**Performance**

**Report**

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| Name: | Bungree Aboriginal Association Inc. |
| Commission ID: | 200601 |
| Address: | 326 Mann street, GOSFORD, New South Wales, 2250 |
| Activity type: | Quality Audit |
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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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 980 Bungree Aboriginal Association Limited  
Service: 17388 Bungree Aboriginal Association Inc.  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7533 Bungree Aboriginal Association Inc  
Service: 26044 Bungree Aboriginal Association Inc - Care Relationships and Carer Support  
Service: 26043 Bungree Aboriginal Association Inc - Community and Home Support

**This performance report**

This performance report for Bungree Aboriginal Association Inc. (**the service**) has been prepared by Kimberley Reed, 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.

# Material relied on

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

* the assessment team’s report for 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
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

Consumers were treated with dignity and respect, with individual identities, culture and diversity valued. Consumers confirmed staff and management treated them with respect, noting they felt their dignity was maintained during service delivery. Consumers provided feedback to the approachability of staff and management, noting they understood their cultural background and considered their personal circumstances and preferences. Staff and management spoke respectfully about consumers and described what was important to consumers and what it meant to treat consumers with dignity and respect. Consumer care plans were written respectfully and evidenced detailed background information, including religion, family background, cultural identity, language, social and communication preferences.

Consumers confirmed staff understood their needs and preferences, delivering services in a culturally safe manner that fostered a sense of safety and respect. Staff and management described how they provided culturally safe care and services to culturally and linguistically diverse consumers. Staff advised they received cultural awareness training during onboarding and ongoing training as required, noting they felt supported with requisite resources to understand and appreciate the unique cultural background of each consumer.

Consumers were informed about the care and service options available to them, noting they were encouraged to make their own decisions about the services they received, including who they wanted involved in their care. Consumers confirmed the service made it easy for them to be involved and encouraged them to engage with people who were important to them. Staff described how support options were developed based on consumer feedback, and service delivery was scheduled in alignment with consumer preferences. The service had a consumer dignity and choice policy in place.

Consumers advised that staff actively listened to them, understood their priorities and respected the choices they made. Staff described risk assessment monitoring, risk identification, reporting and escalation processes in place and how they would respond to a hazard, incident or potential risk. Staff and management described the importance of discussing potential risks with consumers and allowing them the freedom to decide how to manage those risks. Consumer care plans included detailed non-response and emergency procedures according to each consumer’s preference and risk assessment. Additionally, the service had monthly coordinator meetings where consumers at risk were discussed.

The service demonstrated current, accurate and timely information was provided to consumers and communicated in a way that was clear, easy to understand and enabled them to exercise choice. Consumers confirmed they received information in formats that were clear and easy to understand, enabling them to make informed choices regarding their care and services. Consumers advised they received an information pack on entry to the service and in-home visits for assessments and care plan reviews, noting that coordinators took the time to discuss everything and clarify any information. Staff described strategies to help communicate with consumers who may experience communication barriers.

Consumers advised staff were respectful of their personal privacy. Consumers were provided with information to understand how their personal information would be used and their consent was sought before their information was shared with other providers involved in their care. Consumer information was stored in a secure electronic database and in a booklet in their homes, with hard copy consumer files stored securely in the Operations Manager’s office. Access to electronic information was limited by role and was password protected.

Based on the information recorded above, this Standard is Compliant.

# Standard 2

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

Findings

Consumers provided positive feedback on assessment and care planning processes. They confirmed they received an in-home assessment that included discussion of their needs, goals and preferences prior to commencement of services and a home environmental safety assessment was also conducted. They also described their individual services and how the service assessed their individual risks. Care staff were provided with access to consumer care plans and other relevant documentation, guiding them in consumer needs and individual or environmental risks. Consumer files evidenced initial assessments, addressing any individual risks and where particular risks were identified, contained documentation around those risks.

Consumers felt the service considered their preferences into account when providing care, including any goals they had. This included days they wished to receive services in their homes, as well as outings they wished to attend or days of attendance at the centre and activities they chose to participate in. Some consumers said their goals were to stay active or make new friends, which they had been able to achieve through attending the outings program into the community. Consumer had difficulty recalling if advanced care planning had been discussed with them. Coordination staff advised consumers and representatives were offered discussions regarding advanced care planning and end of life care, however coordination staff noted consumers sometimes did not wish to discuss this. This discussion was offered again at reviews or when care needs increased.

Consumers advised they were involved in assessment and care planning processes and provided positive feedback on how the coordination staff involved them and provided them with information. Consumers received ongoing reviews of their needs and where they had indicated they wished family or others involved in discussions this occurred. Documentation in consumer files evidenced consumer and representative involvement in assessment and care planning processes and ongoing care. The service involved other organisations in consumer care, including Occupational therapists who conducted assessments and reviews.

Consumers interviewed confirmed they participated in initial assessments, with those receiving services for more than a year confirming they had also been involved in reviews. They confirmed they had received copies of their care plans and were kept well informed by coordination staff of the services they could access and any changes to services. Consumers confirmed the services they received met their current needs and preferences. Care plans were sighted in consumer files with input from consumers/representatives noted. Reviewed care plans were also sighted in consumer files where they had been receiving services for longer than 12 months.

Consumers confirmed reviews of care and services were conducted on a regular basis. Consumers confirmed they were advised by coordination staff they could change their preferences or ask for a review at any time. Consumers attending outings stated the coordinator will have a chat with them to see how they are all doing and if they need any other help. This gave them an opportunity to raise anything with them if they felt they need extra care or wanted to request a change to care and service delivery. Coordination staff reviewed individual care plans with each consumer regularly, with the involvement of nominated representatives. Detailed coordination staff notes in the database and consumer files reflected changes in needs based on reviews and referrals for other services.

Based on the information recorded above, this Standard is Compliant.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | 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

Consumers confirmed they were satisfied with the care and services they received and did not have any issues regarding their services or the care workers providing them. Consumers confirmed the service took time to assess and understand their care needs and care workers considered consumers’ individual preferences when providing direct care. A comprehensive assessment was conducted for all consumers by coordination staff and clinical needs were assessed by a registered nurse. This occurred mostly for Level 3 and 4 Home care package consumers but could be completed where others had clinical or high care needs identified. The registered nurse utilised a range of clinical assessment tools when documenting consumer needs and submitted regular notes and photos for wound care.

Consumers provided positive feedback with regards to individual risks identified. Care workers describe strategies used in the home to minimise the risk of falls or other risks for individual consumers and these matched with the consumers’ care plans. Care workers were trained in dementia care as part of their role. Staff and subcontracted nursing staff provided examples of high impact and high prevalence risks were identified for consumers. This included mobility, falls, skin integrity, wounds, pain management and medications or issues around the overall health and wellbeing of consumers. The service had risk management systems in place to monitor, identify and manage risks relating to the care of consumers and plans in place to improve systems. The incident management system informed consumer risk profiles and relevant information was communicated to care workers. Incident data was reviewed by management and appropriate actions taken to reduce consumer risk and adjust service delivery based on consumer needs.

Coordination staff provided information on advanced care directives and end of life planning to the consumer or representatives to complete. There were processes in place to address how to manage increases in consumer needs, including palliative care needs. Information packs to consumers contained information on advanced care planning. Care workers demonstrated an awareness of how services may change for consumers nearing the end of life, for example, changing from showering to bed baths and providing in-home social support rather than taking them out into the community and introducing equipment such as lifters. Policies and procedures included palliative and end of life care processes and the need to document consumer wishes regarding this.

Consumers stated care workers knew them well and were confident they would identify and report changes to their overall health and wellbeing to the appropriate staff. Consumers confirmed referrals had also been made as needed to allied health, such as occupational therapists for equipment and home modifications, and physiotherapists due to increasing mobility needs. Care workers confirmed they inform coordination staff regularly about consumers’ overall health and wellbeing. All consumer files contained regular progress notes from care workers and coordination staff and nursing staff, where clinical services were being provided. Notes were detailed and reflected several discussions with care workers and representatives regarding consumers.

All consumers and representatives confirmed their needs and preferences are effectively communicated to care staff, as they did not usually have to repeat the same information to new care staff. Coordination staff described how changes in a consumer’s care and services were communicated within and outside the service, with those sharing care of the consumer, and were documented on their file. The registered nurse had access to the electronic database’s application and inputs notes directly into the system. Regular notes were sighted for consumers who were receiving nursing services.

Consumers and representatives were satisfied with referral processes and confirmed consumers were assisted to access external services as needed, for example physiotherapy, occupational therapists, and podiatrists. Coordination assisted consumers with referrals back to My Aged Care for a higher-level package or additional services when this identified due to a change in care needs. Referrals were also made to the registered nurse for initial and ongoing clinical assessments and for the provision of direct clinical care. The service had arrangements in place with allied health professionals, such as occupational therapy, physiotherapy, podiatry and dietician services, who were available to deliver services according to individual consumer’s needs and care plans. Coordination staff liaised closely with allied health professionals on an as needs basis and monitored the outcomes for consumers.

Consumers confirmed care workers took steps to protect them from infections including wearing masks and washing their hands during services. Consumers were provided with information from the service regarding safe practices for them during the COVID-19 period. Consumers felt staff practices kept them safe. Care workers completed training on COVID-19 and the use of personal protective equipment and had completed generally infection control as well as donning and doffing training. Staff conducted self-checks on their health daily and monitored the health of consumers when attending to provide care. The registered nurse advised they followed infection control processes when providing clinical care to consumers, for example, use of sterile products and using gloves when providing wound care and safe disposal of items.

Based on the information recorded above, this Standard is Compliant.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers were encouraged to stay active to maintain their physical independence. Consumers were referred for additional services through My Aged Care, or for additional services or home care packages. Consumers provided positive feedback regarding staff helping them do the things they wanted to do through community based social support services. Staff were aware of work health safety principles and processes and ensured that the services provided were safe and effective. Staff reported any incidents, accidents, hazards or near misses as per policy and completed incident reports and escalated to their supervisor as per process. Information regarding incidents, accidents or other workforce safety concerns were reported at regular staff and Board meetings. Care plans were written in a way that was consumer focused and included their individual interests, needs and preferences, including any personal goals.

Consumers advised they enjoyed services and felt comfortable, happy and safe with their care staff while receiving care. Consumers confirmed staff regularly checked on how they were and if they had any concerns would report this to the coordination staff. Consumers provided positive feedback on how being socially connected also helped them emotionally. Consumers stated they developed an ongoing relationship with the staff, many of whom had been providing them with their services for a number of years, which helped meet their emotional and psychological needs and improve their overall health and wellbeing. Consumers’ files demonstrated the assessment of emotional, spiritual or psychological needs. Identified needs are inputted to care plans and reviewed on an ongoing basis.

Consumers provided feedback on opportunities they had to build and maintain relationships and pursue activities of interest in the community. Consumers have built good relationships with their care staff and said they had plenty of opportunities to do things that were meaningful to them. Care staff gave descriptions of relationships important to their consumers, such as family and friends, and social activities they enjoyed, such as attending picnics or clubs and activities they enjoyed while on outings. Coordination staff gathered information on consumers’ life stories and social needs on entry to the service and this was noted in care planning documentation of consumers, which staff could access.

Consumers were satisfied the service had communication systems in place to ensure care workers knew their needs and when changes occurred. Consumer confirmed staff reported back regarding aspects to ensure their safety, such as when they did not answer the door or when they were ill. Care staff were satisfied with the information they received, to helps them identify any consumers who may need additional support, such as providing mobility help while out in the community. Staff were also provided with updated information as consumer care needs changed, staff had access to consumers’ care plans and complete notes as needed or provided verbal feedback to coordination staff.

Consumers confirmed referrals were made with their permission. Consumers stated coordination staff sought their permission before making any referrals and involved their family or representatives as needed. Consumers were satisfied with referrals made and the services received as a result. Coordination staff outlined referral processes and noted the importance of timely referrals for consumers. Care staff had regular contact with coordination staff regarding consumers and their increasing needs and reported back regularly and they may be advised of referrals made, especially where they have raised issues with consumers possibly needing additional care or services. Progress notes included information, referrals, and assistance to access other services such as allied health or other services through My Aged Care.

Several consumers received equipment through their home care package to assist with their mobility and were satisfied with the quality of the equipment and range of equipment to choose from. Consumer equipment was accessed based on individual needs and provided through individual package funds. Details were included in care plans for more complex equipment such as lifters and any other mobility equipment. There were also policies and procedures in place to guide staff practice regarding equipment. Care staff were required to check equipment for safety and report any issues.

Based on the information recorded above, this Standard is Compliant.

# Standard 6

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

Findings

The service had effective mechanisms in place to encourage and support consumers and representatives to make a complaint or provide feedback. The service agreement as well as the service handbook provided to consumers at the initial assessment contained information encouraging and supporting consumers to provide feedback and make a complaint. The consumers provided positive feedback regarding the service. The consumers advised they were aware of how to provide feedback and make complaints. Care workers encouraged and supported consumers and representatives to provide feedback and make complaints through various avenues such as consumer feedback meetings, phone calls, welfare checks, emails and the organisation’s website. Staff advised if the consumer or representative complained directly to them, they would inform management of the complaint.

Appropriate action was taken to ensure consumers and representatives were aware of and had access to advocacy, interpreting services and other methods for raising and resolving complaints. This included support to access alternative external complaints handling options and ensure the consumers were supported to provide feedback or make a complaint, whatever their culture, language, or ability. The consumers advised they understood how to make a complaint either through the service or through an external agency.

The complaints and feedback register evidenced the service acknowledged and responded to complaints in a timely manner. Staff and management confirmed training in complaints handling and open disclosure occurred when they commenced in their role. All staff described the complaints handling and resolution process as well as the concept of open disclosure. Staff had access to the complaints policy and the information in the policy highlighted the responsibilities for all staff members and provided guidance on how to deal with complaints and this was discussed during staff induction.

The service demonstrated complaints and feedback were used to improve the quality of care and services. The consumers confirmed feedback and suggestions were accepted and resulted in changes or immediate action when needed. Client information gatherings occurred to provide a public forum for the service to inform consumers and representatives of relevant information as well as provide the opportunity for consumers and representatives to provide feedback and make complaints. Feedback and complaints was discussed and reviewed in management and staff meetings and reported to the Board. Monthly review of complaints and feedback occurred at staff meetings and would feed into the Plan for continuous improvement when service delivery improvements were identified.

Based on the information recorded above, this Standard is Compliant.

# Standard 7

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

Findings

The recruitment process was managed by human resources staff. Casual care workers provided their availability and rosters were updated accordingly to ensure care workers were present. Some Commonwealth home service programme (CHSP) services are subcontracted and scheduled service times were negotiated with the consumer. CHSP social support and transport services was provided by the service. In the event support staff were not able to attend to a shift, the coordinator would utilise the rostering system to find a care worker that appropriately matched the consumer’s service requirements, taking into consideration the consumer’s preferences and geographical location. In the event there were no care workers available the service utilised an agency. The rostering system showed alerts on consumers’ profiles to ensure the most suitable and preferred care worker was provided to deliver care and services, prioritising essential services such as personal care, transport to medical appointments and taking into consideration high risk consumers that were bed bound and may be receiving wound care. Staff felt like they have enough time to complete tasks and if there was an issue, they would feel comfortable to approach their manager to raise their concerns.

Consumers confirmed staff treated them with kindness, respect, and dignity. Staff completed the mandatory Code of Conduct training module. Mandatory requirements during onboarding such as criminal record checks were renewed on an ongoing basis. Criminal checks, first aid, aged care qualifications, current drivers’ licence, vehicle registration, insurance documentation, current clinical registration if appropriate, current immunisation status and vaccination records were submitted as evidence by staff annually. Human resource staff advised initial recruitment process included checking banning orders prior to potential employees progressing in the recruitment phase. Management had sound knowledge of the consumers and spoke respectfully of the consumers’ identity, background, services, and preferences.

Consumers felt staff knew what they were doing, and they interacted well with one another. Staff confirmed they completed a formal recruitment and onboarding process where it was desirable for staff to provide the minimum qualification of a Certificate III in Individual support and basic first aid. All relevant qualifications for staff were recorded in their individual staff folders and were monitored and managed to ensure documentation was kept current.

The consumers felt staff were trained and equipped to provide care and services. The service utilised team leaders, coordinators, registered staff and electronic education modules to provide education. Identified training needs were discussed at meetings and were delivered either face to face or electronically. Staff advised of regular meetings with management that had a standing agenda to discuss training. Staff confirmed management were providing and offering training regularly and they had received competency certificates when completing courses.

Staff completed annual performance appraisals and described the process of the performance appraisal. Each year staff performed a self-evaluation and had discussions with human resource staff where they could request training for personal development in line with their role and responsibilities. Staff confirmed management had an open-door approach and they were available for them to discuss any issues with at any time. The service had annual performance appraisals in place for ongoing monitoring and reviewing of the performance of each staff member. The complaints and incident register was reviewed as ways to identify training needs to be discussed during individual annual performance reviews.

Based on the information recorded above, this Standard is Compliant.

# Standard 8

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

Findings

Consumers provided examples of times that provided feedback informally to the service. The consumers advised they had been given information on the many ways they could provide feedback and felt comfortable doing so. Coordinators maintained regular contact and communication with consumers regarding daily needs, service delivery and COVID-19. Daily

The Chief executive officer reported to the Board to provide updates regarding service delivery and any identified improvements to meet the organisation’s strategic plan that provided overall direction for priorities and goals as well as organisational governance requirements. The organisation’s annual report for 2022-2023 included a message from the Board, Chief executive officer report, introduction of Board members, the current organisational structure and a staff snapshot that indicated diversity in the workplace.

The service demonstrated it had effective organisation wide governance systems in place for managing and governing all aspects of services in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

High impact and high prevalence risk to consumers were identified during the initial assessment, ongoing reviews, support staff and subcontractor reporting, complaints and feedback, external partnerships or when a change occurred for the consumer. The consumers identified as high impact or high prevalence risk were added to the high risk and high prevalence risk register where level of risk to the individual consumer was colour coded. The register is updated and monitored by the Operations manager, Coordinator and Team leader who had ongoing discussions regarding consumer updates, concerns and the effectiveness of the strategies in place to mitigate risks.

The organisational governance policy provides guidance pertaining to the Serious incident response scheme (SIRS) and risk management practices, the direction and nature of the strategies in place are to strengthen the service response to abuse and neglect of consumers. Staff have completed training in SIRS and were educated to provide safe and effective care that was in line with the Aged Care Quality Standards.

Incidents were recorded, managed and monitored through the incident management system with management oversight. The Team leader or Coordinator will initiate the investigation, conduct a root cause analysis and report back to the Operations manager relevant information such as strategies and prevention mechanisms to be put in place to support the consumer to live the best life they can. Systemic issues were identified through monthly reporting from the client information management system.

The organisation’s clinical governance framework defined responsibilities and provides guidance as to how the service managed the provision and oversight of clinical care to consumers. The Operations manager is a registered nurse and there was a clinical advisor on the Board who had oversight of clinical care and ensured best practice and regulatory compliance. The clinical governance framework included antimicrobial stewardship, minimisation of restraints and open disclosure processes.

Based on the information recorded above, this Standard is Compliant.

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)