**Performance**

**Report**

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| Name of service: | Banyule Community Health |
| Service address: | 21 Alamein Road HEIDELBERG WEST VIC 3081 |
| Commission ID: | 300551 |
| Home Service Provider: | Banyule Community Health |
| Activity type: | Quality Audit |
| Activity date: | 9 November 2022 to 11 November 2022 |
| Performance report date: | 2 December 2022 |

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 Banyule Community Health (**the service**) has been prepared by M Murray, 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:**

* Allied Health and Therapy Services, 4-B1D2EFK, 21 Alamein Road, HEIDELBERG WEST VIC 3081
* Social Support Group, 4-B1D2EJH, 21 Alamein Road, HEIDELBERG WEST VIC 3081
* Specialised Support Services, 4-B1D2EN4, 21 Alamein Road, HEIDELBERG WEST VIC 3081

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 21 November 2022.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **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

Consumers and representatives interviewed said consumers are treated with dignity and respect.

Consumers and representatives said staff understand consumers’ individual cultural needs and support them to feel valued and safe. Staff attend training in cultural awareness. Interpreter services are accessed as needed and the organisation’s website translates information into a large range of languages. There is guidance material to support staff deliver care and services in a culturally safe way including diversity and inclusion plan. Services are targeted to meet the needs of groups in their community, for example, providing a Somali men’s social support group, with a facilitator who is able to is able to communicate in the consumers’ preferred language.

Consumers interviewed said they can make choices and decisions and have sufficient control over the planning and delivery of care. They also gave examples where their nominated representatives had been involved. Documentation on individual consumers’ files reflected consumer and representative involvement in making decisions about care and services.

Consumers and representatives interviewed are satisfied the service supports consumers to live their best life. Consumer file documentation demonstrated where individual risks are identified, strategies to mitigate the identified risks are documented. For example, mobility risks are mitigated by referrals to occupational therapists and the development of physiotherapy treatment plans.

Consumers and representatives said they have sufficient and clear information to inform their decisions about care and services. Information is provided to consumers in an orientation pack that includes The Charter of Aged Care Rights, brochures on available services, information on advocacy services, how to make a complaint how to engage with the service on other matters.

Consumers and representatives Documentation review demonstrated consumer information maintained confidentially and is password protected. Staff were aware of the obligation to ensure confidentiality of consumers’ personal information.

Considering the information provided in the Assessment Report, summarised above, I find this Standard to be Compliant as the service has evidenced compliance with each of the requirements against this Standard.

# 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

Consumers and representatives said care is well planned. Referral and intake staff have processes to prioritise consumers for services and assess any risks to their wellbeing using validated assessment tools. Assessment templates direct staff to complete specialised assessments when risks are identified, such as the risk of falling. Staff evidenced that referrals are made in line with assessed needs for example to balance and falls clinics. Assessments inform individualised care plans which reflect the consumer’s needs, goals and preferences.

Consumers and representatives are satisfied staff take the time to listen and understand how to support consumers and are satisfied with their level of engagement in advance care planning discussions. Care documentation demonstrated individual consumer needs, goals and preferences were addressed and noted actions taken to achieve goals, staff also attend training in goal directed care.

The Assessment Team found that end to end care planning is occurring and input from general practitioners, allied health practitioners and other clinical and non-clinical people involved in the consumer’s health and wellbeing forms the basis of how care and services are delivered.

Care documentation sighted on consumer files demonstrated consumers are offered a copy of their care plan and a file notation is made if a consumer or representative declines a copy. Staff described how care and services plans are readily available and accessible at point of care through the electronic information management system.

Care and services are reviewed for effectiveness regularly and in response to changes in consumer’s condition or circumstances. While some consumers have attended the centre over many years, most allied health care and carer support services are episodic and provide short term care, support and assistance. Podiatry services may be ongoing with consumers requiring regular review. The Somali Men’s Social Support Group is also ongoing and regular and ad hoc reviews of care and services occur. Allied health professionals and other assessment staff described reviews are ongoing and can occur following discussions with consumers a change in health status and when incidents occur. Care documentation evidenced review and adjustment of services in response to changes is occurring.

Considering the information provided in the Assessment Report, summarised above, I find this Standard to be Compliant as the service has evidenced compliance with each of the requirements against this Standard.

# 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | 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 |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives said the allied health support they receive is tailored to their needs and supports their wellbeing. Several consumers provided examples of how the clinical services they receive helps to alleviate pain they experience. Allied health professionals described how they monitor service provision and outlined ways they get information and advice so best practice care is delivered. Management said occupational therapists, dietitians and physiotherapists receive regular external clinical supervision and internal management supervision that includes discussion on best practice. Policies and procedures link to current documents and guide staff in best practice approaches. Personal care is not provided under the CHSP services delivered by this provider.

Consumers and representatives are satisfied the care they receive is safe and right for them. Several consumers gave examples of how their individual risks are managed to ensure their safety and wellbeing. Consumers spoke about occupational therapy, physiotherapy services, home modifications and supply of equipment helping to improve their strength and balance and reduce their mobility risks and pain. Staff described ways they reduce individual consumer risks and support each consumer’s wellness and reablement goals. Care plan documentation evidenced allied health staff identify risks associated with the care of individual consumers and develop strategies to support them to reduce these risks and live safely at home. Other risks, such as the use of mobility devices or mechanical aids are assessed and monitored. Documentation evidences risk assessments, discussions with consumers regarding any risk and how to mitigate risks to minimise any adverse outcome in line with the consumer’s wish to balance risk and quality of life.

Consumers and representatives are confident staff will identify if a consumer’s health or condition changes and will respond appropriately. Some consumers gave examples, including the occupational therapist calling and emailing them regularly to check on them and visiting them after they had a fall. Staff described how they use their clinical and/or observational skills to identify any deterioration in a consumer’s health. Any deterioration or concerning change is documented, escalated and outcomes monitored. The Assessment Team reviewed incidents evidencing appropriate management of consumers experiencing falls and unstable diabetes. . Staff making home visits showed they carry cards with an organisational emergency response contact number for specific situations including suicide risk and suspected elder abuse.

Consumers and representatives said consumer care is well coordinated. Care documentation showed examples of ways that, with consumer consent, information is shared within the organisation and with others as appropriate.

Consumers expressed satisfaction with the outcomes of referrals including treatments from their allied health providers. These included referrals to the diabetes clinic, podiatry, dieticians, occupational therapists and carer support services. Care documentation demonstrated referrals occur in a timely manner using service referral templates and that consumers are consulted and their permission sought before referrals are made and information is shared.

Consumers and representatives interviewed are satisfied with the measures staff take to protect them against the spread of infection. Staff interviewed said they had participated in infection control and hand hygiene training, vaccination programs and rapid antigen testing and described how they use of personal protective equipment during centre based events and at home visits. Observations by the Assessment Team included mask availability for consumers and staff and accessible hand sanitising stations. Social distancing was observed in waiting areas.

Considering the information provided in the Assessment Report, summarised above, I find this Standard to be Compliant as the service has evidenced compliance with each of the applicable requirements against this Standard.

# 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. | Not applicable |

Findings

Consumers and representatives said the services and supports for daily living are safe, effective and support consumer wellbeing and quality of life. Consumers provided specific examples including feeling more independent with daily tasks and feeling more confident in their daily lives.

Consumers and representatives said they are satisfied with services and supports for daily living. Examples included support workers being supportive and understanding and providing support to consumers and families. Staff discussed how they support consumers when they are feeling low, including referring them to support services as appropriate. Social support group staff described how they provide services that are meaningful to consumers and promote their emotional, spiritual and psychological well-being, for example, ensuring consumers can continue their religious practices during group sessions. Care documentation shows emotional, spiritual and psychological support is provided as appropriate.

Consumers and representatives said services and supports assist consumers to do the things they like to do, have social and personal relationships and participate in the community as appropriate. Examples included better use of their home environment, improved relationships with friends and relatives through improved treatments and making friends through the social support group. Staff interviewed provided examples of ways consumers are supported to do things of interest to them. Care documentation reflected consumer participation including attendance at the Somali Men’s social support group, carer support program or allied health services to support daily living. The activity schedule for the Men’s Social Support Group shows a range of activities of interest to participants including English classes, computer classes, guest speakers such as a diabetes educator and allied health professionals, 10 pin bowling and walking group and excursions.

Consumers and representatives interviewed are satisfied consumer services and supports are coordinated. Staff interviewed described how current information about each consumer is shared through the electronic information management system, email and telephone calls. Staff demonstrated how the electronic information management system provides visibility of information about consumers’ conditions, needs and preferences across the range of services provided. Care documentation showed that with consumer consent the service communicates with others, internally and externally, to ensure services are coordinated.

The service demonstrated referrals are undertaken to individuals, organisations and other providers of care. Consumer described various referrals occurring including to hydrotherapy, a support for carers program, transport services and language specific support services. Care documentation showed examples of referrals to support consumer needs and goals for daily living, for example, referrals for home modifications and services for vision impaired consumers.

Where meals are provided, they are varied and of suitable quality and quantity. Staff at the café have food safety training. Care documentation demonstrated any allergies and dietary needs or preferences are documented and adhered to.

Equipment is not provided as part of the CHSP services delivered by this provider.

Considering the information provided in the Assessment Report, summarised above, I find this Standard to be Compliant as the service has evidenced compliance with each of the applicable requirements against this Standard.

# 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

Consumers and representatives spoke positively about service environments, saying centres were cheery and welcoming. Consumers said they enjoy the social environment and feel very welcome. Staff and management described how environments are arranged to be welcoming and functional including having allied health treatment areas on the ground floor. The Assessment Team observed the social support group room, a multipurpose area with adjacent kitchenette, was spacious, with natural light, heating and cooling.

Consumers and representatives expressed satisfaction with the safety and cleanliness of the service environment and said they are able to move freely indoors and outdoors. They also commented positively on the maintenance and accessibility of the service environment. Staff interviewed were satisfied that the environment is monitored and any risks are addressed. The service has arrangements to maintain the safety, functionality and cleanliness of the service environments. A maintenance schedule shows preventative maintenance occurs. The Assessment Team observed centre areas to be clean and well maintained with clear signage and bathrooms additionally signed with braille, wide corridors and access for consumers of all abilities.

Consumers and representatives interviewed said they were satisfied furniture, fittings and equipment are suitable. Feedback included that furniture and fittings in allied health professional rooms are cleaned between use. Staff said they have access to the equipment needed to deliver quality services and any maintenance issues are rectified promptly. The Assessment Team observed the service has a range of suitable indoor and outdoor equipment to meet the individual needs of consumers. Observation of the environment evidenced that furniture and fittings are safe and suitable for consumer use.

Considering the information provided in the Assessment Report, summarised above, I find this Standard to be Compliant as the service has evidenced compliance with each of the requirements against this Standard.

# 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

Consumers and representatives interviewed said they are encouraged to provide feedback and raise any complaints and they feel safe to do so. Some consumers were not sure of who to contact to make a complaint and management advised they would consider ways to clarify complaint pathways. Management advised that all consumers receive an orientation pack during their initial appointment. The consumer orientation pack has information regarding complaints, compliments and feedback, including a flowchart of the complaints process. Feedback can also be provided via the service website and social media. The organisation has a software system to record all incidents and complaints . The organisation has a complaints procedure that includes reference to advocacy and open disclosure and an open disclosure policy and procedure. Feedback forms, a suggestion box and feedback signage was located at the reception area.

The organisation has a client advocacy policy and procedure that includes the definition of an advocate and a list of external advocacy services. The organisation’s website can also translate information into over 100 languages. Staff and management described ways they make consumers and representatives aware they can provide feedback and complaints through an advocate or external complaint service.

Consumers and representatives interviewed are satisfied that any concerns raised would be actioned to their satisfaction. Management described the procedure for open disclosure which is defined in the provider’s open disclosure policy and procedure and is utilised for incidents that occur. Complaints, compliments and feedback are documented in the organisation’s software system for incidents and complaints.

Consumers and representatives are satisfied the service listens to their feedback and makes changes. Management discussed feedback and complaints and how they are reviewed and used to improve the quality of care and services. All feedback received is reviewed and monitored by the quality team.

Considering the information provided in the Assessment Report, summarised above, I find this Standard to be Complaint as the service has evidenced compliance with each of the requirements against this Standard.

# 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

Consumers and representatives said that allied health appointments and social support groups are well managed and well-staffed. Management advised that they have a stable workforce and when vacancies do occur they are filled quite quickly. Documentation review confirmed the CHSP funded programs are resourced appropriately.

Consumers and representatives interviewed are satisfied staff are respectful, kind and caring. Staff described how they treat each consumer as an individual, show respect, compassion, respect their values, beliefs, wants and needs regardless of sexuality, religion or background. Organisational and service communication including cultural awareness training demonstrated the organisation’s commitment to respectful care and services. Management discussed organisation wide improvement projects including the development of the 2021 – 2025 diversity and inclusion plan, reconciliation action plan and the development and rollout of the ‘rainbow tick’ accreditation.

Consumers and representatives said staff are good at their jobs and know what they are doing. Human resources staff discussed allied health professionals’ qualifications, skills and knowledge required to effectively perform their roles. They stated they monitor staff qualifications, and use information from observation, regular supervision both internally and externally and feedback to identify the level of workforce competency. Management advised Allied health professionals have appropriate qualifications to provide care and services. All staff have a position description and a scope of practice in place. Regular supervision informs staff training and professional development needs and supports.

Consumers and representatives interviewed are satisfied staff are able to provide the care and services needed. New staff participate in an induction/orientation program including the completion of an induction checklist during their probation period. A mandatory staff training calendar is in place, which identifies internal and external training available to staff. Staff interviewed said that they have access to ongoing training that includes elder abuse, hand hygiene and that a training needs analysis is discussed during supervision.

Consumers and representatives said they are satisfied with staff performance. Staff performance reviews occur. Management outlined clinical supervision processes from internal and external clinicians across the various disciplines. Processes are in place for monitoring staff performance and providing additional support. The organisation has a performance monitoring policy and procedure in place.

Considering the information provided in the Assessment Report, summarised above, I find this Standard to be Complaint as the service has evidenced compliance with each of the requirements against this Standard.

# 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. | Compliant |

Findings

Consumers are engaged in the development, delivery and evaluation of care and services through surveys, feedback and input into the activities for social support groups. Management outlined the consumer survey processes noting surveys are conducted for each allied health discipline on consumer discharge from the allied health service and at least annually.

The service demonstrated that the organisation’s governing body promotes a culture of safe, inclusive, quality care and services and is accountable for its delivery. The governing body, meets regularly and receives committee reports on a range of quality indicators. The Assessment Team reviewed relevant documentation including reports, meeting minutes and a Board reporting schedule, which details the reports required by the Board in order to execute their delegated responsibilities. The organisation’s structure includes sub-committees for clinical governance, community participation, strategic direction, finance, investment, audit and risk and occupational, health and safety. The sub-committees meet during the year as per meeting schedule. The executive management team meets regularly and monthly supervision meetings occur.

The service has effective organisation wide governance systems to monitor information systems, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

**Information management**

The organisation has established information management systems that support information management. Policies, procedures, forms and reporting programs are available to staff on the intranet. Consumer information is maintained on the electronic information management system. Information is maintained securely and information privacy policies apply. Information is shared with staff via meetings, email, intranet and website. Consumers are provided with an orientation pack when accessing services for the first time.

**Continuous improvement**

The organisation has an allied health team improvement register (2022) and an organisational wide improvement register (2021-2023). Opportunities for improvement are identified through the feedback and complaint systems, incidents, internal and external audits, performance management and analysis of survey feedback.

**Financial governance**

Financial governance is overseen by the organisation’s finance, investment, audit and risk sub-committee. The organisation’s chief financial officer completes a financial report summary to the sub-committee. The finance, investment, audit and risk sub-committee report to the Board in relation to the organisation’s financial position on a regular basis. An external audit occurs each year to provide information on expenditure against budget and on the financial viability of the organisation. Financial reports are provided to program general managers on a monthly basis. General managers are required to provide feedback on any variances to their budget.

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

Workforce governance is overseen by the organisation’s executive management team, and issues and actions are reported to the Board. Human resource processes include workforce recruitment, position descriptions, staff education and a staff performance management system. Position descriptions specify staff responsibilities, conditions of employment and staff are also accountable to their scope of practice and registration. All allied health professionals, social support group facilitator and carer support worker are employed by the service provider. Management advised that the service provider does not subcontract any services under the CHSP funded programs.

**Regulatory compliance**

The organisation maintains up to date information on regulatory requirements through government notifications. All organisation policies and procedures are reviewed on a 3-year cycle and more regularly by the general manager responsible. Regulatory compliance requirements and changes are discussed at organisational executive management meetings and endorsed by either the executive management team or the Board. Staff are notified of changes via monthly leadership meetings and the intranet. The organisation’s human resources and management team monitor staff compliance checks and a staff vaccination register is maintained.

**Feedback and complaints**

The organisation has a feedback and complaints system that supports the pursuit of improved outcomes for consumers. Management demonstrated feedback and complaints received are logged, reviewed and actioned. Management described the open disclosure process used for feedback and complaints. Feedback and complaint data are reported to the Board as appropriate.

The organisation has a risk framework for managing high impact and high prevalence risks, 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 associated with the care of consumers, management advised risks are identified through assessment and care planning processes and the incident reporting system.

In relation to identifying and responding to the abuse and neglect of consumers, management and staff interviews and documentation review showed assessment and review processes are used to monitor consumer wellbeing and safety. Staff said their qualifications and past training assists in the recognition of elder abuse and neglect.

In relation to supporting consumers to live the best life they can, the organisation’s plans, policies and procedures promote a balanced approach to risk management to enable consumer safety, enjoyment, choice and sense of self. Staff described ways they support consumers to live their best life, including asking their preferences for care and services and providing services that meet their goals.

The organisation has an incident policy and procedure to guide staff. Incident data is collated, analysed for trends by the quality team and reported to the clinical governance committee and the Board. Actions occur as appropriate to reduce risk. The organisation also has an open disclosure policy and procedure when managing incidents.

The organisation’s governing body has a clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and open disclosure. In relation to a clinical governance framework, the organisation has a clinical governance committee that meets quarterly and reports clinical incidents to the Board as needed. There is also a clinical governance policy that defines key roles and responsibilities. Clinical care for consumers is provided internally by a team of allied health professionals.

In relation to antimicrobial stewardship, management advised the organisation does not prescribe or manage medications. However, they have an antimicrobial stewardship program in place for the organisation overall.

Management said occupational therapists assess consumers in their homes and restraint is considered as part of the assessment process.

Recommendation from those assessments may include bed sticks and bed poles. When a consumer has been assessed for a bed stick or bed pole a letter is sent to the consumers medical practitioner and they are to review the consumer.

In relation to use of open disclosure, this approach is embedded in policy and staff have received training in its use. In relation to use of open disclosure, this approach is embedded in policy and staff have received training in its use.

Considering the information provided in the Assessment Report, summarised above, I find this Standard to be Complaint as the service has evidenced compliance with each of the requirements against this Standard.

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)