**Performance**

**Report**

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| Name: | Christian Home Care |
| Commission ID: | 300999 |
| Address: | 14 Panfield Avenue, RINGWOOD, Victoria, 3134 |
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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: 9379 Auslink Exports Pty Ltd  
Service: 27057 Christian Home Care

**This performance report**

This performance report for Christian Home Care (**the service**) has been prepared by L. Malone, 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.

# 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 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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| Consumer dignity and choice | | 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

Consumers and representatives described the way they are treated by the service as respectful; consumers felt valued and that their life stories and individuality is valued. Staff described understanding what respect means to different people and provided examples to the Assessment Team of respectful care and considerations when entering a consumer’s home. Care documentation provided information on consumers’ backgrounds, culture and what is important to them.

The service promotes a culture of inclusive and culturally safe care and welcomes consumers from diverse cultural, spiritual and religious backgrounds. Consumers and representatives provided feedback to the Assessment Team that they feel safe, and their needs and preferences are respected, and staff demonstrated knowledge of consumers’ cultural needs and preferences. Written materials such as the employee handbooks states the service’s expectation of staff practice that they respect diversity and value the beliefs of all individuals.

Consumers and representatives said consumers are supported to make choices about their care and service delivery, can communicate these decisions and maintain involvement of the people they wish in their decision making. An example is presented in the Quality Audit report in which a consumer describes how the services received are delivered in a way that achieves what is important to them. Management and staff described how they support consumers to make choices and to communicate their choices, and the service provides written information to consumers to inform them of their rights to decision making.

The service supports consumers to live the best life they can and make choices involving risk. The service has systems and process to identify what is important to the consumer, undertake discussions with consumers to ensure they understand the risks involved and implement appropriate strategies to manage risk while supporting consumer choice. The Quality Audit report provides an example of this process and of a consumer supported in their home who does not have safety awareness of the road. The Assessment Team noted that the service has implemented strategies which support the consumer’s safety but does not restrict their freedom.

Consumers and representatives described receiving information that is timely, easy to understand and delivered effectively in a variety of ways such as monthly phone calls, written materials and face to face. The service produces a monthly newsletter which includes changes within the health and aged care sector, and consumers receive regular itemised statements of their home care package spending. Staff and management described how they ensure information is accessible to all consumers including those with communication support needs or difficulties with memory or sensory loss.

The service has policies and procedures which outline how the service protects consumer privacy, and collects, records and shares information. Consumers and representatives were satisfied with the way consumers’ privacy is respected. Staff and management described how they seek consent to collect and share consumers’ information and how information included in consumer care files is password protected and kept safe.

I have considered the evidence presented in the Quality Audit report, as summarised above, and I find Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f), and Standard 1, to be 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

Consumers and representatives were satisfied with the assessment and care planning process and provided feedback that it informs safe care. The service demonstrated assessments which are comprehensive and consider the consumer’s medical, physical and functional, social and spiritual needs, goals and preferences. The Quality Audit report contains evidence of effective consideration of risk in assessment and care planning, and care documentation.

Feedback from consumers and representatives was positive in relation to how assessment and care planning meets consumers’ current needs, goals and preferences, and they described the service asking them about their wishes at end of life or participating in advance care planning. Management described to the Assessment Team how they promote advance care planning including its benefits and how consumers are provided with written information and resources to support the process.

Consumers and representatives described being satisfied with the assessment and care planning process and the level to which it is in partnership with the service and consumer. Care documentation identified consumers’ individual needs, goals and preferences and demonstrated a range of service providers being involved in the consumer’s care such as allied health, medical and other providers. Staff describe collaborating with consumers to plan care that meets the consumer’s needs and aligns to their preferences.

The Quality Audit report provides evidence of effective documentation and communication of assessment outcomes. Consumers and representatives said they had received a copy of the consumer’s written care plan, staff provided feedback that consumers’ information is accessible via a mobile phone application when delivering care. Staff and management described how they record information and keep it current, and the Assessment Team found written documentation to be clear, concise and contain relevant information to support safe and effective care for the individual consumer.

Consumers and representatives were satisfied consumers’ care and services are reviewed to meet the changing needs of consumers. Staff and management described a schedule of regular reviews with reviews conducted in response to a change in the consumer’s condition or circumstances. Care documentation is updated to reflect these changes, however, the Assessment Team found two examples where documentation did not reflect the consumer’s current needs, but staff were well informed of the changes and there was no adverse impact found.

I have considered the evidence presented in the Quality Audit report, as summarised above, and I find Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e), and Standard 2, to be 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

Consumers and representatives were satisfied the clinical and personal care consumers receive meets the consumers need and goals. The service provides personal care and utilises an external provider for clinical and complex nursing care and has effective system to monitor the quality of care delivered. Consumers and representatives described care that is tailored to the consumer and examples of how this supports their wellbeing.

The service effectively identifies and responds to high-impact, high-prevalence risks to consumer health and wellbeing such as falls, changed behaviours related to dementia and unplanned weight loss. The service has processes to monitor risks and staff described how they would identify a change, how they manage risks and how they would identify and respond to a clinical incident. The service maintains a risk register which is monitored by a registered nurse (RN) to support effective monitoring of vulnerable or at-risk consumers.

Staff and management described how the service supports consumers at end of life through individually tailored supports in conjunction with external palliative care and other medical care providers or those the consumer wishes to involve. The service has policies and procedures which provide guidance in the delivery of clinical and personal care.

Consumers and representatives described feeling confident that staff know consumers well, would recognise a change in their condition and would respond appropriately. Some provided an example of when an incident such as a reported fall prompted staff to reassess the consumer’s need and implement new safety strategies or referrals. Staff and management described the processes to support timely identification and response to deterioration. Care documentation demonstrated that changes in a consumer’s health or circumstance are promptly addressed.

Consumers and representatives were satisfied staff understand their needs and relevant information is communicated effectively between those who share care of the consumer. Staff described information about consumers’ condition, needs and preferences as being accessible through a mobile application, and if a change has occurred, staff receive an alert. The Quality Audit report presents an example of coordination, communication and documentation between the service, pharmacist, medical and hospital staff to support a consumer’s changed needs.

The service demonstrated that timely referrals are made to individuals and other organisation to meet consumers’ needs, goals and preferences. Staff described how they make referrals and how the electronic care system supports referral status to be monitored and not missed. Care documentation demonstrated referrals made to allied health, medical, nursing and other providers for a range of physical, psychological, cognitive and functional support needs. Consumers and representatives were satisfied referrals made for consumers are appropriate and support consumers’ needs.

Consumers and representatives described the practices they observe staff implement to prevent infection such as hand washing and using personal protective equipment (PPE). Staff and management provided further examples of practices to minimise transmission of infection such as staff vaccination requirements, rapid antigen testing (RAT) and symptom screening as well as infection prevention and control and PPE training. The service maintains an infection register to support monitoring and refers to a consumer’s medical practitioner if a consumer is unwell.

I have considered the evidence presented in the Quality Audit report, as summarised above, and I find Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g), and Standard 3, to be 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

Consumers and representatives described how the service helps consumers to maintain their quality of life and independence, with one commenting positively on the service’s creativity in the way they support consumers to participate in activities of interest. Staff demonstrated an understanding of the activities and services that were important to consumers and described encouraging them to make choices about how they prefer to participate or receive services. Care documentation provided relevant information to identify and support consumers in their goals, needs and preferences, and demonstrated care and services that are tailored to the individual. The service has policies to support consumers to optimise their independence and wellbeing.

Consumers expressed satisfaction with the emotional, psychological or spiritual support they receive. Some provided examples of specific services they enjoy such as involvement in church services, while others who chose not to be involved said their wishes are respected by the service. Care documentation demonstrated a holistic assessment of consumers’ needs, including the consideration of spiritual, emotional and psychological wellbeing, and how services and supports provided facilitate community or religious participation.

Consumers confirmed they are supported to participate in various community activities, such as events run by the service, social gatherings, exercise groups, shopping outings and other activities. Care planning documentation provided information about consumers’ important social relationships and how services and supports facilitate community participation. For example, one consumer described transport assistance and how this supports them to go out with friends and family, or attend social gatherings run by the service and participate in the community. The Assessment Team noted that the consumer’s care plan reflects this. Management provided information about special events and celebrations for all consumers at the service and how feedback on consumer satisfaction with these programs is sought.

Consumers and representatives provided feedback that staff understand consumers’ needs and that care is well-coordinated. Management explained how information about consumers is communicated to staff through the electronic care management systems and that office-based staff are central to the coordination of care and services. Care documentation reflected effective communication between staff, the consumer and their representative and others who share care of the consumer.

Consumers and representatives said consumers are able to request the services they need and that the service discusses any potential referrals with the consumer and/or their representative. The service utilises a range of external providers and maintains a register of regular providers such as food services, building and maintenance providers, social groups, gardeners and safety equipment suppliers to support timely and appropriate referrals. Management explained if a consumer has a preferred provider not on the existing register, the service undertakes checks such as police check monitoring, to ensure this provider is safe and suitable for the consumer.

The service does not directly provide meals, however, some consumers receive support with meal preparation, or a meal delivery service through their HCP from their preferred external provider. Consumers who receive these services were satisfied with the quality and quantity of meals, and with the choice they are offered. Consumer documentation included information to support the delivery of meals that are safe and meet the consumers’ preferences such as information about food allergies, dietary requirements and food preferences and staff document consumers’ satisfaction with their meals in the consumer care file.

Equipment provided to consumers through their HCP funding requires assessment and prescription by an appropriate allied health specialist to ensure it is safe and suitable. Care documentation demonstrated evidence of referrals to allied health and provision of equipment and home modifications as recommended.

I have considered the evidence presented in the Quality Audit report, as summarised above, and I find Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e), 4(3)(f) and 4(3)(g), and Standard 4, to be Compliant.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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

The service utilises 2 venues in the community on a regular basis to provide social activities. Consumers and representatives described the service environment as welcoming and said consumers’ enjoy attending activities there. Management described how they provide a welcoming environment at events. The Assessment Team visited a venue used by the service and found it to be accessible for consumers with different mobility needs with a wide and wheelchair accessible entrance.

The service ensures venues used for activity programs are safe with emergency procedures in place and a staff member of the venue is present who can coordinate an appropriate response in an emergency. The Assessment Team found the service environment to be clean, well-maintained, and consumers can move freely indoors and outdoors.

Staff utilise their personal vehicles to provide transportation services to consumers. The service demonstrated systems and processes to ensure the staff member is appropriately licensed and that their vehicle is safe, clean and adequately insured. Equipment or home modifications supplied by the service to consumers is prescribed by an appropriately qualified professional such as a physiotherapist or occupational therapist.

I have considered the evidence presented in the Quality Audit report, as summarised above, and I find Requirements 5(3)(a), 5(3)(b) and 5(3)(c), and Standard 5, to be 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

Consumers and representatives described feeling comfortable to provide feedback and make complaints, and said they have opportunities to do so. Some consumers described feeling encouraged by previous responsiveness to their feedback and others said they can speak freely with the staff who attend their care. Management and staff described ‘listening’ to consumers and prioritising prompt resolution of their concerns. Consumers and representatives are provided information on the service’s feedback and complaints processes in the consumer information handbook. The service’s policy supports consumers, representatives, carers, and friends in providing feedback and making complaints.

Consumers and representatives said they had received information about advocacy and language services that are available. Staff were knowledgeable about advocacy support information available and said they report feedback and complaints to management. The service provides written information to consumers to inform them of their rights in relation to feedback and the support services available to them.

Consumers and representatives who had made complaints said their concerns were addressed promptly and to their satisfaction and described an open disclosure approach being used including being offered an apology when things go wrong. Management described expected timeframes of resolution and how the service seeks to promptly resolve concerns for the complainant. Staff said they receive training in complaints handling, open disclosure and the service’s feedback and complaints register documented actions taken towards resolution and evidence of open disclosure.

Information presented under Requirement 6(3)(a) of the Quality Audit report describes that while feedback is appropriately responded to, not all feedback and complaints are documented, thus are not reviewed and analysed at the service level. However, the service demonstrated how consumer feedback is used to inform improvement opportunities. The service conducts annual consumer feedback surveys which are used to identify service improvements, and consumers and representatives were satisfied their feedback leads to improvements in care and services.

I have considered the evidence presented in the Quality Audit report, as summarised above, and I find Requirements 6(3)(a), 6(3)(b), 6(3)(c) and 6(3)(d), and Standard 6, to be 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

The Assessment Team found evidence of effective workforce planning and deployment which enables the delivery of safe and quality care to consumers. A review of current staffing found the service fills its planned roster with no unfilled shifts and a mixture of internal and sub-contracted staff. The service continues to recruit to maintain an adequate number and mix of staff. Consumers and representatives provided feedback that staff are punctual and if running late or unavailable, the service will contact the consumer or representative to advise them, and that staff who attend care provide a safe and quality service.

Consumers described staff as kind, caring and respectful and felt their diversity is valued. Management described consideration of consumers’ preferences when assigning staff to ensure the right mix. Care documentation reviewed by the Assessment Team provided information to enable staff to understand and respect a consumer’s identity and diversity.

Consumers were satisfied the staff who attend to their care and services are competent and skilled in their role. Staff explained the service’s onboarding process in which they are required to provide evidence of qualifications, police checks, and vaccinations. Management described how the service monitors these requirements and ensures the staff are competent and that the same requirements are in place for sub-contracted service providers.

The service provides relevant staff training in order to provide care and services in accordance with the Quality Standards. Training programs delivered include induction training, mandatory modules in falls prevention, manual handling, privacy, elder abuse, serious incident reporting scheme (SIRS), infection prevention and control, safe food handling, code of conduct, and heat waves preparedness. The service has systems in place to monitor and support staff participation in training and provides staff with access to resources and policies to support them in their roles.

Staff said they participate in annual performance reviews and that management follow up with them to seek their feedback on initial visits with consumers or to discuss other aspects of their role. The service’s staff appraisal form used in performance reviews includes consideration of broader staff skills such as being skilled in knitting which is used to support specific consumer service requests. The appraisal form also allows staff to request specific training in areas of their choice. The Assessment Team observed management to provide coaching and phone-based feedback and support to staff during the Quality Audit.

I have considered the evidence presented in the Quality Audit report, as summarised above, and I find Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e), and Standard 7, to be 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

The service engages consumers in the development, delivery and evaluation of care and services through feedback, annual surveys and the consumer advisory board. Consumers and representative were satisfied they can contribute through these methods and described having influence on service delivery. The annual survey seeks feedback on complaints, infection prevention and control, staff appearance and behaviour, communication, and suggestions for future development or improvements.

The service’s governing body is made up of the managing director and non-executive members, and members of the governing body satisfy the legislated requirements of appropriate qualifications. The governing body meets quarterly, and receives input from the consumer advisory body, clinical care sub-committee, finance committee, and quality care advisory body. The service demonstrated that the governing body has effective oversight and accountability, and promotes a culture of safe, inclusive and quality care.

The service demonstrated effective organisation-wide governance systems. Staff provided feedback that the service’s information systems provide them with relevant, detailed and accessible information to understand the consumers they care for, and management described how it supports efficiency across a range of roles and functions of the organisation. The service maintains a current plan for continuous improvement (PCI) and the Quality Audit reports provides examples of improvement actions implemented or in progress. The service demonstrated effective systems of financial governance, and provided evidence of financial reporting, budgets and forecasting. Position descriptions, policies and procedures provide clear expectations of the roles and responsibilities of staff and effective systems to deliver staff training and monitor compliance with registrations, license and police checks. The service uses a range of government and sector resources to maintain up-to-date with regulatory obligations and has effective processes for communicating and implementing these changes. While not all feedback was found to be documented, the service has an effective feedback and complaints system.

The service has an effective risk management system which includes managing high-impact or high-prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live their best life and an incident management system. The service has tools to assess a consumer’s vulnerability and risks considered including physical and environmental risks. Emergency planning information is provided in the consumer handbook and the service identifies ‘at-risk’ consumers who are to be contacted during severe weather events. Incidents are recorded and incident data is analysed for trends and communicated to the governing body.

The service has a clinical governance framework which outlines workforce responsibilities, clinical monitoring, risk assessment, medication management, and includes antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. The service promotes antimicrobial stewardship through education of staff and consumers, monitoring infections rates and liaising with a consumer’s general practitioner. Open disclosure is practiced and documented. Staff were familiar with restrictive practices and said no consumers have a restrictive practice in place. The service’s SIRS policy addresses staff’s responsibility to report any inappropriate use of restrictive practices.

I have considered the evidence presented in the Quality Audit report, as summarised above, and I find Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(e), and Standard 8, to be 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-1)