**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Canberra Health Services |
| Service address: | Level 4, 56 Lathlain Street, BELCONNEN ACT 2617 |
| Commission ID: | 200980 |
| Home Service Provider: | Canberra Health Services |
| Activity type: | Quality Audit |
| Activity date: | 12 December 2022 to 14 December 2022 |
| Performance report date: | 16 January 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 Health Directorate (**the service**) has been prepared by J Taylor, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**CHSP:**

* Community and Home Support, 24899, Level 3, 1 Moore Street, CANBERRA ACT 2601

# 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 9 January 2023.

# 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 | **Not applicable as not all requirements have been assessed** |
| **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 | | 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

All consumers and representatives interviewed said consumers are treated with dignity and respect. They described how their interactions with staff were respectful and felt their background and culture was understood and respected. Clinicians interviewed provided examples of what treating a consumer with dignity and respect means in practice and could describe consumers background and individual needs when asked. For example:

* A clinician said they work with the consumer and are driven by the consumers goals and what the consumer is hoping to achieve. They said they show respect by informing the consumer on the treatment, and gaining consent before carrying out any treatment.

Clinicians interviewed demonstrated what culturally safe services means in practice. Training records reviewed demonstrated staff completed mandatory training once per year on culture and diversity and additional cultural awareness training is offered throughout the year.

All consumers and representatives interviewed described how the service supported consumers to make decisions regarding their care and services. For example:

* A consumer said the clinicians always provide them with different options regarding their treatment and ultimately the decision is the consumers. They said their treatment options are always a two-way discussion.

The services care planning policy described how care planning is based on the consumers goals, needs and where possible, the consumers preferences. The policy reiterated the need to take into account the consumers strengths and abilities and promote the consumers function and social independence and quality of life.

Clinicians interviewed described how they support consumers to take risks by encouraging the consumer to do as much for themselves as possible and supported independence where it is safe to do so. Clinicians interviewed advised risk assessments are undertaken during reviews such as home safety risk assessments and falls risk assessments using validated assessment tools to guide the delivery of care and services safely. The service evidenced various staff training relating to risk and supported decision making.

The service evidenced consumer brochures and communication are available in braille, various languages and also with the option of hearing the brochures through audio via a dedicated phone number for the service. Clinicians interviewed described different ways they communicate with consumers living with communication barriers to ensure they understood. For example:

* One clinician interviewed said they are guided by the consumer and will adjust their communication accordingly, such as speaking a little louder or situate themselves closer to the consumer when discussing their care.

All staff interviewed demonstrated an understanding of the importance of protecting consumer information and respecting consumers privacy. They described practical ways they protect consumer information such as only discussing consumer information with relevant staff, having a password protected mobile device, checking the consumer information system for consent when people external to the service are seeking information and not disclosing a consumer’s personal information to anyone outside of the service. The service evidenced privacy and records management policies to support and guide staff regarding the protection of consumers personal information.

In considering the information above, this Standard is deemed to be compliant as six of the six requirements reviewed are assessed as compliant.

# Standard 2

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

Clinicians interviewed advised care plans detailed consumers' needs, goals and interventions. Clinicians stated access care plans via the Digital Health Record (DHR) at the point of care informs them of the delivery of care and services for individual consumers. Clinicians interviewed advised risks were identified during the initial assessment and documented in the Community Care Program (CCP) Assessment and Risk Screening Tool. The tool also prompts a referral to be made when a risk is identified. Care plans reviewed provided sufficient information to inform the safe delivery of care.

The service demonstrated care plans reflected individualised goals and detailed consumers’ needs and preferences. The care plans sampled showed interventions and strategies were aligned with consumers' goals, needs and preferences. The service demonstrated discussion regarding Advanced Care Plans (ACP) forms part of the initial assessment with information recorded on care plans based on consumer consent. Information regarding ACP is provided to consumers, should they request it.

All consumers and representatives interviewed described how the service involved them in planning processes to achieve their desired outcomes. All feedback received was positive in nature. Clinicians interviewed explained through DHR they could see notes and other information from the multidisciplinary team that were involved in a consumers’ care. Clinicians reported that this ensured best possible outcome for consumers as everyone within the multidisciplinary team had access to the same information ensuring continuity of care.

Most consumers recalled being given a care plan and were satisfied clinicians communicated and explained outcomes of assessment and planning to them. The Assessment Team observed the services electronic system to support review of consumer information during clinical handover discussions to further corroborate how access to consumer information supports outcomes.

The Assessment Team sighted numerous care plans which were all within the policy-specified timeframes for review, and the Community Care Program which specified that reviews were conducted when there was a change in consumers’ condition/care or a minimum of 6-12 monthly.

Considering the information provided above, the service demonstrated initial and ongoing assessment and planning is done in partnership with consumers and has a focus on optimising health and well-being in accordance with consumer’s needs, goals and preferences. This Standard is therefore assessed as Compliant as five of the five requirements are assessed as Compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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. | 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 |
| 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

The service demonstrated a comprehensive assessment is conducted for all consumers and clinical needs are assessed by a clinical team and any identified needs are included in the care plan and reviewed regularly. Management interviewed advised consumer-facing staff were mostly registered clinicians and participate in professional development to ensure the clinical care they provide is best practice and reviewed for effectiveness.

Clinicians and management interviewed stated high impact and high prevalent risks were identified formally during assessments and each time they interact with consumers. Where risks are identified, they are assessed and interventions are implemented and evaluated. Clinicians described the Community Care Program Assessment and Risk Screening Tool which prompted clinicians to refer consumers should a risk be identified.

The service demonstrated processes in place to identify and support consumers nearing the end of life. The service advised they work closely with Palliative Care ACT and Clare Holland House. Consumers and representatives interviewed expressed their confidence that clinicians could identify changes to their condition or deterioration. Management interviewed stated that clinicians were trained and qualified to identify signs and symptoms of deterioration and changes to consumers’ conditions.

Clinicians and management interviewed advised they used DHR to document and communicate relevant consumer information with each other and within the multidisciplinary team. Clinicians interviewed stated DHR enabled them to have access to progress notes, care plans, messages and referrals amongst other information in real-time. Observation of a clinical handover meeting noted detailed information provided regarding the condition of a consumer with various health professionals involved in a discussion about the next course of action.

The service evidenced a list of referral points for various specialist services available to clinicians. Review of care documentation demonstrated both internal and external referrals are documented and noted to occur in a timely manner based on consumers individual requirements. For example:

* Four of four referrals sighted by the Assessment Team were all appropriately actioned and followed up in a timely manner.

Consumers and representatives interviewed reported they had observed clinicians washing hands/using sanitisers, gloves, masks and gowns where appropriate. Clinicians and management demonstrated their knowledge of transmission and standard-based precautions procedures to prevent and control infections. The service advised staff complete infection prevention and control annual mandatory training. Additionally, the service conducts 6 monthly random audits of competencies such as hand washing, donning and doffing of personal protective equipment (PPE) and clinical waste management. This was evidence on sighting of the services audit documentation completed in January and September 2022.

The Assessment Team sighted the Infection Prevention and Control Guidelines which provided information on the hierarchy of controls, standard precautions, hand hygiene, PPE, safe handling and sharps disposal, environmental cleaning, and standard and transmission-based precautions and the service's Antimicrobial Stewardship policy.

Considering the information provided above, the service demonstrated the delivery of safe and effective personal and clinical care in accordance with consumer’s needs, goals and preferences. This Standard is therefore assessed as Compliant as seven of the seven requirements are assessed as Compliant.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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. | Not applicable |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Not applicable |
| 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. | Not applicable |
| 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. | Not applicable |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not applicable |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not applicable |

Findings

The service provides nursing, physiotherapy, occupational therapy and podiatry services and does not provide services and supports for daily living. This Standard is therefore deemed to be Not Appliable.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 interviewed provided positive feedback about their experiences in the service environment. They stated the environment is safe, welcoming and easy to navigate. The following was observed in regard to the service environment:

* An easily accessible car park, with well lit, clear pathways to the building.
* Automated doors that could easily fit bariatric wheelchairs.
* A receptionist to greet consumers and assist with enquiries.
* Signs in large font for other services including translating services.
* A spacious waiting area incorporating social distancing, with comfortable seating.
* A temperature-controlled environment with soft relaxing music and reading materials available while consumers wait.
* Lift access and strategically placed chairs along a long corridor where consumers could rest if needed to promote consumer independence.

The environment was observed to be clean and well maintained. No safety issues were observed. It was noted disinfecting wipes were readily available and bathrooms were easily accessible and clean. Clinicians interviewed articulated a process for reactive maintenance of equipment. Review of the Equipment Loan Service policy and procedure provided detailed information on how to clean wheelchairs, pressure covers and slings, electric stand assist and recline chairs.

In considering the information above, the service demonstrated the service environment provides a safe and comfortable environment that promotes consumers independence, function and enjoyment. Therefore, this Standard is assessed as Compliant as three of the three requirements assessed are deemed Compliant.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 and supported to provide feedback and make complaints. Clinicians interviewed stated consumers are provided with a feedback form at the end of their treatment and they encouraged consumers to fill it in. Management interviewed advised of many avenues that consumers and their representatives can provide feedback. For example:

* A feedback form is provided as part of the admission welcome pack, suggestion boxes are in visible locations at all community centres, an online feedback form, via email, mail and phone.

All consumers and representatives interviewed said they felt comfortable to raise a complaint with the service. Clinicians interviewed advised advocate and language services are available to consumers through the service and clinicians could describe the process to engage an interpreter. For example:

* One clinician interviewed said they work with an advocate for one consumer regularly to ensure they get the services they require.

Posters and brochures were observed to be available throughout the service with information regarding engaging with advocacy and language services. Review of the complaints and feedback policy included advocacy contacts, guidance on interpreters and providing an explanation of the immediate steps taken and follow up actions. Information contained in this policy was noted to provide detailed guidance to staff should a complaint be made to the service.

All staff interviewed demonstrated an understanding of open disclosure principles, and described what they would do in the event something went wrong. This included apologising and reporting the incident to management. Training records sighted demonstrated all staff had completed mandatory Open Disclosure training.

The service evidenced consumer feedback directly influencing the improvement of care and services. Consumers interviewed confirmed they are asked to provide informal feedback while they are receiving treatment and where information brochures are updated. For example:

* Consumer feedback was sought for the update of the service’s Pressure Injury brochure. Consumer feedback included the need for the contact information to be displayed more prominently. The draft brochure was sighted by the Assessment Team with consumer recommendations incorporated into the design.

The service demonstrated feedback and complaints are compiled into a Quality and Safety report each month and presented for discussion at leadership meetings. The report identifies the percentage of closed complaints and trends in complaints data. Evidence of the minutes from leadership meetings demonstrates complaints data is regularly reviewed by leadership and fed into quality improvements.

Considering the information provided above, the service demonstrated input and feedback is sought from consumers, representatives and staff to inform continuous improvement for both individual consumers and the service more broadly. This Standard is therefore assessed as Compliant as four of the four requirements are assessed as Compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 interviewed confirmed clinicians deliver the support and assistance they need at a time suitable for them. All consumers and representatives said clinicians are never rushed and have ample time to carry out their treatments. Clinicians interviewed said they feel they have enough time to carry out tasks allocated each day. One clinician said her team have control over the number of referrals they have responsibility for and plan their own appointments as some referrals can take longer than others. Staff undertaking rostering demonstrated access to consumer details and alerts appear when accessing the consumer’s details. The service demonstrated access to an extended workforce to ensure all consumer treatments are covered each day.

Consumers and representatives interviewed provided positive feedback in relation to their interactions with clinicians. Staff were observed interacting with consumers in a kind, caring and respectful way. Review of the services training register identified multiple mandatory training sessions regarding culture and diversity including My Role in Ensuring the Quality and Safety of Consumer Care (included cultural references), Cultural Diversity, ASTI families and Positive Interactions and Responsibilities.

Management interviewed said the service has a centralised Human Resource (HR) centre who carry out the recruitment process based on instructions from the line area. The line area will identify the skill mix, experience and qualifications that are required for the position and HR will identify suitable candidates based on the specifications through a recruitment process. The recruitment process includes verification of qualifications and registrations dependant on the role advertised; and ensuring mandatory requirements are met. Position descriptions were sighted for clinicians which included details of expected duties, behavioural capabilities, and qualifications required. Separate position descriptions were provided for specialist roles such as wound management clinical nurse, stoma therapy nurse, podiatrist, dietitian, nutritionist and physiotherapy.

Clinicians interviewed confirmed they receive initial and ongoing training, both face-to-face and online. Clinicians said they feel well supported by management, through regular meetings and the provision of ongoing training and information. One clinician said they requested additional training in home modification as their previous position was based in a hospital and they had an identified skill gap. The clinician said the service supported their request and they attended a two-day home modification course specifically for occupational therapists. The service demonstrated all clinicians have weekly scheduled professional development time with staff attend face to face training, self-directed on-line learning, case conferences or team based professional development at a scheduled time each week.

The service demonstrated formal performance reviews for all staff are undertaken every 6 months. Staff performance plans sighted included goals for the coming year, what the staff member will do to improve care, what service value the staff member will focus on, and any identified development needs.

Considering the information provided above, the service demonstrates they have a workforce that is sufficient, skilled, qualified and provides safe, respectful and quality care to consumers. This Standard is therefore assessed as Compliant as five of the five requirements are assessed as Compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 and representatives interviewed confirmed they are regularly asked for feedback on care and services provided and can provide feedback in multiple formats, including through their clinicians, through the online feedback system, surveys, suggestion box, via email or phone. The service advised consumer representatives are on the Clinical Governance and Quality and Safety Committees with review of meeting minutes confirming consumer participation and input.

The organisation demonstrated the governing body comprised of several layers of committees. The organisation demonstrated the Community Care Program (CCP) is governed by two committees - the Clinical and Governance Committee and the Quality and Safety Committee who have oversight of care and services within the program. Reporting and outcomes from these committees is provided to the overarching Canberra Health Service Committees for further scrutiny and information informing service improvements, such as actions to ensure all groups within the community feel welcome when using the service. Minutes and documentation sighted from the previous 6 months of the CCP governing committees evidenced clear oversight of care and services and demonstrated the organisation is accountable for the delivery of quality care and services. The organisation demonstrated the Quality and Safety coordinator provides detailed reports for Committees which identified trends and issues through which improvement projects are formed. For example:

* The introduction of the Modified Early Warning Score System (MEWS) in the community setting. The improvement project has been completed with the MEWS systems being rolled in January 2023 in two regions for trial.

Review of the Quality and Safety report provided to CCP governing committees included data on:

* Complaint resolution.
* Percentage of discharges.
* Falls incidents.
* Percentage of policy and guidance documents overdue for review.
* Medication incidents.
* Rate of compliance with antimicrobial stewardship.
* Number of extreme incidents where open disclosure was recorded.
* Top themes for consumer feedback.
* Consumer handouts for review.
* Quality improvement projects and their status.

The service evidenced relevant policies and procedure in place to support safe and quality provision of care and services to consumers.

**Information Management**

The service demonstrated the recent transition to a secure electronic storage system which can be accessed by relevant staff at point of care via their laptops or mobile device. This system is password protected and enabled access to all relevant consumer information to support the provision of care and services.

**Continuous Improvement**

The service demonstrated effective systems in place to record, action and monitor improvement activity. The service evidenced feedback, complaint and incident data are communicated to the governing committees with trends identified and activity generated to quality improvement projects.

**Financial Governance**

The service demonstrated financial governance systems and processes in place to manage finance and resources to enable the organisation deliver safe and quality care and services. The service advised delivery is divided into two areas, nursing and allied health. Both Line Managers interviewed provided evidence of individual budgets and described how CHSP financial data is compiled and provided to governing committees for review.

**Workforce Governance**

The services organisational chart, job descriptions, staff code of conduct and staff handbook were sighted. The service demonstrated the onboarding process for new staff is sound with staff provided comprehensive induction information and participate in support shifts prior to delivering services individually. The service demonstrated regular staff reviews occur and staff performance managed with a view to support staff to remain with the service for the long term.

**Regulatory Compliance**

Management interviewed advised regular updates from regulatory organisations are received ensure the service is aware of any changes to legislation and compliance in relation to the delivery of care and services. Management interviewed advised information is shared with staff at regular meetings and all relevant changes are communicated via weekly staff bulletins, training and emails.

**Feedback and Complaints**

The service demonstrated feedback and complaints management mechanisms are in place, this data is reviewed regularly and processes are in place to address feedback and complaints, as detailed in Standard 6.

Clinicians interviewed described the actions taken should they witnessed an incident and the process to report the incident in the services incident management system. The service demonstrated validated assessment tools are in place to ensure appropriate assessment of consumer risk, including alerts on high-risk consumers notes which are accessible by clinicians via the electronic system. Review of staff training records identified all staff had completed mandatory training in Elder Abuse and Risk Management.

The service demonstrated effective clinical governance systems in place to ensure the delivery of safe, quality clinical care with a commitment to continuously improve services. The service evidenced a Clinical Governance framework which clearly identified roles and responsibilities of individuals and an Infection Control Policy which clearly identified responsibilities and control measures for managing outbreaks and Covid positive consumers in community-based settings. The service evidenced the following policies and demonstrated how they are used to support the delivery of care and services:

* Antimicrobial Stewardship in Clinical Care.
* Minimisation of the Use of Restrictive Practices Policy which included mitigation strategies detailing non-restrictive methods.
* An Open Disclosure Framework which identified how to communicate with consumers. Open Disclosure is a standard agenda item for all Governance Committee meetings.

Considering the information provided above, the service demonstrated the governing body is accountable for the delivery of safe and quality care and services. This Standard is therefore assessed as Compliant as five of the five requirements are assessed as 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)