**Performance**

**Report**

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| Name of service: | Australian Migrant Resource Centre Home Care |
| Service address: | 23 Coglin Street ADELAIDE SA 5000 |
| Commission ID: | 600600 |
| Home Service Provider: | Australian Migrant Resource Centre |
| Activity type: | Quality Audit |
| Activity date: | 20 March 2023 to 22 March 2023 |
| Performance report date: | 20 April 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Australian Migrant Resource Centre Home Care (**the service**) has been prepared by A. Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Services included in this assessment

**Home Care:**

* Australian Migrant Resource Centre Aged Care, 26670, 23 Coglin Street, ADELAIDE SA 5000

**CHSP:**

* Community and Home Support, 27449, 23 Coglin Street, ADELAIDE SA 5000

# Material relied on

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

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

# Assessment summary for 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 | **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)

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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 | | 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers and representatives described staff as kind, caring and respectful. Management and staff spoke about consumer in a respectful manner and described how they provide a personalised service by understanding the consumers identity and culture. Documentation analysed by the Assessment Team demonstrated the service is inclusive and respectful of consumers' identity.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services are culturally safe. Consumers and representatives described what is important to them and how their services are delivered to accommodate this. Staff demonstrated an understanding of consumers’ backgrounds and described how they deliver a culturally safe service. Documentation analysed by the Assessment Team highlighted consumers cultural preferences and included information about what is important to them.

Evidence analysed by the Assessment Team showed the service was able to demonstrate how each consumer is supported to exercise choice and independence, make decisions about their care and services including when others should be involved, and communicate their decisions. Consumers and representatives confirmed that the service involves them in making decision about the care and services they receive. Case managers and care staff described how they support consumers and their representatives to exercise choice and make decisions about their services. Documentation analysed by the Assessment Team reflected consumers choices about who should be involved when decisions are made about the services they receive.

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. While no consumers and/or representative stated that they require support from the service to take risks, staff and management were able to describe how they support consumer to take risks and provided documentation to support the process.

Evidence analysed by the Assessment Team showed the service demonstrated that information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. Most consumer and representative interviewed confirmed they are provided with information that is timely, accurate and easy to understand. Care planning documentation analysed by the Assessment Team confirmed that consumer is provided with information which allows them to exercise choice about the services they receive. Management and staff described how they provide verbal and written information and advised how they consult with consumer to support their understanding.

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

# Standard 2

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| Ongoing assessment and planning with consumers | | 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment and planning, including consideration of risks to consumers’ health and well-being, informs the delivery of safe and effective care and services. Consumers and/or representatives interviewed confirmed assessment and care planning informs the safe and effective delivery of their care and services. Case managers and management described the service’s assessment and planning to inform how they deliver safe and effective care and services. Care planning documentation viewed in relation to sampled consumers showed consumers’ risks had been assessed at entry to the service and ongoing, including individualised strategies to manage identified risks.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences. Consumers and/or representatives sampled confirmed in various ways that assessment and planning processes identified consumers current needs, goals and preferences. Case Managers described how they assess consumer’s needs, goals and preferences at commencement of services and reviews. Care planning documents evidenced that assessment and planning were conducted, including consumer’s needs, goals and preferences.

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer and/or their representative, and others who are involved in the care and services of consumers. Consumers and representatives confirmed they are involved in the initial and ongoing assessment process and have ongoing communication with their Case managers. Care planning documentation analysed by the Assessment Team for sampled consumers confirmed that consumers, their representatives, medical and allied health professionals are involved in the planning of consumer’s services.

The service was generally able to demonstrate the outcomes of assessment and planning are communicated to the consumer and documented in a care plan, which is readily available to the consumer. All consumers and/or representatives confirmed the outcomes of assessment and planning had been communicated to them, and a copy of the consumer’s care plan was provided to them. Care planning information analysed by the Assessment Team confirmed that outcomes of consumers’ assessment and planning were documented in the service’s electronic system and care plans are provided to consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate care and services are reviewed regularly for effectiveness, including when circumstances changed or following incidents. Consumers and/or representatives confirmed consumers’ care and services are reviewed regularly and as required. Care planning documentation analysed by the Assessment Team showed that consumers’ reviews had been undertaken as per the service’s process.

# 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** | **Not applicable** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Compliant** | **Not applicable** |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | **Compliant** | **Not applicable** |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | **Compliant** | **Not applicable** |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | **Compliant** | **Not applicable** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Compliant** | **Not applicable** |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | **Compliant** | **Not applicable** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate they ensure consumers get safe and effective care that is best practice, tailored to their needs, and optimises their health and well-being. Consumers and/or representatives confirmed consumers get the care they need. Staff and management demonstrated and provided examples of clinical and personal care provided to consumers, which was tailored to their needs and optimised their health and wellbeing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers and/or representatives described how they receive care and services to maintain their wellbeing and maintain their independence. Case managers, care staff, and management described processes for the management of consumers with identified risks. For consumers sampled, care planning documentation reflected key high impact high prevalent risks were identified and addressed.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they would respond appropriately to support the needs, goals and preferences of consumers nearing the end of life to maximise their comfort and preserve their dignity. Management described how consumers’ end of life wishes are discussed with consumers and/or their representatives when there is established rapport with their CMs. The Assessment Team did not interview consumers in relation to this requirement.

Evidence analysed by the Assessment Team showed the service was able to demonstrate deterioration or change to consumers’ capacity or condition is recognised and responded to in a timely manner. Consumers and/or representatives sampled felt confident that staff would notice if their health changed and would respond appropriately. Care staff and case managers described processes to report and respond to changes related to consumers, for example, general deterioration, change in consumer’s mobility, mental health, or level of independence.

Evidence analysed by the Assessment Team showed the service was able to demonstrate information about consumers’ needs, goals, preferences and conditions is documented and communicated within the organisation, and with others where responsibility for care is shared. Consumers and/or representatives confirmed consumer care is consistent, they have continuity of care and they do not need to repeat their needs and preferences to multiple people. Staff and management described communication processes within and outside the service and confirmed information about consumers is effectively communicated.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers and/or representatives confirmed consumers had been referred to health professionals when required. Staff described processes to refer consumers internally, for AHP services and externally to other health professionals or My Aged Care (MAC). This was confirmed through documents provided to the Assessment Team for sampled consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they minimise infection related risks through the implementation of standard and transmission-based precautions to prevent and control infections. Consumers and/or representatives felt the service and staff keep them safe through the use of personal protective equipment (PPE), and information regarding COVID-19. Staff and management demonstrated there are policies, procedures, staff training and monitoring processes in place to prevent and control the risk of infections.

# 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** | **Not applicable** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer gets safe and effective services and supports for daily living that meet the consumers’ needs, goals and preferences and optimise their independence, health, well-being, and quality of life. Consumers and/or representatives were satisfied that the services provided help support the consumer’s independence, wellbeing and quality of life. Case managers and care staff described what is important to consumers and how they adapt services according to consumer’s needs and preferences. This was confirmed through care planning documentation viewed by the Assessment Team.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living promote consumers; emotional, spiritual and psychological wellbeing. Consumers stated the staff and the services provided promote their psychological wellbeing and support them emotionally. Staff and management demonstrated how they support consumers emotionally and promote their psychological wellbeing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social and personal relationships, and do things of interest to them. Consumers attending social groups described their enjoyment in attending the groups and how the service enables them to stay connected to their community and do things of interest to them. Staff and management described their processes to assist consumers to participate in their community, have social relationships and do the things of interest to them.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information about consumers’ needs, conditions, goals and preferences is documented and communicated within the organisation, and with other organisations where responsibility for care is shared. Consumers and/or representatives confirmed provision of daily living support and services is consistent, with staff who know them well. Staff described how relevant information about consumers is documented and communicated within the service and externally.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers and/or representatives confirmed that consumers were timely and appropriately referred as required. Staff described processes to refer consumers internally and externally, for example, to external health professionals, social workers or MAC. This was confirmed through documents viewed for sampled consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that, where meals are provided, they are varied and of suitable quality and quantity. Consumers interviewed described how they are satisfied and involved in the choice of meals being provided, and they meet their nutrition and hydration needs and cultural preferences. Staff demonstrated they know consumer’s dietary needs and preferences relating to consumer’s nutritional and hydration status. Care planning documents showed that consumers’ dietary needs and preferences are documented and communicated.

Evidence analysed by the Assessment Team showed the service was able to demonstrate, when equipment is provided, it is safe, suitable, clean and well maintained. Consumers interviewed confirmed the equipment installed or used was clean, suitable and/or well maintained. Staff and management described the assessment, cleaning and maintenance processes related to equipment, when it is provided.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Consumers and representatives described in various ways how they feel welcome, and management and staff demonstrated how they optimise consumers interaction.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the service environments are well maintained, safe, clean, comfortable and enable consumers to move freely, both indoors and outdoors. Consumers and representatives described how they feel safe. Management and staff described the process to ensure the service environment is safe and well maintained which was supported by documentation.

Evidence analysed by the Assessment Team showed the service was able to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Staff and management described processes to ensure service equipment is safe, clean and well maintained. All consumers sampled in relation to this requirement described in various ways the equipment and fittings at the social groups as safe, clean and well maintained.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers and their representatives are encouraged and supported to provide feedback and make complaints. All consumers and representatives interviewed stated they would feel comfortable to provide feedback to the service. Staff and management described their processes for obtaining feedback from consumers regarding the services delivered.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Multilingual staff advised they support consumers in their first language and would utilise interpreter services for any consumers with other languages requiring this service. Information provided to consumers was current and accurate to enable consumers to access external complaints services. Staff and management were aware of current external agencies to resolve complaints or to refer consumers to, if required.

Evidence analysed by the Assessment Team showed the service was able to demonstrate appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. The Assessment Team was unable to sample consumers who had made a complaint. Management discussed the service’s processes for managing complaints. Complaint documentation demonstrated open disclosure principles are used as part of the complaint management process.

Evidence analysed by the Assessment Team showed the service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. Management was able to demonstrate the service has a process for tracking and responding to feedback and complaints and using this information to make service improvements.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. Consumers and/or representatives stated they are satisfied with staff punctuality and the support provided when delivering care and services. Management described, and documentation confirmed the processes to ensure there is adequate staff to deliver care and services.

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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. All consumers and representatives described staff delivering care and services as competent. Staff advised they are provided adequate training which enables a competent workforce at the point of service delivery. Management described the service’s process to assess and monitor the competency of its workforce.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Staff described in various ways how the organisation supports them to perform in their role through training. Management described how they provide training and documentation confirmed they support their staff in these areas.

Evidence analysed by the Assessment Team showed the service was able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. All staff confirmed they undergo an annual performance review to support them in their roles. Management described their process for regular assessment and monitoring of staff performance.

# Standard 8

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| Organisational governance | | 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** | **Not applicable** |

Findings

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services. Consumers and/or representatives described how they have input about services provided. Management and staff described how consumer feedback received through formal and informal channel is used to influence the care and service they receive. Management described, and documentation confirmed the various ways the service engages with consumer to inform continuous service improvements. For example, the service gathers ongoing feedback from consumer during phone conversations, home visits and at the social groups. This information is lodged on the feedback register to allow management to review and action items.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the organisation promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The service has various methods to ensure the organisation is accountable for the delivery of care and services. Management described, and documentation confirmed how information is communicated to the governing body to allow for strategic planning and the implementation of new processes. Strategic plans described the priorities and strategic direction endorsed by the governing body.

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

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents. Management advised they have fortnightly meetings with the aged care team and meet with the case managers monthly to discuss and monitor consumers with high impact and high prevalence risks.

Evidence analysed by the Assessment Team showed the service was able to demonstrate an effective clinical governance framework to maintain and improve the reliability, safety and quality of the clinical care consumers receive. The service has a clinical governance framework which clearly outlining roles and responsibilities of the workforce, recognises the importance of antimicrobial stewardship and describes a culture of open disclosure. The service has infection prevention and control policies and procedures in place, and management advised that staff receive training in infection control which was confirmed by training attendance sheets. Management advised that the service has a medical doctor on the board, and close working relationships with Palliative Care SA who can provide clinical expertise when required.

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)