**Performance**

**Report**

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| Name: | CCH Home Care Packages |
| Commission ID: | 600612 |
| Address: | 156 Main North Road, PROSPECT, South Australia, 5082 |
| Activity type: | Quality Audit |
| Activity date: | 26 June 2024 to 27 June 2024 |
| Performance report date: | 7 August 2024 |

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: 1219 Clayton Church Homes Inc  
Service: 27128 CCH Home Care Packages

# This performance report

This performance report for CCH Home Care Packages (**the service**) has been prepared by R Falco, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.

# Material relied on

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

* the assessment team’s report for the quality audit report, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, management, consumers, and representatives; and
* the provider’s response to the assessment team’s report received 23 July 2024.

# 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** |

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.

# Other relevant matters:

* Quality Standard 5 was not assessed as part of the Quality Audit as services are not provided in a service environment.

# Standard 1

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| Consumer dignity and choice | | HCP |
| 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

Staff are familiar with consumers’ backgrounds and what is important to them. Management said the service works to ensure staff treat consumers with respect and consumers described staff as friendly and caring. All consumers said they are treated with dignity and respect and their identity and diversity valued.

Staff are aware of consumers’ cultural needs and preferences and described how care is tailored to meet those needs. Care plans included consumers’ preferences, and consumers and representatives said care and services are provided in line with consumers' needs and preferences.

Documentation showed consumers are consulted about the care and services they receive, how they like them to be delivered, and who they wish to have involved. Consumers are contacted on a regular basis to ensure they are happy with the care and services they receive and make choices about the delivery of their care and services.

Management described how consumers are supported to take risks and specifically for one consumer, all staff have undergone further training. Dignity of risk forms are completed, and consumers feel they are supported to do what they want to continue to live their best life.

Staff and management described how they provide information to consumers, both verbally and in writing. Consumers and representatives said they were provided with accurate and timely information when consumers first commenced services, on an ongoing basis, or when there are changes to their services.

Processes are in place to ensure consumers are aware of how their information is used, and effective systems are in place to protect consumers' privacy and personal information. Staff have access to consumers’ information that is stored within the consumer’s home files, and consumers felt their personal information and privacy is protected.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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

The Quality Standard is assessed as compliant as all of the requirements have been found compliant. The assessment team recommended requirements (3)(a), (3)(b) and (3)(e) not met.

**Requirement (3)(a)**

The assessment team recommended requirement (3)(a) not met as assessments were stored within another system which did not allow for easy access to monitor and gain additional information on assessments outside of consumers’ support plans. Whilst consumers and staff have access to support plans, they did not contain all the relevant information, including risks outlined in assessments.

The provider’s response demonstrated their commitment to address the deficits identified in the assessment team’s report. Actions included implementing a new electronic care system to meet consumers’ goals with easy-to-use assessments, further care planning being undertaken, and monitoring of care provided by care workers and nurses.

Based on the information included in the assessment team’s report and the provider’s response, I have come to a different view from the assessment team’s recommendation of not met and find the service compliant with this requirement. Additional evidence and information was submitted by the provider to support compliance with this requirement and the service has now implemented a new system to manage consumers’ information and assessments. Whilst deficits were identified in assessment and planning, including difficult access to information, assessments not being completed for consumers identified as high risk of falls, and a vulnerable persons assessment not being completed correctly, the implementation of the new system, as well as the procedures provided, will address the identified issues and ensure assessment and planning will inform the delivery of safe and effective care and services. I have placed weight on the evidence demonstrating during the transition to the new care system, a dedicated team of 5 registered nurses re-assessed and reviewed all consumer’s assessments, care plans and goals, and entered the information into the new platform which is available for home care workers to view through a mobile application at the point of care and services. I have considered the documentation provided, and I am satisfied the issues identified in the assessment team’s report have been addressed.

**Requirement (3)(b)**

The assessment team recommended requirement (3)(b) not met as social supports provided to consumers were not outlined in care plans, and how social support services were captured and documented could not be demonstrated. Whilst consumers initial assessments included goals, care needs and what is important to the consumer, this information was not captured in consumers’ support plans. Progress notes were also not monitored on a regular basis to capture what social supports consumers were receiving.

The provider’s response demonstrated their commitment to address the deficits identified in the assessment team’s report. Actions included the implementation of a new electronic care system to meet consumers’ goals with easy-to-use assessments, care planning and training for staff.

Based on the information included in the assessment team’s report and the provider’s response, I have come to a different view from the assessment team’s recommendation of not met and find the service compliant with this requirement. I have considered the documentation provided shows assessments with consumers includes social support information in support plans which is accessible to staff through a mobile application, and have been updated through the implementation of the new suite of assessments. Home care workers have received education on how to access the ‘Who am I’ information which outlines consumers’ needs, goals, choices, emotional and psychological needs, and what is important to them. I have also placed weight on the evidence where consumers and representatives confirmed consumers are receiving the care and services they require and are happy with the care and services being delivered. I am satisfied the issues identified have been addressed through the transition to the new care management system.

**Requirement (3)(e)**

The assessment team recommended requirement (3)(e) not met as care and service plans did not contain all information relating to care and services, and consumers whose goals had been achieved within a review period, did not have additional goals added to their support plans.

The provider’s response demonstrated their commitment to address the deficits identified in the assessment team’s report. Actions included the implementation of a new electronic care system which captures comprehensive information on consumers’ goals and needs, and facilitates the review of care and services, and an updated care plan review procedure to guide the review process.

Based on the information included in the assessment team’s report and the provider’s response, I have come to a different view from the assessment team’s recommendation of not met and find the service compliant with this requirement. I have considered the documentation provided shows through the transition to the new care management system, all of the consumers’ care plans now contain all required information relating to the consumer’s care and services. I note care plans were reviewed as per organisational polices and the updated care plan review procedure shows consumers goals, needs and preferences will be reviewed appropriately. I have considered some deficits were identified in the review of consumers’ goals, however, the provider’s response detailed why new goals for the consumer may not be created despite current goals being achieved. Consumers are asked if they would like to change or modify their goals, however, some goals set by consumers are ongoing and despite them being achieved, some consumers do not wish to change or add to their current goals. I would encourage the provider to ensure where goals are achieved, relevant consultation is undertaken, and goals reconfirmed.

**In relation to all other requirements in this Standard,** assessment and planning is based on ongoing partnership with the consumer, representatives, and others who are involved in the care and services of consumers. Documentation showed how consumers and representatives are involved in the assessment and planning processes. Consumers confirmed they are involved in discussions and decisions in relation to the care and services provided, including personal care, social supports, and domestic assistance.

Outcomes of assessment and planning are communicated to the consumer, and the care and services provided for domestic assistance and personal care are outlined in the consumers’ support plans. Staff confirmed they have access to consumers’ support plans and consumers said they are provided a copy of their support plan which is kept in their home folders.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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

Management provided examples of tailored care for consumers which reflected best practice and documentation showed personal care delivered was based on consumers’ needs and preferences. Consumers and representatives confirmed consumers receive care and services tailored to their needs and preferences.

Monthly high-risk meetings are undertaken to discuss high-risk consumers, actions taken to assist in the management of the risks, and anything that has occurred with the consumer within the last month. Staff demonstrated knowledge of high-risk consumers, including consumers with a cognitive impairment, falls risks, wounds, and mental health issues. Consumers and representatives confirmed the service and staff ensure consumers receive safe clinical care and personal care.

Processes are in place for consumers nearing end of life. Although the service currently does not provide in home care during the end of life phase, they assist consumers in accessing beds within their aged care services or assist in guiding consumers and families to the palliative care team.

Staff know how to identify and report any changes to consumers’ condition, mental health or well-being. Processes are in place when consumers’ care needs change and they require additional support resulting in the need to upgrade package levels. Consumers and representatives felt confident staff would notice a change in consumers’ health and would respond appropriately.

Home care workers document information about the delivery of consumers’ care and services in progress notes. Staff are well informed about consumers and are verbally notified of any changes to their needs. Support plans are kept in consumers’ homes for consumers, family, and staff to access.

Staff initiate timely and appropriate referrals to individuals and other organisations as required and documentation showed external services are actively involved in consumers’ care. An occupational therapist has recently been onboarded within the organisation which will assist consumers to be reviewed in a timely manner. Consumers and representatives said other organisations are involved in consumers’ care.

Infection related risks are minimised through the implementation of standard and transmission-based precautions to prevent and control infections. Documentation showed processes are in place to minimise risks of infection in the community, including education, and an outbreak management plan. Consumers and representatives felt staff kept consumers safe through the use of personal protective equipment, cleaning and COVID-19 testing.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant.

# Standard 4

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

Findings

The Quality Standard is assessed as compliant as all of the requirements have been found compliant. The assessment team recommended requirements (3)(a) and (3)(b) not met.

**Requirement (3)(a)**

The assessment team recommended requirement (3)(a) not met as the service could not demonstrate how they ensure consumers are receiving social supports, or what social supports are provided during their allocated time. Home care workers record progress notes of what they do during their shift in a paper-based system, however, this is not monitored on a regular basis to ensure consumers are receiving social support services. Consumers confirmed they can inform staff of what they would like to do during their allocated time.

The provider’s response demonstrated their commitment to address the deficits identified in the assessment team’s report. Actions included the implementation of a new care management system which allows the review and recording of consumers’ background, life history, cultural and spiritual needs information. The new system will facilitate the verification of services provided to consumers on the day and enable the monitoring of social support activities, discussions, and other aspects of care.

Based on the information included in the assessment team’s report and the provider’s response, I have come to a different view from the assessment team’s recommendation of not met and find the service compliant with this requirement. Whilst I acknowledge the deficits identified at the time of the audit, I am satisfied with the implementation of the new care management system progress notes of what social activities were provided to consumers will be monitored. This will provide oversight on the social supports delivered to consumers. Documentation submitted by the provider also showed the types of social supports which can be provided to consumers during their allocated time.

**Requirement (3)(b)**

The assessment team recommended requirement (3)(b) not met as supporting consumers’ emotional, spiritual, and psychological well-being could not be demonstrated as support plans did not capture consumers’ cultural and spiritual needs. Home care workers described how they support consumers’ emotional needs and consumers said staff know them well and provide services which enhance their emotional well-being.

The provider’s response demonstrated their commitment to address the deficits identified in the assessment team’s report. Actions included the implementation of a new care management system which effectively captures and facilitates the review of consumers’ background, life history, cultural and spiritual needs, and any additional information.

Based on the information included in the assessment team’s report and the provider’s response, I have come to a different view from the assessment team’s recommendation of not met and find the service compliant with this requirement. I have considered consumers feel their emotional well-being is enhanced and staff described how they support consumers’ emotional needs. Staff described how they have supported consumers when they were unwell or upset, and were familiar with consumers’ emotional, spiritual, and psychological needs and preferences. Consumers’ background, life history, cultural and spiritual needs, were reviewed and additional information captured, during the transition to the new care management system. Documentation provided supports my view that the cultural and spiritual needs of consumers are now being captured and included in support plans.

**In relation to all other requirements in this Standard,** services and supports for daily living assist consumers to participate in their community, have social and personal relationships, and do things of interest to them. Staff and management described how they actively support consumers to access and participate in their community. Consumers said they can access the community to maintain social and personal relationships.

Systems and processes are in place to ensure accurate and up-to-date information is communicated effectively where responsibility of care is shared. Staff said they are notified by phone when there is a change to consumers they care for or if they need to know anything prior to attending the consumer. Consumers and representatives interviewed said they are kept informed about consumers’ service and support needs, and felt staff are aware of their preferences, supports and care needs.

Staff and management described how they identify and refer consumers to external suppliers and providers of care which were timely and appropriate. Consumers and representatives advised they were informed of when a referral was made, and confirmed consumers received the services promptly when referred. Meals provided are varied and of suitable quality and quantity. Staff and management are aware of consumers’ individual dietary needs and preferences which are documented and communicated. Consumers and representatives are satisfied with the meals provided to consumers.

Where equipment is provided, consumers and representatives said it is safe, suitable, clean, and well-maintained. Home care workers confirmed the equipment provided was safe and suitable for consumers and management advised they have an equipment register to track all equipment within consumers' homes. Procedures guide staff on the process of maintaining, repairing, and replacing equipment.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| 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

Systems and processes are in place to support, encourage and capture feedback and complaints from consumers verbally or in writing. Information is provided to consumers and representatives upon admission, with written information provided in relation to feedback and complaints through a consumer welcome pack. Consumer advisory care quality meetings are regularly held and provide opportunities for consumers to provide feedback regarding care and services. Consumers and representatives interviewed said they felt supported to provide feedback or make a complaint either with staff or directly with the service.

Information relating to advocacy services is provided to consumers during the onboarding process. Management said they discuss information about advocacy services available to consumers during care plan reviews. Consumers interviewed were aware of advocacy services and other services to raise any concerns.

The organisation has systems in place to manage and resolve complaints and an open disclosure process is used when things go wrong. Staff described the complaint management system and the concept of open disclosure. Consumers and representatives said the organisation responds appropriately and promptly to their feedback or complaints.

Feedback and complaints are captured and recorded in a complaints register. The complaints register shows timely actions of complaints, with apologies recorded where things have gone wrong. Management described how feedback and complaints are analysed and trended, with the information utilised to identify areas of improvement in care and services.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant.

# Standard 7

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| Human resources | | HCP |
| 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

Management described how they plan and manage the workforce to ensure there is enough staff to deliver care and services. Home support workers interviewed said there are enough staff with the right knowledge and skill to undertake care and services. Consumers and representatives expressed satisfaction with the delivery of care and services.

Staff described consumers’ individual needs and preferences, and described how they adjust service delivery accordingly. Systems are in place to monitor consumers’ satisfaction with staff, such as surveys, and verbal feedback is sought during care plan reviews. Consumers said staff are caring, respectful, and understand what is important to them.

Staff described how they work within their skills, qualifications, and knowledge base. Staff said they have undertaken training and competencies specific to their roles and feel confident they have the knowledge to perform all aspects of their role. Consumers and representatives expressed satisfaction with staff competency in performing their roles.

All new staff complete mandatory training during the onboarding process and policies are in place to ensure staff are appropriately trained and knowledgeable to undertake their roles. The organisation has a range of training opportunities available, and staff confirmed they undertake annual training to remain competent.

The organisation has policies and procedures which guide staff in performance management practices. Staff confirmed completing performance assessment reviews and participating in ongoing training. Management monitors staff performance through feedback, complaints data, and surveys. Performance appraisals are completed with staff on an annual basis and are used to determine staff developmental training needs and areas for staff improvement. Consumers and representatives felt staff performed their roles well.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant.

# Standard 8

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

Findings

Consumers are engaged in the development, delivery and evaluation of care and services via consumer and representative meetings, newsletters, and surveys. The organisation has systems in place to capture and record feedback. Consumers interviewed said they are actively involved in the development of their care and services and can suggest improvements.

The organisation has a range of reporting mechanisms to ensure the governing body is aware of and accountable for the delivery for care and services. Information on various topics is provided to the Board, including critical incident reports, internal and external complaints, and continuous improvement. Information is shared with consumers through home care quality advisory meetings, bulletins, and newsletters. Consumers said they feel safe and indicated the service provides a supportive environment, with staff communicating in an open and transparent manner.

Established organisational wide governance systems are in place. Consumer information is securely maintained, and a privacy policy is in place to guide staff practice in relation to protecting consumer privacy and ensuring confidentiality. A new information system has been implemented which provides digital support plans, the ability to record and monitor the care delivered to consumers, and up to date information to home support workers at the point of care and services. The service undertakes a comprehensive self-assessment which outlines areas for improvement and finance is discussed at monthly meetings. Policies and procedures are in place in relation to workforce governance, and the workforce is supported and developed to deliver safe and quality care and services to consumers. Information about regulatory changes is communicated to staff and feedback and complaints are reported to the governing body and used to drive change within the organisation.

Consumers who have significant risks associated with their care are monitored and discussed at monthly meetings and used to identify areas of improvement. Staff are made aware of abuse and neglect through regular training and information relating to abuse and neglect is provided to consumers via the consumer pack. Incidents are reported at a service level and captured in clinical indicator data which is reported to the Board.

The service has a clinical governance framework and associated policies and procedures relating to antimicrobial stewardship, minimising use of restraint, and open disclosure. Staff described antimicrobial stewardship principles and provided examples of restrictive practices and open disclosure. An infection register is maintained where data is analysed and discussed to identify trends and although the service does not have consumers with restrictive practices, there are process in place if this were to change.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)