**Performance**

**Report**

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| Name of service: | Chung Wah Community & Aged Care |
| Service address: | Unit 2/ 98 Lake Street NORTHBRIDGE WA 6003 |
| Commission ID: | 500070 |
| Home Service Provider: | Chung Wah Association |
| Activity type: | Quality Audit |
| Activity date: | 14 June 2023 to 16 June 2023 |
| Performance report date: | 1 August 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Chung Wah Community & Aged Care (**the service**) has been prepared by F.Nguyen, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**Home Care:**

* Panda The Asian Aged Care Program, 19175, Unit 2/ 98 Lake Street, NORTHBRIDGE WA 6003

**CHSP:**

* Care Relationships and Carer Support, 25174, Unit 2/ 98 Lake Street, NORTHBRIDGE WA 6003.
* Community and Home Support, 27135, Unit 2/ 98 Lake Street, NORTHBRIDGE WA 6003.

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# 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

The service demonstrated each consumer is treated with dignity and respect with their identity, culture and diversity valued. All staff interviewed consistently spoke of consumers in a respectful way. Support workers interviewed were able to describe what was important to consumers they individually support and what it meant to treat consumers with dignity and respect.

The service was able to demonstrate that care and services provided are culturally safe. Consumers confirmed support workers consider and support their cultural needs and preferences when providing care. Care planning documents contain information about consumers’ cultural needs and the service evidenced that support workers are trained to provide culturally safe care.

The service demonstrated that each consumer is supported to exercise choice and make decisions about their care, including when others should be involved. Support workers interviewed discussed promoting choice and independence to consumers and were able to provide examples. Choice and decision making are discussed as part of consumer onboarding and review processes, these are recorded and documented as needed.

The service was able to demonstrate each consumer is supported to take risks to enable them to live the best life they can. Consumers said they are encouraged to do things independently and support workers respect the decisions they make. Support workers described how they support consumers to take risks and to do things that are important to them.

The service demonstrated information is provided to each consumer which is current, accurate and timely. Consumers said they are provided with timely information and are supported to understand the information, enabling them to exercise choice. Consumers/representatives interviewed said they were happy with the information provided to them and felt comfortable to contact the service if they need assistance to understand the information provided.

The service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Support workers and management were able to describe how consumer privacy and confidentiality is respected. All consumers/representatives interviewed did not raise any concerns about their information being kept confidential.

# 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

The service has a comprehensive assessment and care planning process. Assessment information is used to develop a ‘plan of care’ in partnership with the consumer and their representative. The information outlined in the care plan guides support workers in the provision of safe and effective care. The service considers the risk for consumers when completing assessments with strategies to reduce the risk to the consumer recorded in the care plan.

The service has processes to support the identification of consumer-centred specific goals and preferences including end of life planning if relevant. The case coordinator said that during the initial meetings with consumers, they are asked what is important to them for their advanced care needs, and whether they have any wishes for end of life. Information is documented in care plans and consumer’s carers are included in helping the consumer with any information they need about individual requirements.

The service demonstrated assessment and planning is based on ongoing partnership with the consumer and others the consumer wishes to involve, as well as individuals and providers of other care and services. Consumers/representatives interviewed said they were involved in care planning discussions.

The service demonstrated outcomes of assessment and planning are effectively communicated to the consumer and documented in care plans that are readily available to the consumer where care and services are provided. Consumers/ representatives interviewed confirmed they have access to their care plan and are involved in ongoing discussions about the care and services provided.

The service demonstrated care and services are regularly reviewed for effectiveness and when circumstances change or incidents impact on the needs, goals and preferences of the consumer and when consumers request. Support workers stated they will discuss changes to consumers with the team as part of the weekly meetings as well as reporting changes through incident reports or emails and recording this activity in notes on the consumer’s record.

# 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 | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not applicable |
| 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 | Not applicable |

Findings

The service demonstrated personal and clinical care is tailored to the needs, goals and preferences of each consumer and all consumers interviewed reported satisfaction with the care they receive. The service demonstrated it has processes to ensure best practice clinical and personal care is provided. Consumers/representative interviewed said they are happy with the personal and clinical care they receive.

The service demonstrated effective management of high-impact or high-prevalence risks associated with the care of each consumer. Systems and processes are in place to manage risk and to ensure that clear instructions are provided for support workers to minimise the effect and number of risks to consumers. Support workers interviewed demonstrated knowledge of individual consumers, their risks and specific requirements for each consumer.

The service demonstrated needs, goals and preferences of consumers nearing the end of life are recognised and addressed, with their comfort maximised and dignity respected. Consumers/representatives interviewed said they have advance care directives in place including end of life wishes. A review of care plans showed that advanced care directives are included in care plans and consumers direct the support workers about what they want, who is involved, and processes are in place to connect consumers with palliative care providers should they be required.

The service demonstrated that deterioration or change of a consumer’s cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Systems and processes are in place to assist support workers to recognise and respond to a change or deterioration of a consumer’s function, capacity or health condition. Support workers are clear about their roles and responsibilities including identifying and reporting signs of deterioration.

The service demonstrated there are communication systems in place to ensure a consumer’s condition, needs and preferences are documented and communicated with the organisation and with others where responsibility for care is shared. Consumers/representatives interviewed said they have access to their care plans which are reviewed regularly. The consumers/ representatives are satisfied with the continuity of care received and find the support workers know what their needs and preferences are without having to repeat the same information.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. Staff described how they refer consumers for external services through a documented referral process. Consumers/representatives interviewed said that other services are provided through their HCP funds including services such as podiatry, physiotherapy, domestic assistance, and referrals for additional equipment such as shower chairs and walkers.

The service demonstrated it minimises infection related risks using standard and transmission-based precautions to prevent and control infections. Support workers confirmed they have completed training on infection control measures and COVID-19 management plan is available to all staff. The service has in place practices to promote appropriate antibiotic prescribing. Support workers confirmed they have completed training on infection control and use of personal protective equipment (PPE) and follow standard precautions when caring for all consumers.

# 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. | Not applicable | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

The service was able to demonstrate consumers get safe and effective services and support for daily living that meet the consumer’s needs, goals, and preferences, and optimises their independence, health, well-being, and quality of life. Staff were able to demonstrate they know the consumer and their preferences. The service has processes in place to identify and record consumer needs, goals, and preferences. Consumers/representatives interviewed said they are supported with safe and effective services and supports for daily living that meet their needs, goals, and preferences.

The service has supports in place to promote each consumer’s emotional, spiritual and psychological wellbeing. Staff were able to demonstrate that they were aware of individual consumer’s needs in relation to emotional, spiritual and psychological wellbeing. Consumers/representatives interviewed said support workers know them and provide them with appropriate support.

The service demonstrated it supports consumers to participate in the community and they are supported to maintain relationships that are important to them. The service demonstrates that consumers are supported to do things that are of interest to them. Consumers interviewed confirmed they are satisfied they can do things that interest them, maintain social and personal relationships, and participate in activities within and outside of the service.

The service has processes in place to ensure information about the consumer’s condition, needs and preferences are communicated within the service, with others where responsibility is shared and ensures that information shared is kept private and confidential. Consumers/ representatives interviewed said support workers know their service needs and they do not have to repeat information or direct them about what to do.

The service demonstrated there are timely referrals to individuals, other organisations and providers of care and services. Consumers/representatives are satisfied with the services and supports delivered by the service to request and be referred for other services. Consumers/ representatives interviewed said that, when they required referral to other organisations, the service was able to provide support and advice.

The service demonstrated where equipment is provided it is safe, suitable, clean, and well maintained. Equipment provided to consumers are fit for purpose for the consumer and tailored to their specific needs. Consumers/representatives interviewed advised they are satisfied with the equipment they use and said it was selected for suitability on the recommendations of allied health professionals.

# 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. | Not applicable | 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. | Not applicable | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Compliant |

Findings

The service was able to demonstrate the service environments are welcoming and easy to navigate. Service environments were observed to optimise each consumer’s sense of belonging, independence, interaction and function. All day centre-based consumers interviewed consistently advised they enjoy attending the day centres and are always made to feel welcome, provided choice of activities to do and their needs supported as required.

The service environments were observed to be clean, safe and well maintained. Consumers were observed to move around freely indoors and had free access to outdoor areas. All day centre-based consumers interviewed advised they felt the day centre was safe, well maintained, comfortable and clean.

The service was able to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. Staff described processes to ensure equipment is safe, clean and well maintained. All day centre-based consumers interviewed advised furniture, fittings and equipment used are safe, clean, well maintained, and suitable for their needs.

# Standard 6

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

Findings

The service demonstrated that consumers/representatives are encouraged and supported to provide feedback and make a complaint. Consumers/representatives are given information at assessment and reviews and have access to written information in their in-home folders. Consumers/representatives interviewed confirmed that although they do not like to complain but they can talk to their case coordinators and/or support workers if they are not happy about anything or wanted to change anything.

The service demonstrated that consumers have access to advocates or language services if they require assistance to give feedback or make a complaint. Consumers/representatives interviewed said that having support workers and case coordinators who speak their language and understand their cultural needs helps them to easily give feedback and to feel heard. The feedback and complaints policies and procedures were noted to require staff managing complaints to consider any cultural aspects, enlist appropriate support for the consumer such as a family member or interpreter, provide information in simple language or the language of the consumer, and to refer them to advocates or external agencies that might be able to assist them if they are not satisfied with the outcome of complaints.

The service demonstrated that it responds appropriately to complaints. Because the service is aware that there is a general reluctance within the consumer cohort to make a formal complaint, the service proactively seeks feedback and addresses informal concerns raised by consumers/representatives. The service has dedicated staff and procedures to oversee the resolution of any formal complaints. An open disclosure approach is encouraged and used when things go wrong.

The service demonstrated that there are systems in place to review feedback and complaints to identify areas where improvements can be made to the quality of care and services, both for the individual but also service wide. Management described how feedback and complaints made by individuals are discussed at regular meetings of support workers, case coordinators, and other staff. Details of complaints and feedback and analysis of associated trends are discussed during meetings of the risk and management committees. All staff and teams are encouraged to have input in suggesting service improvements. When proposed improvements are identified the relevant teams include them in their continuous improvement plans and managers are responsible for actioning the improvements. The risk and management committees review the continuous improvement plans to monitor progress. A review of minutes of meetings shows that consideration of feedback and complaints are standing items on agendas for meetings.

# Standard 7

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

Findings

The service demonstrated that the workforce is planned and deployed to ensure the delivery of safe and quality care and services. Attention is given to assessing the language needs of consumers when matching case coordinators and support workers to ensure that consumers understand and feel comfortable when care is delivered. Consumers/ representatives interviewed said that they like having case coordinators and support workers who speak and understand their languages and ways. They also said they have consistency with their case coordinators and support workers. Consumers/representatives said that if their regular support workers take leave, the service always contacts them beforehand to tell them who will be covering their shifts.

The service demonstrated that a person-centred approach is adopted in all aspects of service delivery, with the care needs and preferences of consumers prioritised, particularly in respect to the consumers’ language and cultural needs. Consumers/representatives interviewed spoke highly of their support workers and the other staff at the service, and also of the brokered and contracted staff. Support workers, case coordinators and management spoke about how important it was to them that the consumers were happy and healthy and lived their best possible lives.

The service demonstrated that processes and systems are in place to ensure that all members of the workforce, including contracted or brokered staff, are competent and have the qualifications and knowledge to effectively perform their roles. Position descriptions for each role describe the responsibilities and qualifications required and qualifications and competencies are verified during the recruitment process and on an ongoing basis. Feedback about competency is obtained through annual surveys, conversations between staff and consumers at reviews, at the day centres, and when providing services in the home. Any feedback and opportunities to improve competency are discussed during regular meetings and incidents are reviewed to identify opportunities to improve the competency of staff.

The service demonstrated that it has systems in place to recruit, train, equip and support the workforce to deliver safe and quality care. All staff are required to complete mandatory formal training, delivered through a combination of face-to face and on-line formats, at induction and on an ongoing basis. Where gaps in competency are identified, the individual staff member is spoken to and supported with additional training. Regular meetings are used as opportunities to reinforce the content of recently completed formal training. Regular review of feedback and incidents is used to inform and plan future training needs.

The service has effective systems and procedures in place to ensure that the performance of each member of the workforce is regularly assessed and monitored. Consumers/ representatives interviewed said they are asked about whether they are happy with the care and services they receive and can recall completing surveys. Survey results were noted to include questions about whether consumers feel staff are knowledgeable and caring. The results are published in an easy-to-understand graphic form in the quarterly magazine of the service and it was noted from meeting minutes that the results are also noted and discussed at management, risk and board meetings.

# 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

The service demonstrated that they use feedback gathered from consumers/representatives through formal and informal systems to inform improvements to the delivery of care and services. Management advised that the service conducts an annual survey of all consumers, and the results are shared and discussed at all meetings, including board meetings, to identify where improvements are needed and strategies that might result in improvements. Management also said that the day centres are their strength and a way to engage consumers in service improvements, there is a suggestion box at each day centre.

The service demonstrated that the organisation promotes and is accountable for a culture of safe, inclusive, and quality care and services. Policies and procedures provide a framework that emphasise consumer safety and best practice approaches. Systems are in place to ensure that all consumers, staff, management, and board members understand that everyone is responsible for compliance with the Quality Standards and are encouraged to give input into how the quality of care and services can be improved.

The service has demonstrated that effective governance systems are in place relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

1. Information Management

Staff have access to the information they need to effectively perform their roles. All consumer information is stored securely, in-line with legislative requirements and electronic data is password protected and accessed with relevance to staff position and role. Policies, procedures, and other documentation are available on the electronic systems, and the Assessment Team noted all policies are reviewed regularly.

1. Continuous Improvement

The service uses a continuous improvement plan that clearly lists areas for improvement, actions required, persons responsible, expected completion dates, and outcomes. A review of the continuous improvement plan shows that proposed improvements have been informed through many avenues including review of incidents, actions identified by the commissioned review, system improvements, policy and procedure review and feedback from consumers and staff.

1. Financial Governance

Management explained the systems and processes that are in place to affect sound financial governance. Expenditure is managed through budget processes with the manager of each service having input into the budget, and authority to incur expenses within delegated limits. Management described how the service and organisation managed changes to billing and payment processes that included keeping consumers informed and responding to any issues raised by consumers during the transition period.

1. Workforce Governance

The service has policies and procedures in place in relation to workforce governance, and the service was able to demonstrate the workforce is supported and developed to deliver safe and quality care and services to consumers. There are effective systems and processes to ensure the workforce is competent and has the knowledge to effectively perform their roles and are trained and supported to deliver the outcomes required by the Quality Standards, including the assignment of clear responsibilities and accountabilities.

1. Regulatory Compliance

The service demonstrated that processes and policies are in place to ensure that they are updated about regulatory compliance and any changes are communicated to staff and consumers as needed. Management described how the service stays informed of regulatory requirements that affect the operations of their service. Key staff and board members subscribe to emails from the Commission, the Department of Health (DoH), and other regulatory bodies. The service maintains membership of the Aged & Community Care Providers Association (ACCPA) and participates in webinars.

1. Feedback and Complaints

The service has effective and proactive feedback and complaints processes to encourage and support consumers to provide feedback and make complaints. Feedback and complaints are captured in the service’s complaints register, which allows the service to effectively analyse and trend the feedback and complaints. Staff and volunteers are supported through feedback and complaints policies and procedures, including in relation to open disclosure.

The service demonstrated that an effective risk management framework is in place that includes systems and procedures to identify, prevent and mitigate risk. Risk assessments are conducted as part of assessment and review processes, and dignity of risk procedures are in place to assist consumers to make informed choices about how they can live the best life they can. Incidents are recorded and reviewed to ensure that responses are appropriate, timely and safe for the consumer, and to identify improvements that can be made to mitigate future risk. A training framework ensures that all staff are trained to identify and manage risk within the scope of their respective roles. Organisational risk management systems are in place that are reviewed and overseen at board level.

1. High Impact and High Prevalence Risks

Support workers and staff described the processes that are in place to assess risk and provide strategies for each individual consumer. They also described the information they receive about consumers, and the policies and procedures they rely on, to guide them in delivering safe and quality care.

The incident register maintained by the service was noted to provide details of each incident, the actions that were taken to support the consumer and strategies to mitigate any future risk. Policies and procedures were noted to detail who has responsibility for assessing risks. A risk assessment matrix is used to assess risk and decide whether serious incident reporting scheme (SIRS) reporting of an incident is required. SIRS reporting responsibilities are embedded into their risk management framework and a separate register is used to record and monitor any incidents reported through SIRS.

1. Abuse and Neglect

A review of training records showed that all staff completed training on how to recognise and report elder abuse in the past 6 months. Support workers, staff and management said that the need to recognise and report any suspicions of elder abuse is reinforced at regular support worker meetings, and coordinators and management assess the risk and decide the appropriate action to be taken when any reports are made.

1. Supporting Consumers to Live the Best Life

Management described how the service identifies and supports consumers who are awaiting a higher level of care. They describe how they work with the consumers and their families to ensure that the services provided are directed to their highest care needs, and to help them engage with other services for additional assistance, such as carer support. Management explained that additional support options for non-English speaking families can be limited so the organisation will provide additional support when it can through its other services.

The service demonstrated it has a clinical framework in place that ensures that consumers receive safe and quality clinical care. The framework includes processes for open disclosure, management of restrictive practices, and antimicrobial stewardship. A clinical governance committee meets regularly to discuss and identify improvement opportunities.

1. Antimicrobial Stewardship

The antimicrobial stewardship policy provides guidance to the staff in encouraging appropriate prescribing of antibiotics to all the service’s consumers. Clinical management said where they are supporting consumers in taking antibiotics, they ensure the medication is taken and the course of antibiotics are finished.

1. Restrictive Practices

The service has a restrictive practices policy and procedure in place that supports a restraint free environment to ensure the safety and wellbeing of consumers. Management advised that all staff are required to complete restrictive practices education and demonstrate an understanding of the restrictive practices’ legislation enabling them to support the minimisation of restraint use and ensure consumer safety as part of their orientation and annual mandatory training.

1. Open Disclosure

The service has an open disclosure policy and staff were able to describe what this means in relation when something goes wrong and in their approach to resolving complaints. Management said they apply an open disclosure process in the resolution of complaints and incidents and this information is discussed with the staff on orientation and at the regular training sessions throughout the year.

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)