**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Bethanie Community Care - South East and South West Metro |
| Service address: | 18 Olivenza Crescent PORT KENNEDY WA 6172 |
| Commission ID: | 500004 |
| Home Service Provider: | The Bethanie Group Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 21 March 2023 to 23 March 2023 |
| Performance report date: | 1 May 2023 |

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

**This performance report**

This performance report for Bethanie Community Care - South East and South West Metro (**the service**) has been prepared by M Franco delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Bethanie Home Care - Level 4 Metro South West, 19103, 18 Olivenza Crescent, PORT KENNEDY WA 6172
* Bethanie Home Care Level 2 Metro South West, 19107, 18 Olivenza Crescent, PORT KENNEDY WA 6172
* Bethanie Home Care Level 4 Metro East, 19102, 18 Olivenza Crescent, PORT KENNEDY WA 6172
* Bethanie Home Care - Level 4 South West, 19104, 18 Olivenza Crescent, PORT KENNEDY WA 6172
* Bethanie Home Care Level 2 Metro North, 19106, 18 Olivenza Crescent, PORT KENNEDY WA 6172
* Bethanie Home Care Level 2 Mid West, 19108, 18 Olivenza Crescent, PORT KENNEDY WA 6172
* Bethanie Home Care Level 2 South West, 19109, 18 Olivenza Crescent, PORT KENNEDY WA 6172
* Bethanie Home Care - Level 4 Metro North, 19110, 18 Olivenza Crescent, PORT KENNEDY WA 6172
* Bethanie Home Care - Level 4 Mid West, 19111, 18 Olivenza Crescent, PORT KENNEDY WA 6172

**CHSP:**

* Community and Home Support, 25192, 18 Olivenza Crescent, PORT KENNEDY WA 6172
* Care Relationships and Carer Support, 25193, 18 Olivenza Crescent, PORT KENNEDY WA 6172

# 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)

|  |  |
| --- | --- |
| 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)

|  |  |
| --- | --- |
| 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

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

Findings

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

• Demonstrating that consumers’ choice and dignity is respected whilst delivering culturally safe care to each consumer.

• Supporting consumers to make decisions about their care and services, and to maintain relationships of choice.

• Identifying where consumers choose to take risks and supporting them in their choice.

• Ensuring consumer confidentiality and privacy is maintained.

The service demonstrated that it treats its consumers with dignity and respect and their identity, values and culture are valued. All consumers/representatives interviewed said that the staff are respectful and know what is important to them when providing care and services. Consumer care documentation is consistent with consumer needs and is regularly reviewed. Support workers described how they provide support and know what is important to each consumer.

The service demonstrated that the care and services it provides to consumers is culturally safe. Support workers demonstrated awareness of what this means to each consumer and managers are in regular contact with consumers about any changes to their care plan.

The service demonstrated that each consumer is supported to make their own decisions about their care, can choose who and when others should be involved and can maintain relationships. Staff discussed promoting independence and choice for consumers and documentation showed that consumers are being consulted about the care and services they receive. The service demonstrated that each consumer is supported to take risks to enable them to live the best life they can. Consumers said that they are encouraged to be independent, and staff respect their decisions.

The service demonstrated that it provides timely and easily understood information to consumers through various channels and in appropriate formats, so consumers have information to make informed choices. The service has an assessment and care planning process. Assessment information is used to develop a care plan in partnership with the consumer and/or their representative. The information outlined in the care plan guides staff in the provision of safe and effective care and services. The service considers the risk for consumers when completing assessments and following a discussion with the consumer, strategies to reduce the risk to the consumer were noted to be included in the care plan.

# Standard 2

|  |  |  |  |
| --- | --- | --- | --- |
| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

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

• Following the organisation’s assessment and care planning process to ensure the delivery of safe and effective care.

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

• Recording consumer goals to guide care and services delivered. Advanced care planning is discussed and documented where it has been completed.

• Documenting care plans and assessment documentation to reflect the changes to the care and services implemented following a change in the consumers circumstances including in response to an incident.

The service has an assessment and care planning process. Assessment information is used to develop a care plan in partnership with the consumer and/or their representative. The information outlined in the care plan guides staff in the provision of safe and effective care and services. The service considers the risk for consumers when completing assessments and following a discussion with the consumer, strategies to reduce the risk to the consumer were noted to be included in the care plan. The service demonstrated it involves the consumer and, as appropriate, the representative, in the planning of the care and services to be provided to the consumer. The service has processes in place to support consumers to access external service providers, sharing consumers’ goals and preferences in accordance with their obligations relating to privacy of information.

The service demonstrated processes are in place to ensure care plans are regularly reviewed and meet the consumer’s current needs including when changes are required due to an adverse event or a change in the consumer’s health condition or personal preference.

# Standard 3

|  |  |  |  |
| --- | --- | --- | --- |
| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

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

• Able to demonstrate consumers and their representatives are satisfied they are provided timely personal and clinical care which is safe and provided in the manner they have requested.

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

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

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

The service is able to demonstrate personal and clinical care is individually tailored to the needs, goals and preferences of each consumer. All consumers interviewed reported satisfaction with the personal and clinical care they receive. The clinical nurse coordinator and registered nurses assess the needs of all consumers and will refer to allied health staff seeking assessments and recommendations for the provision of best practice strategies as issues are identified.

The service was able to demonstrate that it effectively manages high-impact and high-prevalence risk associated with the provision of care and services to each consumer. Systems and processes are in place to assist support workers manage risk, and to ensure clear instructions are provided to staff to minimise the effect and number of risks for consumers.

The service was able to demonstrate deterioration or change of a consumer’s cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Systems and processes are available to support the workforce to recognise and respond to a consumer whose function, capacity or health condition changes or deteriorates. Staff are clear about their roles and responsibilities including identifying and reporting signs of deterioration.

The service was able to demonstrate timely and appropriate referrals to individuals, other organisations, and other providers are made for consumers. Staff described processes to refer consumers for allied health services and additional services through the internal referral process or My Aged Care (MAC) for consumers accessing CHSP services.

# Standard 4

|  |  |  |  |
| --- | --- | --- | --- |
| 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 | Compliant |

Findings

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

• Providing each consumer with services and supports for daily living, including equipment, which is safe, effective, and tailored to meet each consumer’s needs and preferences.

• Supporting the physical and psychological health of each consumer by assisting them to maintain connections with people important to them and to engage in community activities that are of interest to them.

• Making referrals and communicating relevant information to others involved in the care of the consumer, both within and outside the service, as agreed to by the consumer.

The service demonstrated that consumers receive 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. Information gathered during assessments and reviews is used to guide staff practice. Consumers/representatives participate in decisions about what services will be provided and how those services can be tailored to meet each consumer’s assessed needs and personal preferences.

The service demonstrated that the emotional, spiritual and psychological well-being of consumers is taken into account when services and supports for daily living are provided. The psychological well-being of consumers is considered during assessments and reviews then used to inform discussions and report any concerns about the well-being of consumers. The service has systems in place to offer consumers support when needed. The service demonstrated that it supports consumers to participate in the community and to maintain relationships that are important to them. The service gathers information about consumers and their social and personal relationships, and things that interest them, and this information is used to guide decisions around the services that are delivered.

# Standard 5

|  |  |  |  |
| --- | --- | --- | --- |
| 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

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

• Providing a welcoming service environment that optimises each consumer’s independence, interaction and function.

• Ensuring consumers are able to freely move around the centre, both indoors and outdoors with no restrictions.

• Able to demonstrate furniture, fittings and equipment at the social centre is safe, clean, well-maintained and suitable for use.

The service environment was observed to be welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Consumers interviewed said they feel welcome when they attend the Kwinana social centre, and they can freely interact with others. The service demonstrated fixtures, fittings and equipment are safe, clean, well-maintained and suitable for the consumer. Staff advised that all maintenance issues are rectified as a matter of priority and staff were implementing cleaning procedures for furniture and equipment.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

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

• Providing information to consumers to enable them to provide feedback and complaints to the service.

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

• Demonstrating that appropriate action is taken in response to feedback and complaints and using the feedback to improve services provided to consumers.

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

The service was able to demonstrate appropriate action is taken in response to feedback and complaints, and an open disclosure process is used when things go wrong. Consumers/representatives interviewed said their concerns were responded to. Management described and provided documentation showing how they address consumers’ feedback and complaints.

• A review of recent complaints and follow-up demonstrated the service has acted on the complaint, investigated what has occurred and engaged the consumer/representative on desired outcome resolutions.

• Support workers described how they will try and resolve concerns raised as soon as possible and demonstrated an understanding of the open disclosure process in providing an apology to the consumer and actioning changes to resolve the complaints/incidents.

• The service has an open disclosure policy. Management was able to speak to the process of apologising, validating concern, resolution discussion, and open/continuous communication throughout process.

The service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of services.

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

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

• Planning the workforce to ensure that care and services can be delivered to consumers in accordance with their assessed needs and preferences.

• Ensuring that the workforce is competent, qualified, trained and supported to deliver the outcomes required by the Quality Standards.

• Demonstrating that the workforce interacts with consumers in a way that respects their individuality and is kind and caring.

The service demonstrated that it has systems in place to understand the number and mix of staff required to manage and deliver safe and quality services to meet the assessed needs of consumers. The service has faced workforce challenges in the past 6 months arising from the unexpected departure of key personnel and unexpected absence of support workers due to illness and other reasons.

The delivery of care and services has been managed by using systems that ensure available staff are scheduled to provide care and services where the need is greatest. There has been some disruption to the delivery of domestic assistance and gardening services over the past six months and changes to case managers, but the service has demonstrated that those workforce challenges have been addressed and consistency of service will be in place once onboarding and induction processes of recently recruited staff have been finalised.

• Many consumers/representatives interviewed reported that they generally have the same support workers and service times, and changes to those service arrangements do not inconvenience them. However, some consumers/representatives expressed dissatisfaction that their domestic assistance and/or gardening services were not delivered at the same times by the same staff.

The service demonstrated that processes and systems are in place to ensure that all members of the workforce, including contracted third-party workers, are competent and have the qualifications and knowledge to effectively perform their roles. Feedback about competency is obtained through annual consumer experience surveys and the regular review of complaints and incident registers. The service has effective systems to monitor that each member of the workforce has provided documentary evidence of the competencies and qualifications required by their position descriptions.

The service demonstrated that it is has systems in place to recruit, train, equip and support the workforce to deliver safe and quality care and is constantly reviewing and improving those processes. Mandatory induction and ongoing training must be completed by every member of the workforce and compliance is monitored by automated systems and managed by the human resources team. The service demonstrated that systems and processes are in place to ensure that the performance of each member of the workforce is regularly assessed, monitored and reviewed. Consumer satisfaction surveys are conducted annually. Complaints and incident registers are reviewed to identify any concerns related to competency and skill. All staff members are required to undergo regular performance reviews by their line managers. Management acknowledged that due to the need to recruit new case managers, there has been a delay in completing annual performance reviews for all support workers.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant | Compliant |

Findings

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

• Overseen by a governing body that is accountable for ensuring the organisation has effective governance systems to ensure the delivery of safe and effective care and services across all business operations.

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

• Ensuring that systems and procedures are in place to effectively monitor and manage risk, including the management of high-impact and high-prevalence risks.

• Operating within a clinical governance framework that ensures the safe and effective delivery of clinical care and includes best-practice approaches to anti-microbial stewardship, restrictive practices and open disclosure.

The service demonstrated that it encourages and actively seeks feedback from consumers to help inform improvements in the delivery of safe and effective care and services.

• Consumers/representatives interviewed could recall receiving surveys asking for their input. They also gave examples of how their care and services had improved following feedback they had given to support workers and case managers, although some indicated that in recent times their requests for contact had sometimes gone unanswered, which they understood to be due to staff shortages.

• Management explained that some feedback and requests for contact by consumers had not been received because, with the departure of case managers, consumers who had been in the practice of contacting case managers directly were directing their enquiries to unmonitored email addresses or voicemail services. When this was identified, the service wrote to all consumers explaining the case manager vacancies and requesting them to direct all emails and phone enquiries to a centralised email and phone line to ensure a timely response.

The service demonstrated that the governing body is accountable for the delivery of safe, inclusive and quality care and explained the systems used to monitor and evaluate incidents, and to implement policies and procedures that ensure care and services are delivered in accordance with the requirements of the Quality Standards

• Most of the consumers/representatives interviewed said that they feel the service is well-run and expressed satisfaction in the quality of the clinical and personal care they receive, and the communication from the service. They could not suggest any ways in which the service could improve.

• Staff interviewed could describe processes and policies that are in place to protect the safety of consumers and their responsibilities in relation to those policies. For example, one support worker described a recent situation where he followed the no-response procedure even though he knew that the consumer had a medical appointment immediately prior to the scheduled time for the service, and he (correctly) assumed that the consumer had been delayed at that medical appointment.

The service demonstrated that effective organisation-wide governance systems are in place across all key areas of business operations.

(i) Information management

• Staff said they have the information they need to effectively perform their roles.

• Management described the various software systems used to record consumer information and conduct the business of the organisation. Management described the recent implementation of several new software systems designed to improve the management of information, in particular a new financial management system, a system to manage clinical incidents and risk, and a system to oversee workforce requirements. The software implemented routinely has automated workflows to minimise the risk of administrative oversight and error.

(ii) continuous improvement

• Management described the various systems in place to regularly audit the effectiveness of its operations and to plan and effect continuous improvements across all aspects of the business.

• The Assessment Team viewed the continuous improvement register used to identify steps required to plan improvements in performance against the Quality Standards. Management spoke to several of the items marked as completed and some of the planned improvements, included the pending review of the service’s approach to advanced care planning in the community, and an internal audit of staffing levels and management.

(iii) financial governance

• Consumers/representatives interviewed said that they understood their monthly statements and budgets, and if they didn’t, they could call the service and they would receive a phone call or a visit from their case manager who would answer their queries.

(iv) workforce governance

• As addressed under Standard 7 of this report, the service has faced a number of challenges in managing the workforce in the past few months due to the unexpected departure of several key personnel including the regional manager, general manager, two case managers, and delays in recruiting replacement staff primarily due to sector-wide staff shortages. The service has also identified and addressed a higher than usual rate of unplanned absences of support workers and other staff due to illness, injury, and caring commitments in recent months. Management explained the many steps and initiatives taken to reduce the impact on consumers during the affected period.

(v) regulatory compliance

• Management explained the various methods that are used to monitor regulatory changes that impact the organisation, and how risk and compliance committees ensure that steps are taken to ensure that the service complies with its regulatory obligations.

(vi) Feedback and complaints

• As described under Standard 6 of this report, the service encourages, gathers, and analyses feedback and complaints from consumers and staff and uses that data to inform continuous improvements to its operations and delivery of services.

The service demonstrated that effective systems and procedures are in place to manage risk. Risk assessments for at-risk consumers are conducted during assessments and reviews and strategies put in place to manage identified risk. Staff are trained to identify and report any abuse or neglect of consumers. Consumers are supported to live the best life they can by being encouraged to take informed risks. An incident management system is used to record incidents and responses to incidents, and to analyse trends. The governing body has oversight of strategic risks.

The service demonstrated that a clinical framework is in place, and effectively overseen by the governing body, to ensure the delivery of safe and effective clinical care. Policies and procedures refer to antimicrobial stewardship, restrictive practices and open disclosure, and clearly delineate role responsibilities. Staff are trained to take a best-practice approach when delivering care.

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)