 3741 |
| Commission ID: | 300020 |
| Home Service Provider: | Alpine Health |
| Activity type: | Quality Audit |
| Activity date: | 2 May 2023 to 5 May 2023 |
| Performance report date: | 31 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 Alpine Health Community Care Program (**the service**) has been prepared by M Franco, 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:**

* Alpine Health Community Care Program, 18609, Bright & District Hospital, 32-36 Cobden Street, BRIGHT VIC 3741

**CHSP:**

* Community and Home Support, 25856, Bright & District Hospital, 32-36 Cobden Street, BRIGHT VIC 3741
* Care Relationships and Carer Support, 25855, Bright & District Hospital, 32-36 Cobden Street, BRIGHT VIC 3741

# 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.
* the provider’s response to the assessment team’s report received 26 May 2023.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| 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 | | 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

At the time of the performance report decision, the service is:

* ensuring consumers are treated with dignity and respect, with their identity, culture and diversity valued.
* providing care and services that are culturally safe.
* ensuring each consumer is supported to exercise choice and independence and who to involve making decisions about their care and services.
* ensuring each consumer is supported to take risks to enable them to live the best life they can.
* ensuring each consumer is provided with information that is current, accurate and timely and communicated clearly, easy to understand and enable them to exercise choice.
* ensuring each consumer’s privacy is respected and their personal information is kept confidential.

Consumers/representatives interviewed said consumers are treated with dignity and respect and valued as individuals with their own identity and culture. Consumer information documented identifies what is important to each consumer in relation to their identity, care preferences, culture, and background. Staff gave examples of ways they implement dignity and respect in practice. Examples included being respectful, listening, respecting, and supporting their needs, choices, values, culture and respecting each consumer as an individual in their own home. Consumers/representatives are satisfied they can independently make and communicate choices and decisions about how services are delivered and who is involved in their care. Individual consumer’s file documentation identifies consumer choices and decisions about care and services and any substitute decision makers. Consumers/representatives interviewed provided feedback that staff respect their privacy and their personal information is kept confidential. Staff said they maintain consumers’ privacy when delivering services to consumers who may feel vulnerable by explaining what they are doing in a private environment. For example: Not discussing consumers with others, closing the bathroom door when providing personal care.

On the balance of the information provided in the assessment team report and the service’s response to the assessment team report I find this standard 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

At the time of the performance report decision, the service is:

* undertaking assessments for consumers receiving HCP and CHSP care and services and completing documented care plans that include identified risks to the consumers.
* partnering with the consumer and others the consumers wish to involve in assessment and planning, including other individuals and organisations.
* communicating the outcomes of the assessment and planning to the consumer, providing them with a copy of the care plan and ensuring care directives are accessible where care and services are provided.
* undertaking regular and as needed care and services reviews for HCP consumers.
* including discussions and information on advance care and end of life planning if the consumers wish, when identifying the consumer’s current needs, goals and preferences through the assessment and care planning process.

The service demonstrated a comprehensive assessment and care planning process is in use. HCP and CHSP consumers/representatives said in various ways they were satisfied with consumer assessment and care planning processes. Validated assessment tools are used and risks to a consumer’s health and wellbeing are considered and documented in sufficient detail in care directives. Staff access care directives in a hard copy or emailed format via their roster and said they have the information they need to provide effective care to consumers. Management and staff said that best practice approach is informed ‘intense’ monitoring of care and services to determine oversight of safe and effective personal and/or clinical care needs for consumers.

The service demonstrated that the outcomes of assessment and planning are communicated to the consumer and documented in a care and services plan that is provided to the CHSP or HCP consumer, however it is not always accessible where care and services are provided. While all CHSP and HCP consumers/ representatives described the care and services delivered, not all consumers and representatives recalled receiving a copy of the consumer’s care plan. Assessment and planning staff said CHSP and HCP consumers are always provided with a copy of their care plan. Care documentation reviewed showed all CHSP and HCP consumers had care plans that informed care and services. Four of four support workers interviewed said they do not have access to a care plan however described how they access consumer information and care directives through care directives documented in their roster. All support workers sampled said there is enough detail to provide safe and effective care and services.

On the balance of the information provided in the assessment team report and the service’s response to the assessment team report I find this standard 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

At the time of the performance report decision, the service is:

* demonstrating CHSP and HCP consumers are receiving safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being.
* making appropriate referrals, documenting, and sharing consumer information with others who share responsibility for care, and recognising responding to deterioration.
* recognising and addressing the needs of consumers nearing the end of life.
* demonstrating that infection related risks are minimised through a range of infection prevention and control processes.

The service demonstrated that each consumer receives care that is best practice, tailored to their needs and optimises their health and wellbeing. Consumers/ representatives described their satisfaction with the personal and clinical care provided and said in different ways that it was safe and effective care. Nursing staff described a best practice approach in the delivery of safe and effective care to consumers. Support workers said in various ways they provide care that is safe and right by following care directives, communicating constantly with the service and case managers, participating in ongoing training and tailoring care to the needs, capabilities and wishes of each consumer. Care documentation including progress notes and assessment documentation showed the service monitors care delivery. The service demonstrated the effective management of high impact, high prevalence risks associated with the care of each consumer. Consumers/representatives expressed in different ways that risks associated with their care are well managed. Management and a case manager said that high impact, high prevalence risks included falls risks and consumers living with varying forms of dementia. Care documentation showed risks associated with the care and services for sampled consumers are identified, generally assessed, and documented. Strategies to manage the risk are developed and recommendations by clinical practitioners are implemented. An incident management system includes, established reporting processes, and demonstrated that management monitors and responds to high impact or high prevalence risks. Support workers interviewed described individual consumers’ risks, explained the strategies implemented to manage these risks and said in various ways they had enough information to support consumer safety and reduce consumer risk. The service demonstrated the capacity to meet the needs, goals, and preferences of consumers nearing end of life. While the service advised that CHSP consumers are assessed as low risk, relevant staff interviewed detailed referrals to and links with palliative care services and processes to support HCP and CHSP consumers and their representatives when the consumer is nearing end of life. Care is provided to address individual care and comfort needs. The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. When asked about referrals, HCP and CHSP consumers/representatives were aware that, when needed, other services would be involved in their service delivery.

On the balance of the information provided in the assessment team report and the service’s response to the assessment team report I find this standard 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. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

At the time of the performance report decision, the service is:

* providing services and supports for daily living that optimise consumers independence, health, wellbeing, and quality of life.
* supporting consumers’ emotional, spiritual, and psychological wellbeing.
* supporting consumers to participate in their community within and outside the organisation’s service environment, have social and personal relationships and do things of interest to them.
* providing information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.
* assisting with timely and appropriate referrals to individuals, other organisations and providers of other care and services.
* providing suitable, varied meals for consumers through meal delivery services.
* providing equipment that is safe, suitable, clean and well maintained.

The service demonstrated 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. HCP and CHSP consumers/representatives expressed satisfaction with services and supports for daily living and described how the services they receive promote consumer independence and quality of life. Staff and support workers demonstrated an understanding of what is important to each consumer described the ways they provide effective services and supports for daily living, by treating consumers as individuals and understanding what is important to them. The service demonstrated that services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being. HCP and CHSP consumers/representatives said in various ways they were satisfied with social supports provided. Support workers described how they support consumers when they feel low, including talking with them, showing empathy, and promoting positive outlooks by relating to consumers in a positive way.

The service supports consumers to maintain social relationships and participate in activities of interest to them in the community. HCP and CHSP consumers/ representatives shared their views that consumers are assisted to do the things they like to do, have social and personal relationships, and are encouraged to participate in the community. Staff including support workers provided examples of ways they encourage consumers to do things of interest to them including attending social support groups in the service and the community. Care documentation sampled generally noted HCP and CHSP consumers’ social profiles, basic interests, and relationships of importance to them. The service demonstrated that information about the condition, needs and preferences of consumers is communicated within the organisation and with others where responsibility for care is shared. The service demonstrated timely referrals are undertaken to various services to ensure consumer needs are met.

Where meals are provided the service ensure they are varied, of suitable quantity and quality. In addition, the service demonstrated where equipment is provided to a consumer it is safe and suitable to meet the individual consumer requirements.

On the balance of the information provided in the assessment team report and the service’s response to the assessment team report I find this standard compliant.

# 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. | Compliant | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

At the time of the performance report decision, the service is:

* maintaining an environment that is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction, and function.
* ensuring the service environment is safe, clean, well maintained, comfortable and enables consumers to move freely, both indoors and outdoors.
* providing furniture, fittings and equipment that are safe, clean, well maintained, and suitable for the consumer.

Consumers sampled advised the service environment is suitable for the social support group and in various ways described how the service centre is welcoming and meets their individual requirements. Consumers expressed satisfaction with the cleanliness, comfort, and safety of the service environment. Volunteers and management described cleaning and maintenance processes within the service and for service vehicles. Management showed how preventative and reactive maintenance is logged and recorded to adhere to scheduled maintenance and respond to issues in a timely manner.

On the balance of the information provided in the assessment team report and the service’s response to the assessment team report I find this standard compliant.

# 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

At the time of the performance report decision, the service is:

* informing consumers, their family, friends, carers, and others are encouraged and supported to provide feedback and make complaints.
* ensuring consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.
* ensuring appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* reviewing feedback and complaints and using this information to make improvements to the quality of care and services.

The service discussed how consumers, their family, friends, carers, and others are encouraged and supported to make complaints and provide feedback. Consumers/representatives said in various ways they are encouraged to provide feedback; raise any complaints and they feel safe to do so. Consumers/ representatives said they are aware of the feedback process. The service demonstrated that consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.

Consumers/representatives were satisfied that any concerns raised are actioned to their satisfaction. Management described the procedure for open disclosure which is defined in the organisations complaints management procedure and used as appropriate in complaint resolution. Complaints, compliments, and feedback are documented in an online portal and incident management system.

Management discussed open disclosure and were able to provide a sample on how open disclosure would be documented in their software system. Consumers/representatives are satisfied the service listens to their feedback and makes changes. Management stated that all feedback is documented in an incident management system and online portal.

On the balance of the information provided in the assessment team report and the service’s response to the assessment team report I find this standard 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

At the time of the performance report decision, the service is:

* ensuring 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.
* ensuring the workforce in planned and workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity.
* providing a workforce that is competent and members of the workforce have the qualifications and knowledge to effectively perform their roles.
* ensuring the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards.
* undertaking regular assessment, monitoring and review of the performance of each member of the workforce.

The service’s 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. The service demonstrated a commitment to the provision of kind, caring and respectful staff. Consumers/representatives interviewed are satisfied staff are respectful, kind, and caring.

The workforce is recruited, trained, and equipped to deliver the outcomes required for individual consumers.

On the balance of the information provided in the assessment team report and the service’s response to the assessment team report I find this standard 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

At the time of the performance report decision, the service is:

* involving consumers in the development, delivery and evaluation of services and are supported in that engagement.
* demonstrating the governing body promotes a culture of safe, inclusive, and quality services and is accountable for their delivery.
* using effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints.
* ensuring effective risk management systems and practices including 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, including the use of an incident management system.
* drafting a clinical governance framework to include reference to antimicrobial stewardship, minimising the use of restraint and open disclosure.

The service evidenced consumers are engaged in the development, delivery and evaluation of services and are supported in that engagement through feedback.

The service demonstrated that the organisation’s governing body promotes a culture of safe, inclusive, quality care and services and is accountable for their delivery. Discussion with management identified management and the Board satisfy itself that the Aged Care Quality Standards are being met through a set of metric reports and established a reporting framework that includes key performance indicators which are important in understanding quality and safety of care.

The service has organisational wide governance systems to monitor processes such as information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints.

Information management

The service has information management systems in place that include a client and staff management systems, website, email, intranet, document management system, meetings face to face and virtually to share information. Consumer information is maintained in client management systems and some paper based.

Continuous improvement

Continuous improvement opportunities are identified through internal and external audits, complaints, feedback, and incidents. Discussions with management, staff, consumers/representatives show improvements are ongoing.

Financial governance

Financial governance is overseen by the organisation’s corporate services manager and the finance and audit committee. The corporate services manager reports to the finance and audit committee who report to the Board in relation to the organisation’s financial position. Financial reports, including balance sheets and profit and loss statements, are included in the Board pack that is provided to Board members prior to a Board meeting.

Workforce governance, including the assignment of clear responsibilities and accountabilities

Workforce governance is overseen by the organisation’s human resources. Human resource processes include workforce recruitment, position descriptions, staff performance and staff education.

Regulatory compliance

Management said, when asked the risk-based questions, there have been no adverse findings by another regulatory agency or oversight body in the last 12 months. The organisation maintains up to date information on regulatory requirements through peak bodies, government departments and funding bodies. Senior management receive legislative updates and forward to the relevant sections for review and input.

Feedback and complaints

Management advised when asked the risk-based questions, that their complaints data shows no trends in complaints received in the last 6 months. The organisation has a complaints management procedure inclusive of open disclosure that supports the pursuit of improved outcomes for consumers. Feedback and complaints upon receipt are recorded in an incident management system and/or online feedback portal via the organisations website.

The organisation has a risk management framework inclusive of a risk management policy and a risk register. The risk register has 8 strategic risks with descriptions around the risk, the risk owner, and a summary report which the Board receive on a monthly basis and has a risk matrix that aligns with the strategic plan. Risk management, review risk treatment plan once a month, risks that are rated as major risk set of strategies to mitigate the risk are reviewed monthly. Risk is represented on each of the organisation’s committees. A copy of the risk register was provided to the Assessment Team.

The organisation’s governing body has developed a clinical governance framework currently in draft. The clinical governance policy includes reference to open disclosure. However, the clinical governance framework has no reference to antimicrobial stewardship or minimising the use of restraint.

In relation to a clinical governance framework, the organisation has a clinical governance policy, terms of reference and a draft clinical governance framework. Clinical governance committee is in place and meets monthly and reports to the Board. Clinical care for consumers is provided by internal and external nursing or allied health services and medical practitioners.

In relation to antimicrobial stewardship, management advised that the organisation does not prescribe or manage medications. However, support workers and district nursing services visit consumers for medication prompting. All staff are trained in infection control and vaccinated, thereby minimising the need for antimicrobial use.

On the balance of the information provided in the assessment team report and the service’s response to the assessment team report I find this standard compliant.

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)