**Performance**

**Report**

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| Name of service: | Balwyn Evergreen Centre |
| Service address: | 45 Talbot Avenue BALWYN VIC 3103 |
| Commission ID: | 300549 |
| Home Service Provider: | Balwyn Evergreen Centre |
| Activity type: | Quality Audit |
| Activity date: | 28 June 2023 to 30 June 2023 |
| Performance report date: | 15 August 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 Balwyn Evergreen Centre (**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

**CHSP:**

* Community and Home Support, 25158, 45 Talbot Avenue, BALWYN VIC 3103

# 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.

# 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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **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 | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* **Requirement 2(3)(a) & Requirement 2(3)(d)**
* Ensure assessment and planning are effective and support the organisation to deliver safe and effective care and services.
* Ensure outcomes of assessment and planning are communicated to consumers
* Ensure outcomes of assessment and planning are adequately documented in care plans that is readily available to the consumer, where care and services are provided.
* **Requirement 8(3)(c) & Requirement 8(3)(d)**
* Ensure the service has effective organisation wide governance systems relating to the following:

1. information management
2. continuous improvement.

* Ensure the service has embedded systems and process to assess, monitor and improve the quality and safety for the care and services provided by the organisation.
* Ensure the service has a plan for continuous improvement and check the progress against this plan to improve the quality and safe of care services.

1. financial governance
2. workforce governance, including the assignment of clear responsibilities and accountabilities.

* Ensure the service has in place systems and processes to make sure the organisation has enough skilled and qualified members of the workforce.

1. regulatory compliance;
2. feedback and complaints.

* Ensure feedback and complaints systems actively look to improve the results for consumers. The system used is relevant and proportionate to the range and complexity of care.
* Ensure the service has 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.

# 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

I am satisfied the evidence presented below demonstrates the service is compliant with Standard 1 as six of the six requirements have been found compliant.

Evidence analysed by the Assessment Team showed the service demonstrated each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers interviewed by the Assessment Team stated they are treated with respect and valued. When interviewed by the Assessment Team Staff in various ways described how they treat consumers with dignity and respect and ensuring the consumers culture and diversity is valued. The Assessment Team observed a social support group and exercise group and noted that the interactions between staff and consumers was kind and respectful, with staff treating consumers as individuals and promoting consumer dignity.

Evidence analysed by the Assessment Team demonstrated that the service is delivering services in a culturally safe manner. During interviews with the Assessment Team consumers confirmed in various ways that the service considers consumer’s background, culture and what is important to them to inform service delivery. Staff and management when interviewed by the Assessment team demonstrated understanding and application of consumer’s needs, goals, and preferences to inform culturally safe service delivery.

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. During interviews with consumers and representatives’ consumers described how the services work with them to ensure they receive care and services tailored to their individual needs. Staff interviewed by the Assessment Team were able to demonstrate how they supported consumers to maintain community connections and relationships of their choice through the services provided.

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. During interviews with the Assessment Team consumers advised the services they receive enable them to maintain their independence, safety and live the best life they can. Staff interviewed in various ways described how they support consumers to take risks to maintain their independence and do things that are important to them.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information provided to consumers is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. Consumers interviewed by the Assessment Team confirmed they received information in a format that is clear and easy for them to understand and enables them to make informed choices. Staff interviewed by the Assessment Team demonstrated various methods of communication are utilised when required to ensure information is easy for consumers to understand and enables them to make decisions.

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. During interviewed with the Assessment Team consumers stated they felt their privacy was respected especially during the delivery of care and services. Consumers also described their confidence that their personal information was kept confidential by the staff and service. The Assessment Team sighted the service’s Privacy, Dignity and Choice Procedure and the Privacy, Dignity, Independence and Choice Policy which outline the requirement for staff to ensure consumer information is secure and confidential using password protected computers and laptops and keeping consumer emergency procedure information and contacts secure.

In the absence of a response from the Service to dispute the evidence of the Assessment Team, I am persuaded that Standard 1 is compliant.

# 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. | Non-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. | Non-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

I am satisfied the evidence presented below demonstrates the service is non-compliant with Standard 2 as two of the five requirements have been found non-compliant.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. Documentation sighted by the Assessment Team demonstrated that consumer care plans do not capture detailed information relating to the consideration of risks. Consumers interviewed by the Assessment Team advised initial planning meetings are held however advised inconsistency has been experienced relating to re-assessments and ongoing assessments. During interviews with the Assessment Team staff advised an initial care plan is established upon a consumer coming on board however, advised no subsequent discussions or documentation is undertaken for re-assessments of when the circumstances of a consumer change. The service acknowledged the deficiency during the Quality Review and advised effective assessments and reassessment will be made a priority to ensure services provided to consumers are fitting, safe and appropriate.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that assessment and planning identified and addresses the consumer’s current needs, goals, and preferences, including advance care and end of life planning if the consumer wishes. Consumers interviewed by the Assessment Team stated their social needs were recognised and staff take the time to get to know them and provide appropriate support. Staff interviewed were able to describe what is important to consumers, including their needs, preferences and goals. Management advised that the service determines current needs and goals by having discussions with consumers and their representatives. The service does not undertake advanced care or end of life care planning discussions with consumers as the service only provides social support and exercise class services.

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 those who they wish to be involved, including other organisations and health care professionals. Consumers interviewed by the Assessment Team expressed their satisfaction with the service and their involvement in the support planning process. During interviews with the Assessment Team staff described how consumers, representatives and others are involved in assessment, planning and development of an individualised service program.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate the results of assessment and planning are effectively documented and communicated with the consumer, and these documents are available to consumers and workforce at point of care. Consumers and representatives advised while the services documented their initial care plans, they are not all consistently provided with a copy. During interviews with the Assessment Team staff advised various consumers documentation including care plans are not readily available to staff including volunteers as well as consumers. Staff described the communication process that is undertaken verbally with various staff in relation to the care and services provided to consumers taking in consideration any risks to the consumer. Staff stated they communicate on annually with subcontractors and share information relating to the consumers services. When interviewed by the Assessment Team management stated that staffing meetings take place where changes to a consumers care needs are discussed as well as sharing any care planning information. Management advised this is not documented. The Assessment team sighted several consumer plans that contained generic goals and limited consumers care information. Management advised improvements will be made to ensure consumer documentation is made available to all parties involved in delivering care to ensure safe and quality services are provided and communicated effectively to the consumer.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they have an effective process to review consumers care and services regular, when circumstances change or when incidents impact the needs, goals, and preferences of the consumer. When interviewed by the Assessment Team consumers and representatives were able to describe the many ways the service communicates with them to ensure they are involved in the care planning. Consumers stated they provide information to the service relating to what is important to them and what their goals are. Staff interviewed by the Assessment Team stated consumer care plans are reviewed at least annually. While the service was not able to demonstrate care plans are reviewed when circumstances change, Consumers stated they have conversations with the service when their circumstances change, and they are satisfied with the care and services delivered to them.

In the absence of a response from the Service to dispute the evidence of the Assessment Team, I am persuaded that Standard 2 is non-compliant.

# Standard 3

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

Findings

Standard 3 of the Aged Care Quality Standards was deemed not applicable by the Assessment Team as the service does not provide personal or clinical care.

# 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. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

I am satisfied the evidence presented below demonstrates the service is compliant with Standard 4 as seven of the seven requirements have been found compliant.

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 consumer’s needs, goals and preferences and optimise their independence, health, well-being, and quality of life. Consumers interviewed by the Assessment Team advised attending the service enables them the opportunity for companionship and assist them in making choices that improve their wellbeing and support them to live a quality life. Staff interviewed by the Assessment Team advised they understand and know the consumers preferences, what is important to them and ensure they are supported to remain independent and live a quality life.

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 and representatives interviewed by the Assessment Team stated they feel staff can recognise when they are feeling low and stated they feel supported by the service. The Assessment Team observed staff interacting with consumers demonstrating how they sensitively support the emotional and psychological wellbeing of consumers.

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 relationships, and do things of interest to them. During interviews consumers and representatives in various ways how the service provides them with opportunities that are meaningful to them and empower them to maintain social and personal relationships.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information about consumer’s condition, needs, goals and preferences is generally communicated within the organisation and with others where responsibility for care is shared. During interviews with the Assessment Team staff advised informal meetings are undertaken to discuss consumer care and share information regarding change in circumstances. Staff are able to access consumer care plans as well as progress notes.

Evidence analysed by the Assessment Team showed the service was generally able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers interviewed by the Assessment Team in various ways described how the service assist them with referrals and ensures they are referred to other services appropriately and when required. Staff noted the key referrals they make are to internal services including podiatry, and as required to My Aged Care or the local assessment service to support consumers for prompt reassessment by the Aged Care Assessment Team or Regional Assessment Service as appropriate.

Evidence analysed by the Assessment Team showed the service was able to demonstrate where meals are provided, they are varied and of suitable quality and quantity. Consumers and representatives interviewed advised meals provided to them by the service are good quality, meet their dietary requirements and meet their personal meal preferences.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that, where equipment is provided, it is safe, suitable, clean, and well maintained. Consumers and representatives interviewed said equipment was safe and met their needs. Staff interviewed stated they are aware of how to report issues should equipment need repair or replacement. The Assessment Team sighted documentation that demonstrated that the equipment in the gym area was maintained on a regular basis.

In the absence of a response from the Service to dispute the evidence of the Assessment Team, I am persuaded that Standard 4 is compliant.

# 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

I am satisfied the evidence presented below demonstrates the service is compliant with Standard 5 as three of the three requirements have been found compliant.

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.

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.

Evidence analysed by the Assessment team showed the service was able to demonstrate the service ensures furniture, fittings and equipment are safe, clean, well maintained, and suitable for consumers.

In the absence of a response from the Service to dispute the evidence of the Assessment Team, I am persuaded that Standard 5 is compliant.

# 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

I am satisfied the evidence presented below demonstrates the service is compliant with Standard 6 as four of the four requirements have been found compliant.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers, their representatives, and others are encouraged, and supported to provide feedback and make complaints.

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.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services.

In the absence of a response from the Service to dispute the evidence of the Assessment Team, I am persuaded that Standard 6 is compliant.

# 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

I am satisfied the evidence presented below demonstrates the service is compliant with Standard 7 as five of the five requirements have been found compliant.

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 representatives advised staff ensure to attend to services on time and as planned. During interviews with the Assessment Team, Management demonstrated various practices and frameworks are in place to ensure workforce planning is successful undertaken.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. During interviews with the Assessment Team consumers advised staff are kind, respectful and caring when providing services to them. The Assessment Team observed staff interacting with consumers in a kind, caring and respectful manner.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Staff interviewed by the Assessment Team described the various ways the service ensures they are qualified and competent to undertake their role, including annual performance reviews, observations, and feedback. When interviewed by the Assessment Team Management advised the service monitors the effectiveness and competency of subcontracted staff.

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. During interviews with the Assessment Team consumers advised they are satisfied that staff are competent and able to deliver the care and services they require. Staff interviewed by the Assessment Team advised they hold the appropriate qualification and are adequately trained by the service to perform their roles. The Assessment Team sighted the training register that demonstrates oversight of staff participation and completion of required training and reregistration of staff is appropriately undertaken and documented.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce performance is regularly assessed, monitored, and reviewed. Staff interviewed by the Assessment Team confirmed they participate in annual performance review discussions. Management described the various methods used by the service to monitor and review staff performance and advised informal performance discussions take place, annual performance review meetings as well as monthly operational meetings where group responsibilities are discussed and monitored to ensure the workforce is tracking performance.

In the absence of a response from the Service to dispute the evidence of the Assessment Team, I am persuaded that Standard 7 is compliant.

# 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. | Non-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. | Non-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

I am satisfied the evidence presented below demonstrates the service is non-compliant with Standard 8 as two of the five requirements have been found non-compliant.

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services, and are supported in that engagement. Consumers interviewed by the Assessment Team stated they are regularly consulted in regard to the services they receive and are encouraged to evaluate and provide feedback to the service regarding their service delivery. During interviews with the Assessment Team, Management confirmed that the service engages consumers in service improvements through Consumer Focus Group and formal feedback surveys.

Evidence analysed by the Assessment Team showed the organisation 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. Management interviewed by the Assessment Team confirmed the board meets monthly and receives reports on all aspects of service delivery and ensures that all policies and procedures, staff arrangements and provisions are of high quality adequate to meet the needs of the service. Management confirmed that all members of the board understood the responsibilities they had towards the service and its consumers.

Evidence analysed by the Assessment Team showed the organisation was not able to demonstrate effective organisation wide systems and processes are in place to support staff in their roles or to meet the outcomes required in relation to:

**Information management**

The service was not able to demonstrate effective information management systems are in place. Observations made by the Assessment Team evidenced there is inconsistent use of information management systems resulting in consumer information not at times accurate and not available to all parties involved in the consumers care.

**Continuous improvement**

The service demonstrated continuous improvement opportunities are identified through complains, feedback, incidents and other registers utilised by the service. The service does not have a continuous improvement plan however, records areas for improvement in their risk register and operational plan.

**Financial governance**

The service demonstrated financial governance is overseen by the organisation’s finance and risk subcommittee. The finance and risk subcommittee report to the board in relation to the organisation’s financial position. Financial reports, including balance sheets and profit, loss and attendance reports, are provided to board members.

**Workforce governance, including the assignment of clear responsibilities and accountabilities**

The service demonstrated workforce governance is overseen by the organisation’s chief executive officer and compliance staff, with any issues reported to the board. Human resource processes include workforce recruitment, position descriptions, staff performance and staff education.

**Regulatory compliance**

The service demonstrated no adverse findings have been made by a regulating agency. The service evidenced it receives information on regulatory requirements through government-initiated notifications. Regulatory compliance requirements and changes are discussed by management and forwarded to the service staff for review. While management and staff reported that staff have not undertaken training related to the Serious Incident Response Scheme, Code of Conduct, Elder Abuse and Neglect, Dementia, Open Disclosure and Culturally Safe Care, management and compliance staff advised the service will plan to commence this training through the Aged Care Quality and Safety Commission’s ALIS online training portal.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate effective risk management systems and practices, including managing high impact or high prevalence risks associated with the care of consumers, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents.

In relation to managing high impact or high prevalence risks associate with the care of consumers the service demonstrated risks such as falls, and medical conditions are not documented appropriately. While the service demonstrated it has appropriate frameworks in place the service was not able to demonstrate it has documented risk assessment and risk management strategies for consumers receiving care.

In relation to identifying and responding to abuse and neglect of consumers, the service evidence it has organisational policies and procedures to identify and address elder abuse and neglect. Staff interviewed by the Assessment Team were not aware of the policy. Compliance staff confirmed that elder abuse and neglect training was not provided to staff or management. The Assessment Team sighted the training register and confirmed that identifying and responding to abuse is not an available training module for staff to undertake.

In relation to supporting consumers to live the best life they can, the service evidenced it assists consumers to access services to improve social connections, develop their skills and participate in exercise programs.

In relation to managing and preventing incidents, an incident management system is currently utilised by the service. While there is no training related to the Serious Incident Response Scheme, coordinators for each service available report having read the SIRS information document. An incident register was evidenced that is maintained and when an incident occurs the incident data is collated, analysed for trends, and reported by management to the board. The incident register was provided to the Assessment Team and demonstrated that this is consistently used for consumer falls and vehicle incidents.

In the absence of a response from the Service to dispute the evidence of the Assessment Team, I am persuaded that Standard 8 is non-compliant.

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