**Performance**

**Report**

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| Name of service: | Alzheimer's WA Home Care Services |
| Service address: | Level 1, 40 Subiaco Square Road, SUBIACO WA 6008 |
| Commission ID: | 500034 |
| Home Service Provider: | Alzheimer's Australia WA LTD |
| Activity type: | Quality Audit |
| Activity date: | 28 March 2023 to 30 March 2023 |
| Performance report date: | 1 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 Alzheimer's WA Home Care Services (**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:**

* Alzheimer's Australia WA Ltd - Home Care Packages, 27380, Level 1, 40 Subiaco Square Road,, SUBIACO WA 6008

**CHSP:**

* Care Relationships and Carer Support, 25195, Level 1, 40 Subiaco Square Road,, SUBIACO WA 6008
* Community and Home Support, 27137, Level 1, 40 Subiaco Square Road,, SUBIACO WA 6008

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 12 April 2023.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

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

• Demonstrating that consumers are treated with dignity and respect, and that services are delivered in a culturally safe manner.

• Using dignity of risk approach to support consumers to take risk to enable them to live the best life they can.

• Providing information to each consumer that is current, accurate and timely and which consumers and representatives find easy to understand and enables them to exercise choice; and

• Respecting a consumer’s privacy and has processes to protect the consumers personal information.

The service demonstrated each consumer is treated with dignity and respect with their identity, culture and diversity valued. Consumers and representatives said staff are respectful and consult them about their care to the way in which they prefer their services to be delivered. Management and staff interviewed consistently spoke of consumers in a respectful way and were able to describe what was important to consumers they individually support and what it meant to treat consumers with dignity and respect. The service was able to demonstrate that care and services are culturally safe. Consumers and representatives described what is important to them and how their services are delivered to accommodate this. Support workers demonstrated an understanding of consumers’ backgrounds and described how they deliver a culturally safe service.

• Consumers and representative interviewed said support workers know them well and know what is important to them.

• Support workers interviewed understood what it means to deliver culturally safe care and services and were able to consistently describe what this means in practice. For example, one consumer is very religious, and the support worker reads pages of the bible to him.

• A review of care planning documents described where there are specific cultural needs and what is important to the consumer. The service provides training to staff on cultural safety.

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 representatives confirmed that the service involves them in making decisions about the care and services they receive. Support workers described how they support consumers and their representatives to exercise choice and make decisions about their services.

The service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. Consumers said they are encouraged to do things independently and support workers respect the decisions they make. Support workers described how they support consumers to take risks and to do things that are important to them.

• Consumers and representatives described ways the care and services provided supports them to take risks and live their best life. For example, a representative said the service has supported the consumer to continue to participate in pyrography which enables him to share his skills and passion with other consumers and part of the men’s shed.

• Support workers interviewed demonstrated awareness of dignity of risk through ensuring consumers had choice and adequate support to complete activities of daily living.

The service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. The service demonstrated they have effective systems in place to protect consumers’ privacy and personal information.

• Consumers and representatives said they were confident that their privacy is respected whilst receiving services. Consumers are made aware of their rights to privacy when onboarded and have a disclosure authorisation and consent to share information form discussed with them during assessment and planning.

• Support worker interviewed said when providing personal care to one consumer with showering she ensures the door is kept closed.

• Management advised there are systems in place to protect consumers information and only authorised staff have access to that information.

# 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:

• Following the organisations assessment and support planning process to ensure staff can deliver safe and effective care and services.

• Able to demonstrate outcomes of assessment and support planning are communicated to consumers and representatives and documented in their support plans to guide staff to effectively deliver care and services.

• Recording consumer goals to guide care and services delivered. Advanced care planning is discussed and documented as appropriate.

• Documenting support plan and assessment information consistently demonstrating regular and/or episodic review to reflect the changes to the care and services implemented following a change in the consumer circumstances including in response to an incident.

The service has a comprehensive assessment and care planning process. Assessment information is used to develop a plan of care and services in partnership with the consumer and/or their representative. The information outlined in the support plan guides staff in the provision of safe and effective care and services. The service considers the risk for consumers when completing assessments and following a discussion with the consumer, strategies to reduce the risk to the consumer were noted to be identified in the alerts section of the care plan.

• All consumers and representatives interviewed advised that the care and services available to them is discussed with them prior to the commencement of the service. Representatives stated staff regularly discuss the care provided to them to ensure it remains in line with their specific preferences.

• Four support workers interviewed described individual consumer’s routine, needs and preferences that are noted to be in line with the information provided in the care plans. However, staff stated they never assume a consumer will want to follow the same daily routine and will always discuss the consumers preferred activity for the day with them when they arrive.

The service has processes to support the identification of consumer-centred specific goals and preferences. The clinical staff advised consumers are provided an opportunity to identify their end of life preferences in an advanced care directive if they have not already done so.

The service demonstrated it involves the consumer, the carer and, as appropriate, any representative, in the planning of the care and services to be provided to the consumer. The service has processes in place to support consumers to access external service providers in accordance with their obligations relating to privacy of information.

• All consumers and representatives interviewed reported they have had an opportunity to meet with their home care package coordinator to discuss their specific needs and preferences.

# 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:

• Able to demonstrate consumers and their representatives are satisfied they are provided with timely personal and clinical care that is safe and provided in the manner that meets their preferences.

• Identifying and recording high impact and high risk issues for consumers through assessments using validated best practice tools.

• Ensuring staff understand their care needs and where required there is timely referrals made to support their existing or changed care and service needs.

• Demonstrating timely and appropriate referrals to individuals, other organisations and providers of other care and services are consistently completed.

• Able to demonstrate policies and processes are available to guide staff in the use of standard and transmission-based precautions to reduce the risk of infections and to promote appropriate antibiotic prescribing.

The service demonstrated personal and clinical care is tailored to their needs and preferences based on assessment of the consumer’s needs, goals and preferences. All consumers interviewed reported satisfaction with the care they receive. The staff refer to nursing and allied heath staff seeking assessments and recommendations for the provision of best practice strategies. Policies and procedures are available to staff who confirmed the optimisation of consumers health and well-being is the focus of the services provided ensuring care is tailored to the needs and preferences of each consumer.

• Representatives interviewed said they get the care they need and provided examples of where it is tailored to their needs and optimises their well-being.

The service was able to demonstrate that it effectively manages high impact and high prevalence risk associated with the provision of care and services to each consumer. Systems and processes are in place to assist support workers manage risk, and to ensure clear instructions are provided to staff to minimise the effect and number of risks for consumers. The service was able to demonstrate deterioration or change of a consumer’s cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Systems and processes are available to support the workforce to recognise and respond to a consumer whose function, capacity or health condition changes or deteriorates. Staff are clear about their roles and responsibilities including identifying and reporting signs of deterioration.

The service demonstrated there is timely and appropriate referral to internal and external providers that can meet the needs of the consumer where it cannot be provided by the service provider. Staff described processes to refer consumers for allied health services and additional services through the internal and/or external referral processes.

• Two consumers and two representatives reported they attend the day centre weekly and have access to a podiatrist and physiotherapist who visits the regularly at home and an occupational therapist who has assisted them to purchase/hire equipment appropriate to their specific needs.

• Information regarding care and services provided by external consultants such as a podiatrist are communicated to the home care package coordinators following a referral. Ongoing updates regarding treatment programs implemented by external service providers are provided regularly. This information is recorded in the electronic management system.

• Policies and procedures are in place regarding referral to other services. Documentation reviewed showed the service has procedures that guide the staff when referring consumers to other health professionals when a clinical incident or change in condition occurs.

# Standard 4

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

Findings

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

• Able to demonstrate each consumer is provided with safe and effective supports for daily living that are important for their health and wellbeing and that enables them to do the things they want to do.

• Promoting each consumer’s emotional, spiritual and psychological well-being.

• Supporting consumers to remain connected to their communities and participate in things that interest them maintaining social and personal relationships.

• Communicating needs and preferences of consumers within the service and with others where responsibility for care is shared.

• Ensuring referrals are made, assessments are completed, and equipment is provided that meets the specific requirements and is fit for purpose for the consumer with hired equipment monitored and maintained.

The service demonstrated where feedback and complaints have been raised there have been improvements made to the quality of care and services. One consumer confirmed there have been changes made to their services after providing feedback. The service demonstrated it is using feedback and complaints to identify improvements to increase consumer satisfaction of care and services. The service has supports in place to promote each consumer’s emotional, spiritual, and psychological wellbeing. Support workers demonstrated that they are aware of individual consumer’s needs in relation to their emotional, spiritual, and psychological wellbeing.

The service demonstrated it supports consumers to participate in the community and they are supported to maintain relationships that are important to them. The service demonstrates that consumers are supported to do things that are of interest to them.

• Consumers interviewed confirmed they are satisfied they are able to do things that interest them, maintain social and personal relationships and participate in activities within and outside of the service.

# Standard 5

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

Findings

The Quality Standard 5 Organisation’s service environment was not assessed during this Assessment. The Assessment Team reviewed all services provided through the corporate office and did not visit the Community Houses at Shenton Park, Mandurah or Albany where cottage respite, centre-based day care and day respite centres are offered. The service demonstrated consumers are made aware of and have access to advocates, language services and other methods for resolving complaints. Management said, and provided evidence showing that, information about advocacy services is provided to consumers in the consumer handbook at onboarding. The service demonstrated that it takes appropriate action to resolve complaints quickly and uses an open disclosure approach when things go wrong. Consumers and representatives report being satisfied by the way in which the service responds to complaints.

# 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:

• Encouraging consumers and representatives to provide feedback and make complaints.

• Providing information on how to raise feedback, make a complaint and how to contact other external organisations for support should they need to.

• Recording feedback and complaints, and actioning any feedback in a timely manner, to the satisfaction of consumers.

• Using feedback and complaints to improve services provided to consumers.

The service demonstrated that consumers, representatives are others are supported to provide feedback and make complaints. Support workers are aware of the ways in which they can support consumers to make complaints. Policies, procedures, and systems are in place to encourage feedback from consumers, representatives, and their families, and those involved in delivering services to consumers

# 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 the delivery and management of safe and quality services to consumers.

• Engaging and training the workforce to interact with consumers in a kind caring and respectful way.

• Engaging a competent and skilled workforce to enable the delivery of quality services to consumers.

• Providing induction and support to the workforce at commencement and ongoing, regularly review and monitoring of the performance of each member of the workforce.

The service demonstrated that the organisation’s systems allow for regular monitoring and planning of staff, with the result that consumers receive services that are aligned with their assessed needs and preferences. All consumers and representatives interviewed stated care and services are generally delivered as planned and described recent improvements to the continuity of services provided to consumers. The service was able to demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. All consumers and representatives said staff and management are kind, caring and respectful. Staff and management spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their services. This was reflected in the service’s documentation reviewed. The service was able to demonstrate the workforce is competent and have the knowledge to effectively perform their roles. Consumers and/or representatives described in various ways that staff are generally 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.

# 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:

• Engaging consumers in the development and improvement of their care and services.

• Overseen by a governing body that takes responsibility for ensuring that effective governance systems are in place to manage information, continuous improvement, financial responsibilities, and regulatory compliance.

• Ensuring that systems and procedures effectively manage risk associated with the safe care of consumers, including high-impact and high-prevalence risks.

• Working within a clinical governance framework that promises antimicrobial stewardship, minimising the use of restraint and the practice of open disclosure.

The service was able to demonstrate that the governing body promotes a culture of safe, inclusive, and quality care and services, and is accountable for their delivery, as required under the Aged Care Quality Standards. The service has a range of reporting mechanisms to ensure the organisation is aware and accountable for the delivery of care and services.

In relation to information management:

• Consumers and representatives have access to relevant information to enable them exercise choice, including care plans, Charter of rights and avenues to provide feedback and make complaints.

• Staff have access to policies, procedures, and other electronic documentation relevant to their role.

• The organisation has an established records management framework including client privacy and confidentiality policies and procedures related to collecting, sharing, and storing information. All consumer’s information is stored securely, in line with legislative requirements, and electronic data is password protected and accessed with relevance to staff position and role.

In relation to continuous improvement:

• The organisation has an established continuous improvement process including documentation of improvements in the service’s continuous improvement plan which included improvements informed by consumer feedback, policy and processes review, improvements contributed by all departments, houses, and the leadership team.

In relation to financial governance:

• Unspent funds are monitored through the HCP manager. Management described how they have discussed unspent funds with consumers/representatives including equipment purchases and provision of respite services to support primary carer.

• Documentation reviewed showed there is monthly reporting to track finances and a report is submitted to the Board. The service has a financial officer who over sees all budgets, grant agreements and purchasing.

In relation to Workforce governance:

• The service was able to demonstrate effective workforce planning recruitment, induction, and performance management to enable delivery and management of safe and quality services to consumers.

• The service has not had any impact of the SCHADS award in terms of service delivery. Management advised they pay staff above the SCHADS award and staff are rostered with sufficient hours.

In relation to regulatory compliance:

• Management said they subscribe to alerts on changes to legislation compliance and subscription to various government departments and disseminate information to the Board and leadership team as required. In line with recent Code of Conduct and Serious Incident Response Scheme (SIRS) in home care, the CEO demonstrated how policies and processes have been updated to reflect these changes.

In relation to feedback and complaints:

• The service has an organisational wide system in place which provides monitoring and overview of feedback and complaints, including encouraging and supporting consumers to provide feedback and make complaints.

• Documentation reviewed showed monthly reporting is completed by the leadership team regarding types and trending of complaints and feedback is provided to the Board for consideration. Policy and procedures include using open disclosure in investigating and resolution when things go wrong.

The service demonstrated it has a clinical framework in place which includes the services response to supporting each consumer’s care and clinical needs. A clinical governance committee meets quarterly reporting to the Board following the committee meeting.

• The service has a clinical governance framework in place which the organisation is continuing to develop and refine that describes the service’s approach to supporting consumers who receive care and services including leadership and culture, organisational systems, monitoring and reporting, effective workforce, communication, and relationships and roles and responsibilities.

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)