**Performance**

**Report**

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| Name of service: | ATA – Seamless Living GEAT Services |
| Service address: | Shop 4019; Level 4, 17 Patrick Street BLACKTOWN NSW 2148 |
| Commission ID: | 200041 |
| Home Service Provider: | Assistive Technology Australia |
| Activity type: | Quality Audit |
| Activity date: | 2 February 2023 to 6 February 2023 |
| Performance report date: | 29 March 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 ATA – Seamless Living GEAT Services (**the service**) has been prepared by G.McNamara, 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, 24524, Shop 4019; Level 4, 17 Patrick Street, BLACKTOWN NSW 2148

# 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

Six of the six specific requirements of this Standard were assessed and I have found all six to be Compliant.

The service is:

* Supporting consumers to complete tasks and feel safe in their homes and communities.
* Enabling consumers to choose the care and supports they need with the support of consumer opted representative.
* Ensuring staff are supported to provide culturally appropriate customer service.
* Providing consumers with safe care that respects their privacy and dignity.
* Using a variety of communication techniques to communicate with consumers with challenging health/disability issues.

Consumers and representatives sampled said they were treated with the dignity and respect throughout the whole assessment and recommendation process, and the workforce interviewed demonstrated their understanding of maintaining dignity and respecting cultural diversity. The Assessment team observed supporting documentation, such as internal policies describing the rights and responsibilities of the consumer and the services that will be provide and goals of the consumer asked on the client screening form.

Consumer and representatives confirmed the workforce understands consumers’ needs and preferences and that their services are delivered in a way that makes them feel comfortable and safe. Staff provided examples of how services are delivered to support the cultural preferences of individuals. The Assessment team observed supporting documentation and practices, such as a diverse and multicultural workforce and a communication chart displayed in the showroom available in multiple languages. Management confirmed all staff completed cultural competence training in ATSI communities through an online module.

Consumer and representatives sampled said they are supported to exercise choice and independence. Staff described how they provide information to assist consumers make decisions. Documentation such as the welcome and client screening form, service agreement form evidenced consumer/representative involvement in decisions about the services provided.

Consumer and representatives sampled also said they are supported to take risks to enable them to live the best life they can. Staff were aware of consumers who want to take risks and provided an example of how they supported a consumer. The Assessment team observed documentation and questions that identified environmental and isolation risks to the consumer to assist the OT to make suitable recommendations of equipment.

Up to date information is provided to consumers. Consumers and representatives sampled advised that the provider has been in contact with them directly to provide information about services. Staff were able to describe the different ways information is communicated.

The service could demonstrate respect for each consumers privacy and dignity.

# 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

Five of the five specific requirements of this Standard were assessed and I have found all five to be Compliant.

The service is:

* Involving all consumers in assessment and service planning processes and this is done in partnership with others when they wished them to be involved
* Ensuring service staff work in collaboration with consumers, to deliver services in accordance with their identified care needs, goals and preferences
* Reviewing consumer needs when they reapply for services, as services are mostly episodic in nature
* Documenting consumers’ services and any consumer goals are taken into account when making recommendations
* Working with external services in the provision of a holistic approach to care.

All consumers and representatives provided positive feedback on assessment and service planning processes. Assessment, planning, and the gathering of relevant information is undertaken for all consumers and forms the basis for providing specialised advice, expert information and education that matches the consumers to the most appropriate range of assistive technology (AT) solutions. Management and staff reported that consumers are referred through MAC for one off service under the GEAT program. Care planning/assessment documentation reviewed by the Assessment Team captured consumer information which was detailed, current, and included individualised goals and health conditions that were impacting on the consumers ability to engage in their daily living tasks and activities.

The Occupational Therapist (OT) advised they are provided with information on care needs of consumers, including consumer preferences and needs through the information received through their MAC support plan. This gives them a basic understanding of consumer needs, goals and preferences before attending to their assessment. Documentation sighted on sampled files included needs, goals and preferences of consumers. This was included in OT report recommendations. The service does not provide end of life care or advance care planning.

Processes are in place to ensure assessment and service planning are undertaken in consultation with consumers, and with their consent, with representative and this was evidenced on consumer files. Consumers and representatives interviewed also confirmed this occurs.

Consumers and representatives interviewed confirmed they participated in the initial assessment process with the OT, including quoting process for co-payment and received information on services to be delivered. They felt they were well informed by all staff on what services they could access and what services they had agreed to receive, and these were noted to match with documentation sighted in their files.

All consumers and representatives said the services they receive meet their needs and preferences and all confirmed they were provided with copies of relevant documentation detailing their services. Staff confirmed no services are provided without the consumer’s or representative’ prior agreement. The provider keeps the consumer file open even after the request to supply of equipment has been submitted to geat2go to assist the consumers with any follow-up inquiries which they may have.

As the service provided is ‘one off’ or episodic in nature, care planning reviews are not conducted by the provider, however each time a consumer comes back for additional services, their needs will be reassessed based on new MAC referral and assessment. The service maintains the original file created for background information.

# Standard 3

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| Personal care and clinical care | CHSP |

Not Applicable

The organisation does not provide personal or clinical care and this Standard is Not Applicable and 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. | Not applicable |

Findings

Five of the five applicable requirements of this Standard were assessed and I have found all five to be Compliant. The service does not provide meals or equipment and the relevant requirements are Not Applicable and were not assessed.

The service is:

* Providing consumers with effective supports through effective use of Assistive Technology for their daily living activities that enable them to live independently
* Able to demonstrate that consumer’s emotional and psychological wellbeing is recognised.
* Sharing information on consumer needs, preferences, and changes within the organisation, and with others who are assisting with care.
* Assessing all consumers Regional Assessment Service (RAS) reports to ensure supports and services are meeting the consumers current needs and preferences.
* Providing timely referrals to others where care and supports are shared

Consumers and representatives reported they were able to live an independent life and attend to their activities of daily living with the use of AT equipment and devices. Management and the OT interviewed spoke about the specialised assessment and advice provided to their consumers and representatives and how this enabled the consumers to make AT choices that enhanced their daily functioning and quality of life. The Assessment Team sighted care planning documentation for consumers receiving services and noted that consumer goals reflected the information provided by both consumers and staff. Staff and management interviewed knew their consumers and their needs, goals and preferences.

Consumers and representatives advised they feel comfortable, happy and safe with the assessment and information the OT provides on equipment or services that can help the consumers with their daily living tasks for example bathroom aids, communication aids, clothing, kitchen aids, walking aids, wheelchairs and scooters. They said if they have any concerns they can discuss with the OT. Some consumers said the equipment and devices they have acquired has helped them emotionally as they have more confidence now in looking after themselves and being independent. They said they felt comfortable talking to staff and would raise issues with them if they needed anything. Management advised that with the acquisition of most appropriate equipment and mobility aids by the consumers, their independence increased and this in turn helped the consumers with their mental health and well-being especially the impact it had on their safety and on the safety of their carers.

Sampled consumers’ files demonstrated the emotional, spiritual or psychological needs of the consumers were addressed through the OT planning and assessment process. Progress notes on consumers’ files also documented any changes in needs including those relating to emotional, spiritual or psychological wellbeing, with additional assessment or referrals made as required.

All consumers and representatives sampled said the AT equipment and devices enables them to participate in their community, do things of interest to them, and maintain social and personal relationships. The OT said they identify the key relationships that consumers wish to maintain, preferred activities and goals in relation to their involvement in the community, and design services to assist them to meet these. Consumer documentation sighted provided evidence of considerations in the Client Screening Form on consumers, to help them maintain their relationships and remain active in the community.

Consumers and representatives were satisfied the service had good communication systems in place to ensure staff and Indigo - geat2go knew their needs and when changes occurred. They also said they could call the office at any time about anything and they returned any messages promptly. They said they would usually call the office if they needed anything rather than speaking with their GEAT supplier for example if there were delays in the delivery of their goods.

Consumers and representatives said the provider makes referrals to other external agencies with their permission, especially if they have asked for additional services.

The OT outlined their referral processes and noted the importance of timely referrals for consumers. They may make internal or external referrals after checking on MAC to see what CHSP codes the consumer has been approved for. If they do not have the relevant code they refer the consumer and/or representative back to MAC to be reassessed by a RAS assessor.

# 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

Three of the three specific requirements of this Standard were assessed and I have found all three to be Compliant.

The service is:

* Providing a welcoming, easy to navigate and spacious environment.
* Providing a safe, clean and well-maintained environment.
* Providing equipment that is safe, clean, maintained and suitable for the consumer.

A consumer representative sampled visited the display room with their parent without a pre-booked appointment. They described the environment as accommodating and said the display room was spacious with plenty of equipment for her father to try.

The Assessment team observed:

* A variety of equipment on display, demonstrated the providers knowledge in providing services to an extensive variety of consumers.
* Natural lighting from outside throughout the office and display room by way of sliding door access surrounding the office and ceiling level windows.
* Clean environment with equipment stored and displayed to encourage consumer interaction.
* Spacious display room and aisle to accommodate consumers who use mobility aid to move around freely.
* Modified display apartment with a variety of GEAT equipment to show on the providers website with the option of a virtual tour. The display was interactive.

The consumer representative sampled said the environment was clean and their parent felt comfortable and safe to move through the display room sampling the four-wheel walking aids. Staff sampled described their responsibilities to maintain the environment clean and safe for the consumers.

The Assessment team observed:

* Disabled parking available outside of the providers reception.
* Consumers had access to lifts and escalators to get to level 4. The footpaths and

directions were well marked to guide the consumers.

* Entry doors were sensor operated and floor was level with no steps.
* lluminated exit signs were throughout the office space
* Evacuation plan was prominently displayed.
* Couches in the reception

Consumers and representatives who attended the display centre said the equipment and devices on display were clean and well maintained for them to trial with the assistance from the OT. The staff sampled described their responsibilities to ensure the equipment being sampled by consumers is safe, clean and well maintained.

# 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

Four of the four specific requirements of this Standard were assessed and I have found all four to be Compliant.

The service is:

* Encouraging feedback from consumers and their representatives
* Making consumers and representatives aware that they have access to advocacy, language services and other methods for raising and resolving complaints.
* Practicing open disclosure when things go wrong.
* Reviewing feedback and using it to improve the quality of services.

Consumers and representatives sampled stated they would feel comfortable providing feedback or making a complaint to the provider but were currently satisfied with the service they received. Staff spoke about how they would use feedback provided to make improvements.

The Assessment team observed:

* Feedback, comments and complaints box at reception
* Documentation at reception explaining how to make a complaint, the resolution process and links to external agencies and governing bodies that can be consulted in this process

Management monitors the designated complaints inbox and register and was able to explain the internal complaints process should a consumer or representative make a complaint against a staff member or service.

Consumers said they had received information on their right to an advocate and advocacy services as well as how to provide feedback or complaints. One consumer knew how to access interpreter services but would only use this service when required. Consumers said they felt comfortable to raise any complaints or provide feedback with the service directly as they knew the service staff and were comfortable with raising their concerns with them.

Staff advised that consumers are provided with information on how to make a complaint to an external agency and how they can access advocacy services when they enter the service. Consumers are encouraged to participate in satisfaction of service surveys and can make suggestion through the service’s online feedback option. Management advised interpreter services and/or other communication aids can be utilised in feedback and complaints process.

The Complaints Policy described external supports available to consumers to raise complaints and general feedback. The training programme for staff on complaints management is mandatory and ensures staff are educated on the role of external agencies including aged care advocacy services.

The feedback from consumers and representatives who are currently receiving services and from those whose referrals had recently been closed was positive, with them expressing satisfaction with the service and commenting on the quick turnaround time. Staff and the OT advised if they are delayed in keeping their appointment or running late, they immediately inform the consumer and apologise and ensure the consumers services hours are not impacted.

Management advised they have a clearly defined process for the management of feedback. The person making the complaint is kept informed of the progress of the complaint and the outcome. Part of the complaint management process is to review practices and identify areas of improvement.

Management advised that in order to remain competitive it has to continuously improve its AT equipment and devices knowledge and services whilst working within the CHSP funding model. Management said their Feedback Policy provides the framework for recording and monitoring feedback and improvements. Management described how they use the information from feedback and complaints to gain an insight into the quality of their service. The providers web page has feedback portal which is reviewed by the CEO. The CEO includes consumer feedback to the Board in her monthly reports. Negative feedback is investigated by management to identify the cause of negative feedback for service improvement.

The Assessment Team noted that in the minutes of the board meeting in October 2022, the CEO reported resolving a number of issues.

# 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

Five of the five specific requirements of this Standard were assessed and I have found all five to be Compliant.

The service is:

* Demonstrating workforce is planned to enable delivery of safe and quality care.
* Demonstrating that staff interactions with consumers are kind, caring and respectful.
* Providing training and support to the staff to increase staff competency and skill.
* Able to demonstrate it has systems to review performance based on assessment and consumer feedback.

All consumers interviewed said they were very happy and appreciative of the service delivered by the OT. They also said they found staff to be knowledgeable and competent in delivering safe and quality service. All consumers and representatives interviewed confirmed allied health staff delivered the support and assistance when they expected them and at a time suitable for them. They did not appear rushed and spent time to talk to them about their activities and interests.

Management advised based on needs and priorities, service had the ability to screen the MAC referral portal and process applications based on needs and priority. The service demonstrated it was able to process some referrals within an hour of consultation and assessment because of the knowledge and expertise of the OT to assess and identify the most suitable product.

Consumers and representatives interviewed also said staff treat them with kindness and respected them as individuals. The Assessment team observed the staff talking with consumers and representatives with courtesy and listening to the consumers relaying their stories. The service’s policies promote social inclusion, diversity and code of code as a guide to reflect the service’s expectations that the staff behave in a respectful way and the consumers assessment report reflect their personal goals and choice.

There is evidence in staff training and induction information relating to professional courtesy and respectful approach. Position descriptions and organisational policies and procedures like Privacy, Dignity and Confidentiality and Code of Conduct guide and reflect the service’s expectation that staff behave in respectful way.

Consumers and representatives advised they are satisfied with the knowledge and expertise the staff had. They said the OT in particular was able to guide them and suggest different products and features to look for in AT equipment which is most suited to the consumers’ needs to enable them to attend to their activities of daily living independently and in a safe way. Staff confirmed they underwent an induction program on joining the service and were required to complete mandatory training, which was monitored. Induction and orientation plan were sighted.

Recruitment processes in place assess workforce credentials. Performance management processes are in place and offer staff an opportunity to identify training and development needs. Training documentation was sighted, and management monitor and record training information sessions attended by staff, these include initial induction, annual mandatory training and specific professional development sessions.

Management advise representatives from companies that manufacture AT equipment and devices run regular training programs to demonstrate the function and features of their equipment and devices. This assist the staff to match particular AT equipment and devices to the specific needs of the consumer.

There was evidence of team/staff meetings at various levels which demonstrated staff discussion on consumer and service related issues within a learning context. Consumers interviewed confirmed that staff possess the necessary skills and expertise to provide their services.

Consumers and representatives confirmed they are asked to provide feedback about the service they received and if there are any issues with staff or the way they provide services. All consumers advised they are currently satisfied with the services and with the staff providing and overseeing services. Staff confirmed there is a performance appraisal system and confirmed participating in annual performance appraisal. They also confirmed having one on one monthly reflective conversations on their support needs and opportunities for training etc

Management advised managers and team leaders are required to provide timely supervision, support and resources to staff relevant to the scope and complexity of supports delivered. Staff are provided regular and on needs basis feedback. The performance of workers is managed, developed and documented, including through providing feedback and development opportunities.

The Assessment team sighted the informal notes of staff performance discussions management and team leaders had with their staff.

# 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

Five of the five applicable requirements of this Standard were assessed and I have found all five to be Compliant. The organisation does not provide clinical care therefore the relevant requirement is Not Applicable and was not assessed.

The service is:

* promoting consumers access and engagement with them through their care planning.
* able to demonstrate it promotes care and support delivery in culturally safe, inclusive manner.
* able to demonstrate its governance framework provides for effective engagement of the consumers and workforce through information and feedback to achieve continuous improvement.
* supporting consumers to live the best life by identifying risk and having policies to manage these.

Consumers and representatives interviewed provided examples of where they have provided feedback to the service, including completing a feedback form at the end of their service. They expressed satisfaction with the quality of services and said they know they can provide input on the standard of service at any time. Staff stated the service is well run and advised management is responsive to consumer feedback and where possible are flexible to ensure consumer preferences are met based on individual consumer circumstances. Management said feedback from consumers and staff is the major engagement in service improvements. Results from consumer feedback was shared with the team leader to improve service delivery. Management advised the board has oversight of the feedback and changes through the CEO reporting process.

The provider demonstrated it promotes a culture of safe, quality care and services and is accountable for the oversight of the services received by the consumers under the CHSP. The service in its capacity as the approved provider of GEAT services is involved in partnership with the consumers in their assessment and provision of specialised advice that matches AT equipment and devices to individual consumers specific needs to enhance their functional independence, so they can continue to live and move safely about in their home and community. Based on discussions with management and analysis of the information provided by management, including minutes of meetings, copies of reports and strategic directions plan; the governing body demonstrated it is accountable for and committed to promoting a culture of safe, inclusive and quality aged care services.

The service has a number of electronic information management systems in use, and an intranet site where staff and consumers can access online a wide variety of information about the service, products, its policies and procedures. It provides links to other external organisation for consumers’ easy reference, for example, My Aged Care.

All information related to consumers are maintained confidentially and backup systems are in place to ensure information is not lost in the event of an IT issue. Access to the system is password protected. Where hard copy consumer records are maintained, these are kept securely.

The service actively pursues and demonstrates continuous improvement in all aspects of service management and delivery and has systems in place to ensure quality improvements are identified and implement effectively. Financial governance systems and processes are in place to manage the finances and resources that the organisation needs to deliver safe and quality care and services.

Processes are in place for workforce governance and no issues were identified regarding workforce governance.

Management advised there have not been any adverse findings by another regulatory agency or oversight body at the service in the last 12 months. Management receives regular updates from government bodies like the Department of Health and the commission on regulatory information which is monitored by the CEO. Management advise information and changes is fed down to relevant staff through regular meeting, emails, training, policies and procedures updates. Processes are in place to address feedback and complaints and no issues were identified regarding feedback and complaints mechanisms.

Management outlined a risk management system is in place underpinned by its consumer access, assessment and prioritisation policy and reportable incident – violence, abuse, neglect, exploitation and human rights policies. The High-Risk Customers are identified through review of MAC reports, specialist referral reports and the service provider’s own assessment of consumers by the OT.

Staff are supported by management if they identify any potential abuse and neglect of consumers and relevant action is taken and referrals made, if required. Staff outlined processes they follow if concerned about a consumer. Training and meeting agenda items include reference to incident management, and how best to support consumers at risk. WHS report including hazard and incident reporting are discussed in team meetings.

Staff are aware of the aged care abuse line, advocacy agencies and demonstrated that they can source support for their consumers if required. Management and staff were able to identify vulnerable consumers, including those with special needs, cognitive and functional difficulties and limited supports.

Consumers provided examples of how the service helped them live the best life they can, by stating their appreciation for information and support to access equipment and devices which enables them to live independently.

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