**Performance**

**Report**

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| Name of service: | City of Burnside - TUSMORE |
| Service address: | 401 Greenhill Road TUSMORE SA 5065 |
| Commission ID: | 600133 |
| Home Service Provider: | City of Burnside |
| Activity type: | Quality Audit |
| Activity date: | 3 May 2023 to 5 May 2023 |
| Performance report date: | 6 June 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 City of Burnside - TUSMORE (**the service**) has been prepared by A. Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**CHSP:**

* Care Relationships and Carer Support, 24214, 401 Greenhill Road, TUSMORE SA 5065
* Community and Home Support, 24215, 401 Greenhill Road, TUSMORE SA 5065

# Material relied on

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

* The assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* The provider’s response to the assessment team’s report received 23 May 2023.

# 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 | **Not Applicable** |
| **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 | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | **Compliant** |
| Requirement 1(3)(b) | Care and services are culturally safe | **Compliant** |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | **Compliant** |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | **Compliant** |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | **Compliant** |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | **Compliant** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is treated with dignity and respect, with their identity and culture valued. Consumers described staff, volunteers, and sub-contracted staff as kind, caring and respectful. Staff, coordinators, and the Team Leader described how they ensure each consumer's identity and culture is valued, and consumers are treated with dignity and respect. This was confirmed through documents provided to the Assessment Team.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services are culturally safe. Consumers interviewed said staff, coordinators, and the Team Leader understand their needs and preferences and deliver culturally appropriate services. Staff, coordinators, and the Team Leader demonstrated an understanding of consumer’s cultural backgrounds and described how they ensure services reflect consumers’ cultural needs and diversity. This was confirmed by documentation provided to the Assessment Team and on-site observations.

Evidence analysed by the Assessment Team showed the service was able to demonstrate how each consumer is supported to exercise choice and independence, make decisions about their care and services including when others should be involved, and communicate their decisions. Consumers and representatives confirmed that the service involves them in making decisions about the care and services they receive. Staff described how they support consumers and their representatives to exercise choice and make decisions about their services. Documentation reflected consumers choices about who should be involved when decisions are made about the services they receive.

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. While no consumers and/or representative stated that they required support from the service for the consumer to take risks, staff and management were able to describe how they support consumers to take risk and provided documentation to confirm the process.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that 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. Overall, consumers interviewed were satisfied with communication from the service. Management acknowledged opportunities for improvement with invoicing and have implemented strategies to improve this process. This was confirmed through documents provided to the Assessment Team.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers and representatives interviewed felt staff were respectful of personal information. Staff confirmed they have access to consumer information, that is limited and relevant to their role, and the service demonstrated they have effective systems in place to protect consumers’ privacy and personal information. This was confirmed through Assessment Team observations.

# Standard 2

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

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that 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. Consumers and/or representatives sampled confirmed in various ways that consumer’s care and services were planned, and the service understood how to support the consumers’ risks and needs. Home Support staff described how they assess consumer’s risks at commencement of services, reviews and/or as required. Care planning documentation viewed for sampled consumers evidenced that assessment and planning, included consideration of risks to inform safe care and services delivery, were undertaken.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals, and preferences. Consumers and/or representatives sampled confirmed in various ways that consumer’s needs, goals, and preferences were discussed with them, and informed the provision of current care and services. The Team Leader described, and provided evidence showing, how they generally assessed consumer’s needs, goals, and preferences, in consultation with consumers and/or their representatives, at commencement of services and reviews; including consideration of advanced care and end of life planning if they wished.

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer and/or their representative, and others who are involved in the care and services of consumers. Consumers and/or representatives interviewed confirmed they are involved in planning and making decisions about consumers’ care and services. Home Support staff described how consumers, their representatives, family, and carers are involved in assessment and planning of care and services. This was confirmed through care planning documentation viewed for sampled consumers. The Assessment Team, however, did identify a gap in communicating and responding to consumers’ needs regarding other organisations, for example sub-contracting services.

Evidence analysed by the Assessment Team showed the service was generally able to demonstrate the outcomes of the assessment and planning processes are communicated to consumers and documented in a care plan, readily available to consumers and where care and services are provided. Some consumers and/or representatives could not recall being offered a care plan, however, they confirmed that information was provided to them about the consumer’s care and services. Home Support staff described how outcomes from assessment and planning are documented in the service’s electronic systems, which are provided to staff, contractors, and volunteers either electronically or in a folder at point of service delivery. They advised, and provided documentation confirming, that consumers’ care plans are attached to their confirmation of services letter.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that 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. However, not all consumers and/or representatives interviewed could recall a review of the consumer’s care and services had been undertaken, this was confirmed through care planning documentation viewed by the Assessment Team.

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | **Not applicable** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **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. | **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. | **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. | **Not applicable** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **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. | **Not applicable** |

Findings

All individual requirements within Standard 3 are not applicable, therefore Standard 3 is not applicable, and as a result was not assessed as part of the Quality Audit.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | **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

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and/or representatives were satisfied that the services provided support the consumer’s independence, wellbeing, and quality of life. Staff could describe what is important to consumers, and how the services they provide enhances their quality of life. This was confirmed through care planning documentation viewed by the Assessment Team.

The service was able to demonstrate that services and supports for daily living promote consumers’ emotional and psychological wellbeing. Consumer, representative and staff interviews, and care planning documentation viewed for sampled consumers, confirmed that services enhance the consumer’s emotional and psychological wellbeing. Care planning documentation viewed for sampled consumers confirmed the service monitored consumers emotional and psychological wellbeing through ongoing communication, feedback, and reviews, and when relevant, they encouraged consumers to get involved in social activities.

The service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social relationships, and do things of interest to them. Consumers and/or representatives confirmed that social support and transport services enable them to participate in their community and maintain relationships. Coordinators described how they encourage and support consumers to access and participate in their community.

The service was able to demonstrate that information about consumer’s condition, needs, goals and preferences is generally communicated within the organisation and with others where responsibility for care is shared. Consumers and/or representatives confirmed that staff know the consumer and they do not need to repeat information about their needs and preferences. Staff advised relevant information about consumers’ services are documented and communicated through electronic and paper-based documentation. This was confirmed through care planning documentation viewed.

The service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers interviewed in relation to this requirement confirmed they were referred as required. Home Support Staff described processes to refer consumers to other organisations and this was confirmed through care planning documents viewed for sampled consumers.

The service was able to demonstrate that where meals are provided, they are varied and of suitable quality and quantity. Consumers interviewed in relation to this requirement advised they contribute to menu options when they attend social support group activities and expressed satisfaction with the meals provided. Home Support Staff described how morning tea and lunch is provided to consumers attending the 3R’s Social Group, according to their dietary requirements and preferences.

The service was able to demonstrate that, when equipment is provided, it is safe, suitable, clean, and well maintained. One consumer sampled in relation to this requirement confirmed that equipment installed was suitable. Home Support Staff described the processes related to equipment when it is provided as part of the home modification services, and this was confirmed through care planning documentation viewed by the Assessment Team.

# Standard 5

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

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate the environment was welcoming, easy to navigate, and optimises consumers’ sense of belonging, independence, interaction, and function. Consumers confirmed they feel welcome when they attend the social support groups. Staff, sub-contracted staff and/or volunteers described how they ensure consumers feel welcome and are encouraged to socialise with others. This was confirmed by Assessment Team observations. The Assessment Team observed a clean and tidy reception area and various rooms for consumers to socialise, including a café and library at the Council chambers, and multiple areas for consumers to interact and socialise at the Community Shed.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the environment was safe, clean, and well-maintained and enable consumers to move freely. Staff and/or volunteers described how they maintain the cleanliness of each area and how to submit maintenance requests, if required. The Assessment Team observed the service environments were clean, well maintained, and comfortable for consumers. Consumers and representatives interviewed confirmed they feel safe and comfortable when attending the venues for social groups and described the service environment as safe, clean, and easy to move around freely, both indoors and outdoors.

Evidence analysed by the Assessment Team showed the service was able to demonstrate fittings and equipment are safe, clean, well maintained, and suitable for the consumer. Consumers expressed satisfaction with the fittings and equipment provided for CHSP services. Staff and volunteers described processes to ensure equipment is clean and well maintained, this was confirmed through observations and documentation. Staff and volunteers described processes to ensure service equipment is safe, clean, and well maintained, with the identification of any hazards and maintenance requests reported to the City of Burnside Council; whom they share office space with.

# Standard 6

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

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers, their representatives, and others are encouraged, and supported to provide feedback and make complaints. Consumers and representatives knew how to provide feedback or make a complaint, and staff described their processes for when a consumer or representative raised issues or concerns. Management advised there are policies and procedures in place and staff, and/or subcontracted service providers can raise concerns.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Consumers interviewed advised whilst they have not required the service of an advocate/interpreter, they were aware this was available, and staff were also able to explain the service’s process to access advocacy and interpreters. The Team Leader discussed processes to ensure consumers have access to advocates and language services if required, the Assessment Team confirmed this through observations and documentation provided.

Evidence analysed by the Assessment Team showed the service was able to demonstrate appropriate action is taken in response to complaints and open disclosure process is used when things go wrong. Consumers and/or representatives stated that the service would act on feedback provided. The service has documented policies and procedures to provide staff guidance on the management of feedback and complaints.

Evidence analysed by the Assessment Team showed the service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services for consumers. Consumers and/or representatives were not interviewed in relation to this requirement. Staff and management described how feedback and complaints are analysed, trended and the information used to make service improvements, and the Assessment Team viewed documentation that evidenced feedback provided has positively impacted service delivery.

# Standard 7

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

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and representatives interviewed were satisfied with the number of sub-contracted staff to deliver the consumer’s services and staff interviewed indicated sufficient staffing numbers. Staff, sub-contracted staff, and management described how and their processes for the procurement of contracted services and how the service manages unfilled shifts, due to planned and unplanned leave as required.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. All consumers confirmed staff treat consumers with respect and are responsive to their needs. The Assessment Team observed staff, sub-contracted staff and volunteers interacting in a positive and respectful manner with consumers at the 3Rs groups and at The Community Shed.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Consumers described confidence in staff knowledge and competence to perform their roles. The service described having a recruitment process and an initial onboarding and monitoring process to ensure that the workforce is competent to perform their roles.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards. The service has human resources and related policies to guide management in initial selection, and the onboarding process, annual mandatory schedule of training identified based on job roles, and regular staff meetings to provide information and support.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce performance is regularly assessed, monitored, and reviewed. The service has a performance appraisal and development process for staff. Staff and sub-contracted staff confirmed they were supported in their ongoing performance through regular meetings with their supervisors and through the performance development plan process. Coordinators, Facilitators and the Team Leader described their process for regular assessment and monitoring of staff, sub-contracted staff, and volunteer performance.

# Standard 8

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

Findings

The organisation was able to demonstrate consumers are engaged in the development, delivery, and evaluation of services. Consumers and representatives confirmed they have input about services provided to consumers. Management and staff described how consumers have input about their experience and services through feedback and review processes, and annual Council and service specific surveys. Consumers and representatives said they have input about services provided to consumers through verbal and written feedback, surveys, and group information sessions.

Management described, and documentation evidenced, that the Council undertakes an annual statistically valid community survey to understand the residents' perceptions of and review the aged care services delivered by the Council. Results are analysed and communicated to leadership and service delivery teams. Actions identified are included in the service's Continuous Improvement Plan.

The organisation was able to demonstrate the governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The service has a range of reporting mechanisms to ensure the organisation is aware of and accountable for the delivery of care and services. Management discussed the governance structure, reporting processes, continuous improvement processes implemented to ensure they are accountable for the delivery of safe, inclusive, and quality care and services. Management described the reporting and escalation processes for critical incidents and complaints to the Executive team. However, ongoing operational monitoring of aged care services is conducted through monthly one-on-one informal and undocumented meetings with line managers.

The organisation was able to demonstrate effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

*(i) Information management:*

The organisation demonstrated effective information management systems and processes. Staff, sub-contracted staff, and volunteers advised they have access to consumer information, relevant to their role, at point of service delivery and have access to safe work method statements, standard operating procedures, and service specific and organisational policies and procedures to guide their practice.

*(ii) Continuous improvement:*

The organisation was able to demonstrate robust and effective continuous improvement processes, at the service level, to improve the quality-of-service delivery for consumers. The Plan for Continuous Improvement 2022 to 2023 outlined actions identified and undertaken by the Team Leader and coordination staff to improve the engagement, service delivery and oversight of the service. Recent improvements included reviews of support plans, booking forms for Community bus trip bookings to include dietary requirements, update training for staff and sub-contracted staff, and engagement of an external consultant to further undertake a gap analysis.

*(iii) Financial governance:*

The organisation demonstrated effective financial reporting processes to give the governing body the assurance they require to be satisfied of compliance with their obligations as an Approved Provider of CHSP services. The organisation was able to demonstrate financial governance systems and processes, including financial delegations in relation to CHSP Community Connections service delivery. Management advised there is a quarterly financial review to ensure the service is tracking to ensure it meets its data output expectations and an annual reporting of financials and review of budget.

*(iv) Workforce governance, including the assignment of clear responsibilities and accountabilities:*

The organisation demonstrated governance systems and processes to ensure workforce arrangements are consistent with regulatory requirements. Organisational policies and processes related to workforce recruitment and selection, induction, learning and development, and performance management, and included assignment of responsibilities and accountabilities through position descriptions and reporting and supervision through the organisational structure.

*(v) Regulatory compliance:*

The organisation was able to demonstrate effective systems and processes in place to track and implement legislative changes into their systems. Management advised there are no adverse findings by another regulatory agency or oversight body in the last 12 months. The organisation has systems and processes in place to ensure the organisation is complying with all relevant legislation, regulatory requirements, professional standards, and guidelines. Information regarding any changes is communicated through various methods, for example through membership with various peak bodies, monitoring of Australian Government websites, and correspondence and media releases.

*(vi) Feedback and complaints:*

The organisation was able to demonstrate that it has systems and processes which support consumers, representatives, staff, sub-contracted staff, and other stakeholders to provide feedback and complaints in accordance with the requirements of the Quality Standards and it uses feedback to inform continuous improvements. – *End Feedback and Complaints heading.*

The service was able to demonstrate effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents.

*High impact or high prevalence risks associated with the care of consumers is managed:*

The service has effective consumer risk assessment processes to identify, assess and manage risks to consumer’s health, safety and well-being, and subsequent documentation of risks and management strategies at point of service delivery. The Team Leader advised, and documentation confirmed, the CHSP Assessment form identifies if a consumer is vulnerable or socially isolated and may require support in extreme weather events. Following identification, the service has processes to ensure the consumer is connected to tele-cross services, referral to MAC for additional supports and identified on the electronic system for ongoing monitoring.

*Identifying and responding to abuse and neglect of consumers:*

The service demonstrated processes are in place to identify and respond to abuse and neglect of aged care consumers, and that staff and subcontracted staff had been provided education, including elder abuse to enable the workforce to identify, assess and manage risks to consumers.

*Consumers being supported to live the best life they can:*

The service has effective processes to assess and consult with consumers regarding their dignity of risk when consumers refuse to implement risk management strategies and provided evidence of examples of this process being implemented with consumers. Management and staff described how they deliver services to support consumers to access the community and have social interactions for consumers to live the best life they can and provide individualised choices and preferences.

*Managing and preventing incidents, including the use of an incident management system:*

The service has an effective incident management system which includes a reporting system, policies and procedures, staff training and appropriate governance and oversight of consumer incidents. The Team Leader demonstrated effective systems to report incidents identified as SIRS notifiable to the Commission. All staff interviewed could describe their actions and reporting processes in the event of an incident and described a robust process to prevent incidents from occurring, with particular reference to The Community Shed, where appropriate controls are in place to minimise risks to consumers utilising woodworking machinery.

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)