**Performance**

**Report**

**1800 951 822**

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| Name: | CHSA - Flinders & Upper North - Whyalla |
| Commission ID: | 600220 |
| Address: | Whyalla Community Health, Viscount Slim Avenue, WHYALLA NORRIE, South Australia, 5608 |
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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: 9691 Flinders and Upper North Local Health Network Incorporated  
Service: 26992 Flinders and Upper North Home Care Packages  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9729 Flinders and Upper North Local Health Network Incorporated  
Service: 27602 Flinders and Upper North Local Health Network Incorporated - Community and Home Support

**This performance report**

This performance report for CHSA - Flinders & Upper North - Whyalla (**the service**) has been prepared by M Glenn, 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.

# 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 clients, representatives, staff and management.

The provider did not submit a response to the assessment team’s report received.

# 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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

Findings

Clients receive care and services that are culturally safe and said they are supported to maintain their identity and do things that are meaningful and important to them. Care and service needs are identified through assessment processes undertaken with clients and representatives to ensure tailored, culturally safe care needs, where identified. Care plans include life stories detailing information relating to each client’s identity, culture likes, dislikes, needs and preferences. Clients and representatives said staff treat clients with dignity and respect and know them well, and clients described staff as fabulous and like family.

The provider supports clients to make decisions about their own care and how they have services delivered. Clients have a say in their service provision, such as who and when provides their care. Clients' decisions on care and services are captured on commencing packages, on annual review or when changes have been identified. Staff described many preferences for individual clients they provide care and services for and said they advise their coordinators when clients’ needs and preferences change.

Clients and representatives feel clients are supported to take risks to enable them to live the best life they can. A client dignity and choice policy, dignity of risk screening tool and associated procedure guides staff to determine if risk supports are required or further health professional advice is needed. Staff interviewed are aware of dignity of risk principles and provided examples of clients who engage in risk taking activities.

All clients said they information provided to them is easy to understand and provided in a timely manner. One consumer said the provider didn’t just send them information, but sat with them in person to discuss all aspects, to ensure they understood its content and application. Information is provided and communicated to clients in a variety of ways, such as through client planning days, meetings, monthly newsletters, informal discussions with staff, emails and letters. The HCP service agreement pack and client handbook provided to clients includes a detailed overview of what level of assistance is being provided and associated costs for the client. There are processes to ensure each client’s privacy is respected and personal information is kept confidential.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore, the Standard is compliant for both HCP and CHSP.

# Standard 2

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

Findings

All clients said they are actively involved in assessment and planning sessions where staff discuss any relevant risks and implement appropriate interventions. Validated clinical risk assessment tools are conducted during the initial assessment and on ongoing reviews, and a home safety checklist is completed to ensure the safety of the clients’ homes. On admission, a clinical risk screening tool, which considers risks relating to falls, malnutrition and pressure injuries is conducted, and where risk is identified, further assessment is undertaken, and strategies developed. For one consumer identified with risks relating to pressure injuries and swallowing, referrals to appropriate allied health professionals were initiated.

Care files show assessment and planning identifies clients’ current needs and goals, and reflects their personal preferences, including advance care planning when possible. Clients expressed satisfaction with care and services provided, stating services align with their preferences. Management acknowledge ongoing difficulties in capturing end of life goals, often because clients do not wish to have these discussions. An advance care directive kit has recently been developed which will be provided to clients upon admission and on an ongoing basis.

Clients and representatives said they actively participate in assessment and planning processes, including deciding who is involved in the delivery of care and services. All clients described having ongoing conversations with their coordinators regarding care delivery. Most mentioned their coordinators by name, stating they were readily available, easy to reach over the phone, and regularly visit them in their homes. Coordinators described how they consider clients’ preferences for care and service delivery, engaging in brokerage agreements with other services, and utilising services provided by the broader organisation to meet clients’ requirements.

Outcomes of assessment and planning are documented in a support plan which is provided to clients and their representatives and accessible to staff and other service providers. Community support and nursing staff who provide direct care and services said a copy of the care plan is accessible in clients’ homes, and contains all necessary information regarding required supports. Clients said staff communicate outcomes of their assessment and care planning and said they receive a copy of the care plan which is easy to read, understand and contains all necessary information.

Care and services are reviewed regularly for effectiveness, when circumstances change or when incidents impact the needs, goals, and preferences of the client. Clients are reviewed annually and when circumstances change, and the service has effective systems to monitor upcoming reviews. Community support workers said they have input into client reviews by informing the coordinators of clients’ progress and whether they have noticed any changes, such as in mobility or cognition and following all incidents.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore, the Standard is compliant for both HCP and CHSP.

# Standard 3

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

Findings

Best practice guidelines are followed for clinical and personal care, particularly medication management, specialised nursing care and personal hygiene, and there are processes to identify, assess, plan for and manage high impact or high prevalence risks associated with clients’ care. Care files evidence involvement of allied health specialists where additional support is required. However, care files for two clients requiring wound management shows wound care is not conducted according to best practice, with photos not consistently taken and wound measurements not consistently recorded. However, wound care was performed by regular staff, who document progress in care documentation. Management said they will provide increased oversight and offer training to staff in wound management to ensure wound care is performed according to best practice. A vulnerable people list is maintained which identifies various aspects of clients’ risks while living out in the community, and additional strategies are implemented based on the risks identified. Staff demonstrated an understanding of high risk clients and appropriate actions to take when a risk is identified. All clients who receive personal and clinical care are satisfied with the care provided, saying care is delivered in line with their preferences and improves their overall well-being.

The service does not provide palliative care services to clients. When a client reaches the end of life stage, they are referred to the local palliative care team who take over care and services, and may receive support from service staff, such as personal care and pressure area care.

Care files show deterioration or changes in a client’s condition is identified in a timely manner and appropriate action taken, and clients have confidence that staff who provide their services know them well enough to identify any deterioration. Community support staff described steps taken when deterioration is identified, including calling paramedics in the first instance in emergency situations, and reporting all changes in clients’ condition to the coordinators. Where required, appropriate and timely referrals to individuals, organisations, and other providers of care and services are initiated. Staff said they are informed by the service, through alerts in the electronic care system when clients’ conditions change.

Support plans include detailed individualised personal and clinical care management plans and strategies based on assessed needs and discussions with clients and/or representatives. Staff said they have access to care planning systems which enable them to keep up to date with information relevant to the care of all clients. They said they are alerted to changes in clients' needs or conditions by accessing the electronic care system and/or directly informed by the coordinator. Clients confirm they provide consent for information to be shared with other service providers, and said staff who provide services know them well enough, and they do not have to explain the care and services they require.

The service has processes for minimising risks of infection, and promoting antimicrobial stewardship, including policies, procedures, and an outbreak management plan. Clinical staff said when signs of infection are identified, they contact the local general practitioners and request for a pathology referral, where required, and send off a specimen for pathology. Antibiotics are commenced following pathology results. Where a client requires antibiotics, it is the responsibility of their general practitioners to ensure correct prescribing and adherence to antimicrobial stewardship. Where a client is identified with an infection, information is sent to the staff involved to ensure they adhere to the correct infection control procedures. Staff said they have access to training related to infection control, are provided with personal protective equipment, and have instructions to follow if clients or themselves test positive for COVID-19. Clients said staff keep them safe using infection control practices, which are always adhered to when they visit their homes.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant, therefore, the Standard is compliant for both HCP and CHSP.

# Standard 4

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

Findings

Clients and their representatives are satisfied with the services provided, which enable clients to stay home for as long as possible. Staff provided examples of how they optimise clients' health and quality of life, while ensuring they meet their needs and preferences, such as assisting clients with shopping by providing transport, spending time with and emotionally supporting clients by sitting down with them over a cup of tea or coffee and assisting with personal care. Care files include detailed information on the supports clients require in line with their identified goals to improve their well-being and quality of life.

Clients interviewed feel staff know them well enough and would recognise if they were feeling low and would respond appropriately, and where required, appropriate and timely referrals to individuals, other organisations and providers of other care and services are initiated. Care files show clients have been referred to external contractors for services, allied health professionals for assessment for equipment and home modifications and to My Aged Care (MAC) for reassessment when a need for increased services is recognised. Coordinators acknowledge challenges with extensive timeframes for higher package approvals, however, described how they support clients in the interim.

Staff described how they assist clients into their community through transport and social support services to enable them to continue with activities of choice. The monthly newsletter includes an activity calendar to enable clients to plan their schedules and decide in advance which activities they would like to attend. Clients’ input is sought on the type of activities they would like introduced or removed each year, however, clients can always request for additional activities of choice. Clients who attend the day centre expressed satisfaction with the opportunity to regularly attend, stating they have formed friendships with other clients and can participate in activities of choice.

Information in the electronic care system is accurate and up to date, enabling staff to undertake their roles efficiently. Community support workers said they receive accurate and timely information from the service to enable them to provide client services effectively, and clients said staff know them well, understand their needs and they do not have to continually remind staff of their needs and preferences.

Lunch is provided to clients at the day centre twice a week. Meals are cooked by the hospital and arrive hot in time for lunch, with temperature checks conducted prior to serving. Staff have access to clients’ dietary information, including allergies, preferences, and meal consistencies. Clients at the day centre are satisfied with the meals, stating they enjoy each other’s company during mealtimes. Clients who wish to have meals provided have up to three different contracted services to choose from, and client files include details on which provider is providing the meal. Clients who receive meal services are satisfied with the quality and quantity of the meals provided, stating the food fulfills their nutrition requirements.

Where equipment is provided, it is safe, clean, and well maintained. Clients are assessed by allied health professionals prior to receiving equipment to ensure it is suitable, safe and fit for purpose. There are processes to ensure fleet vehicles, used to transport clients, are regularly serviced and maintained in good condition. Clients are satisfied with the equipment provided, stating it meets their needs to stay as independent as possible, and while they have had no concerns or equipment breakdowns, they feel confident the service would be responsive if they required equipment to be fixed.

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

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The service environment consists of a day centre where clients can attend and participate in activities of their choice, and provides adequate space for clients to interact with one another and to engage in activities. The environment is welcoming and inviting, featuring an activities room, a kitchenette with a dining room, a dementia room and a men’s shed. Walls in the activities room are decorated with personalised art created by clients, adding a homely touch to the environment. The sunshine club room is thoughtfully decorated with calming colours, to create a calming ambience for clients with dementia who participate in activities there. Clients are satisfied with the environment, stating they enjoy attending the day centre where they interact with other clients and participate in activities that improve their overall function.

The service environment is clean, well maintained, and comfortable, enabling clients to move freely, and furniture, fittings, and equipment is clean, in good condition and ensures safety and suitability for clients. Cleaning is undertaken in line with a schedule and reactive and preventative maintenance processes are in place. Clients said the environment is easy to navigate and spacious enough to facilitate engagement in activities of choice.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant, therefore, the Standard is compliant for both HCP and CHSP.

# Standard 6

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

Findings

Clients, representatives, and staff said they are encouraged and supported to provide feedback and make complaints, and are aware of internal and internal feedback and complaints avenues, as well as advocacy and language services. The HCP service agreement pack and client handbook contains information relating to internal and external complaints avenues, as well as advocacy services. An advocacy service delivers presentations to clients on aged care rights and on elder abuse prevention to staff. Feedback brochures are provided to clients during annual reviews which outline advocates, language services and other methods for raising and resolving complaints. Audits are also used to see if clients know these avenues of feedback. Staff described how they assist clients to raise feedback or complaints, and said while they have not experienced any client complaints recently, they know clients often call their coordinators directly.

Management and staff are aware of and understand open disclosure principles and provided examples of how open disclosure practices are incorporated into their work. Each complaint received is graded for severity and then investigated, analysed, and reviewed with findings and recommendations made. Systems and processes ensure feedback and complaints are reviewed and used to improve the quality of care and services. A feedback complaints register is maintained, and trending and analysis of complaints is undertaken monthly with findings reported to the clinical governance committee who decide if items or issues should be added to the organisation's continuous improvement plan.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant, therefore, the Standard is compliant for both HCP and CHSP.

# Standard 7

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

Findings

There are processes to ensure adequate staffing levels and mix of staff to meet the needs of clients. Government funding determines full time employee analysis, as well as demand for services. The organisation can also draw on its broader health service staff from other areas to meet demands as needed. The service are staffed to meet the demands of 120 HCP clients, and CHSP, being more varying in capacity needs, is overseen by clinical coordinators who will cease referrals when staffing or service capacity has been reached. Unplanned absences are covered by the organisation's casual staffing pool, and in the event a client's service cannot be covered, the service will contact the client to negotiate an alternative time to provide the service required. Support staff said despite some pressures when high levels of unexpected leave occur in their teams, they still maintain scheduled appointments for clients. All clients feel there are sufficient staff numbers, and none reported having care or service appointments not delivered to them.

Clients and representatives spoke positively of staff, stating they are kind and caring and treat clients with respect. Staff must undertake orientation that covers code of conduct, respectful behaviours, code of ethics, and the Aged Care Charter of Rights, and elements of this are incorporated into staffs’ annual mandatory training. Staff are aware of individual clients’ needs, preferences and personalities and of where they can find additional information if required.

Clients and representatives interviewed expressed confidence in the ability of staff to perform their duties well and said they have the appropriate training, skills and knowledge to deliver safe and quality care and services. A recruitment team advertises available positions through a dedicated website where prospective applicants must meet stipulated requirements to apply. Referee checks are undertaken to verify suitability of applicants and the interview process is merit based. Each role in the workforce has an associated position descriptions and aligned duty statements which outline expectations of each role. Staff complete an induction and orientation programs which include buddy shifts, as well as online mandatory competency modules. An ongoing mandatory training program includes eight core mandatory modules which include topics, such as incident management, open disclosure, cultural awareness, code of ethics and hand hygiene. Where staff are identified to be non-compliant with their training performance management is undertaken. There are systems and processes to vet qualifications and registration requirements and for ensuring compliance with mandatory training competencies specific to each role. All staff feel their colleagues are competent to perform their roles, said training is overall very good and new staff are buddied up until they are fully effective.

Regular assessment, monitoring and review of staff performance is undertaken on each member of the workforce during probationary periods and ongoing annual reviews. A performance management procedure is in place to guide managers and supervisors on all aspects of performance management. Staff said they participate in performance reviews where they reflect on and rate their performance or where they would like further support or training.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant, therefore, the Standard is compliant for both HCP and CHSP.

# Standard 8

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

Findings

Clients and representatives are supported to engage in the development, delivery and evaluation of care and services through various methods, including meetings, feedback and complaints processes, surveys, planning days and through an advisory body. A client representative is on the aged care and older persons governance committee, so there is a person with lived experience to have oversight of changes, and a health advisory council has a mandate to be a conduit between the provider, the Board and clients. A community engagement officer is made available monthly at the provider’s remote localities to assist clients and representatives in aged care related matters.

The governing body, which consists of eight Board members, promotes a culture of safe, inclusive quality care and services and is promoted through its vision and values to build strong communities which are inclusive, just and fair, and celebrate diversity. The organisation's framework includes systems to ensure responsibilities, accountabilities, care and service expectations are managed through multiple reporting and monitoring mechanisms to ensure the governing body and associated committees are aware of and accountable for the delivery of care and services.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the governing body is aware and accountable for the delivery of services. The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. An effective clinical governance framework, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure was demonstrated.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant, therefore, the Standard is compliant for HCP and CHSP.

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)