**Performance**

**Report**

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| Name of service: | City of Campbelltown |
| Service address: | 172 Montacute Road ROSTREVOR SA 5073 |
| Commission ID: | 600134 |
| Home Service Provider: | Corporation of the City of Campbelltown |
| Activity type: | Quality Audit |
| Activity date: | 21 July 2023 to 26 July 2023 |
| Performance report date: | 8 November 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 Campbelltown (**the service**) has been prepared by M Abjorensen, 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:**

* Community and Home Support, 24501, 172 Montacute Road, ROSTREVOR SA 5073

# 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 14 August 2023. The provider accepted the Assessment Team recommendations with the exception of an inaccuracy, reflected under Requirement (3)(a) in Standard 2.

# 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 | **Non-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 | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

Standard 2 Requirement (3)(a), (3)(3)(e)

* Review assessment and planning processes to consider any risks to the consumer’s safety, health and well-being to inform care and service delivery
* Review consumer care and services regularly and in response to a change in need, condition, circumstance or incident

Standard 8 Requirement (8)(d)

* Establish a risk register to identify, and manage, high impact and high prevalent risks associated with the care of consumers
* Ensure the incident management system enables incidents to be identified, responded to, and notified to the Commission (as required).

# 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

Consumers described staff as kind, caring and respectful. Management and staff spoke respectfully about consumers with an understanding of consumers' personal circumstances and described how it influenced the delivery of their individual services.

Consumers and their representatives sampled described what is important to them and how their services are delivered in a culturally safe way. Staff and management described strategies to uphold culturally safe care delivery, including workforce training and allocating care workers in accordance with consumer preferences in relation to language spoken and gender.

Consumers and representatives sampled confirmed the service involves them, and others if they choose, in making decisions about the services they receive. Documentation showed consumers are supported to make choices as part of the assessment and planning process, and while services are being delivered. Procedures guides staff to ensure the consumer has the opportunity to include an advocate or support person throughout their assessment and planning process.

Although the service does not have a policy regarding dignity of risk, consumers reported services support them to live their best life through maintain their independence and safety. Staff and management demonstrated how they support consumers to make choices and decisions about their services, including consultation with consumers regarding risk management to support their participation in activities consumers’ choose.

Consumers and representatives advised information is provided to them in writing, and verbally, when they commence the service and in an ongoing capacity. Documentation showed regular newsletters, consumer handbooks and activity calendars are provided to consumers.

Consumers and representatives interviewed described that staff were respectful of personal information and the service demonstrated they have effective systems in place to protect consumers’ privacy and personal information. Information provided to consumers describes how the information they collect through the service may be used.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirement in Standard 1, Consumer dignity and choice.

# 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. | Non-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. | Non-compliant |

Findings

Requirement (3)(a)

The Assessment Team reported the service did not demonstrate 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 The Assessment Team provided the following evidence relevant to my finding:

* Assessment and planning occurs via telephone calls and does not extend beyond My Aged Care assessments to explore risks through further assessment or management strategies to inform care and service delivery
* Four consumer support plans did not include details about assessed needs and risks such as falls prevention, relevant medical conditions, mobility support needs and memory loss
* Information and evidence under (3)(d) in this Standard shows consumer directives are not shared with the workforce to ensure the delivery of appropriate and safe services for consumers through care documentation
* Management responded the service will improve how risks are identified and recorded through review of assessment and planning processes

The provider accepted the Assessment Team’s findings. The provider’s response identified an inaccuracy in the Assessment Team’s report relating to lawn mowing services that were not provided to a consumer. The provider explains lawn mowing services are delivered in accordance with assessed needs, to improve consumer safety. Lawn mowing services requested to aesthetic reasons are not provided.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate assessment and planning informs the delivery of safe and effective care and services through the consideration of risks to the consumer’s health and well-being.

I have considered the intent of the Requirement expects relevant risks to a consumer’s safety, health and well-being need to be assessed, discussed with the consumer, and included in planning a consumer’s care. I find this has not occurred beyond the My Aged Care assessments where risks relating to falls, medical conditions, cognitive decline and mobility supports, have not been explored further to inform service delivery.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirements (3)(a) in Standard 2, Ongoing assessment and planning with consumers.

Requirement (3)(d)

The Assessment Team reported the service did not demonstrate that 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. The Assessment Team provided the following evidence relevant to my finding:

* Staff advised that support plans are posted or emailed to consumers at commencement of services and after a review.
* Six consumers could not recall receiving a support plan which outlined their services and preferences for service provision
* Care plans of four consumers did not capture details relating to mobility aids, mobility support requirements and related medical conditions
* Information and evidence in (3)(d) in Standard 4 shows consumers and representatives are satisfied that information about their care and services is shared within the service and verbal communication supports staff, volunteers to share information about consumers is verbally communicate

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate the service fails to effectively communicate outcomes of assessment and planning to the consumer through a service plan that is readily available.

I have considered care plans that did not capture risks, and relevant care directives, under (3)(a) in this Standard. Further, while consumers did not recall receiving a support plan, the evidence does not indicate consumers could not access, or understand, information regarding care and services, nor does it demonstrate service delivery staff cannot access relevant information.

The information and evidence does show care planning and assessment does not contain sufficient detail on consumer risks to guide care delivery, however, information and evidence in Standard 4 shows the workforce has access to information about consumers and consumers are satisfied their information is communicated effectively.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(d) in Standard 2, Ongoing assessment and planning with consumers.

Requirement (3)(e)

The Assessment Team reported the service did not 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. The Assessment Team provided the following evidence relevant to my finding:

* Four consumers could not recall a review of their care and services
* Care documentation showed reviews had not occurred in response to a fall resulting in hospitalisation or change in circumstance, such as the loss of a consumer’s spouse
* While the service has established systems to monitor upcoming reviews, assessment and planning procedures do not include instructions to review care and services after an incident or change of circumstance impacts the consumers' needs, goals, and preferences
* Management developed a report to monitor reviews for the social support group program, previously dependent on consumer enrolment.

The provider’s response accepted the Assessment Team recommendations.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate care and services are reviewed when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.

I acknowledge the service undertook improvement actions during the Quality Audit and has established systems to monitor regularly review periods. However, as reviews in response to a change in consumer condition or circumstance do not occur to meet the intent of this Requirement.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirements (3)(e) Standard 2, Ongoing assessment and planning with consumers.

Requirements (3)(b), (3)(c)

Consumers and/or representatives sampled confirmed in various ways that assessment and planning processes identified consumers current care and service’s needs, goals and preferences. Management described how conversations with consumers and/or their representatives about what is important to them, informs delivery of services. The Welcome Pack and the CHSP Information Booklet provided to consumers included detailed information on the benefits of advanced care planning including a link to the website for further information. , assessment and planning processes will be reviewed to include the documentation of needs and preferences

Consumers and/or representatives confirmed they are involved in deciding the care and services provided to consumers. Management described how consumers and/or representatives are involved in the planning of care and services and consumers can elect to have a representative present during assessments and reviews Documentation viewed for sampled consumers confirmed that consumers and/or their representatives were involved in the assessment and planning of consumer’s services

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(b), (3)(c) in Standard 2, Ongoing assessment and planning with consumers.

# 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

Standard 3 was not assessed as the service does not provide personal or clinical care, therefore this Standard is not applicable.

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

Findings

Consumers described feeling supported to be independent through services received, such as transport medical appointments or attending social support groups. Staff and management demonstrated services provided to consumers are tailored to their needs, goals and preferences, and optimised their independence, wellbeing and quality of life.

Consumers and representatives described in various ways how the services provided enhance their emotional and psychological well-being. Management, staff and volunteers demonstrated their knowledge of consumers and described strategies to support consumers emotionally, spiritually and promote their psychological wellbeing. The quarterly activities planner demonstrated the opportunity for consumers to attend cemeteries on multiple occasions to grieve the loss of their loved ones.

Consumers advised the multiple activities they can participate in, and how the service enables them to take part in their community and do things of interest to them. Management described how the transport and social services they provide allow consumers the opportunity to engage with other consumers and participate in activities within their community they may not have been able to previously attend.

Consumers and representatives advised staff know the consumer and their care needs well. Staff and volunteers interviewed demonstrated a sound knowledge of consumers within their program areas and explained any change in condition would be promptly identified and reported to management

Consumers reported the service would assist them to connect with an external service or My Aged Care if their needs and preferences require additional services. Management advised, and documentation showed, consumers are supported to connect with other organisations when required.

Documentation showed home modifications provided was assessed by allied health professionals and consumers were satisfied it was safe and suitable. Management and staff described, how consumers’ equipment needs are assessed by allied health professionals and supplied as per their recommendations. Consumer feedback is sought regarding the modifications and equipment provision.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 4, Services and supports for daily living.

# 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

Consumers described the service environment as clean, safe, welcoming, and easy to navigate. The service environment has smaller rooms assist consumers with hearing instructions for guided exercise programs. Observations showed the environment is well-lit, comfortable and spacious, and easy to navigate between the large open area, smaller meeting room and bathrooms.

The service monitors hazards and maintenance via an electronic system, inclusive of audits to oversee preventative maintenance. Staff are assigned responsibilities for daily cleaning and setting up of the centre. Volunteers and subcontractors described how they would report any maintenance or identified hazards to the staff for action.

Staff and management follow processes to ensure service equipment is safe, clean and well maintained. Observations and documentation showed that the service’s maintenance schedule is actioned and completed within designated timeframes, including inspections of fire extinguishers, first aid kits, and tagging and testing of all electrical equipment.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 5, Organisation’s service environment.

# 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

Consumers and representatives reported they are encouraged and supported to provide feedback and staff are very responsive if any issues are identified. The service seeks feedback during service delivery, scheduled feedback sessions, surveys and feedback forms.

Management and staff are aware of advocacy and language services, and alternative methods for raising and resolving complaints and consumers are provided information with contact details for these services.

Consumers and representatives stated that the service would act on feedback provided. Management explained, and documentation showed, feedback is addressed and documented for consumers in a timely manner.

Consumers attending social groups described how their feedback and suggestions have been considered and incorporated into future programs. Documentation showed monthly analysis of consumer satisfaction levels regarding service performance indicators.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 6, Feedback and complaints.

# 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

Consumers and representatives interviewed stated they were satisfied with the number of subcontractors and volunteers to deliver the consumer’s services and staff interviewed indicated sufficient staffing numbers. The service hash processes to manage unplanned leave through engagement of subcontracted services.

Consumers and representatives were satisfied with workforce interactions. Feedback registers showed compliments and thank you cards received from consumers.

Consumers described confidence in staff knowledge and competence to perform their roles. Management described the service’s processes to ensure the workforce has the required qualifications, skills, mandatory clearances, and training to perform their roles. Documentation viewed showed that while reviews to obtain information was being actioned on an annual basis, the system did not reflect the updated information or contain copies of probity checks. Management commenced updating records in response to Assessment Team feedback.

The service has policies and processes for recruitment, onboarding process, annual mandatory training. The service holds regular staff, subcontractor and volunteer meetings to provide information and support.

The service monitors performance and provides support through regular staff, subcontractor and volunteer meetings to provide information and support. Documentation shows annual performance reviews occur where training needs are identified.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 7, Human resources.

# 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. | Non-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

Requirement (3)(d)

The Assessment Team reported the effective risk management practices to identify and responding to elder abuse and support consumers to live the best life they can. However, the Assessment Team were not satisfied the service demonstrates effective risk management systems and practices for high impact and high prevalent risks and incident management. The Assessment Team provided the following evidence relevant to my finding:

* The organisation has an emergency plan for natural disasters events to identify fire and consumers living in risk areas. However, the service does not have a process to identify and monitor other vulnerable consumers to ensure that consumers access the care and services
* Incident and care documentation viewed for three incidents showed that following an incident, follow up actions and investigations taken had not consistently occurred
* Management acknowledged incidents are not effectively monitored or reviewed to ensure that all corrective actions have been undertaken. Moving forward incidents reviews will occur monthly and incident management training will be delivered

The provider accepted the Assessment Teams findings. In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which does not demonstrate effective risk framework to manage high impact and high prevalent risks and management of incidents.

The intent of the Requirement expects organisations to have systems and processes that help them identify and assess risks to the health, safety and well-being of consumers. If risks are found, organisations are expected to find ways to reduce or remove the risks in a timeframe that matches the level of risk and how it’s affecting consumers. I find this has not occurred through risk information monitored for consumers and the use of an incident management system to manage and prevent incidents.

Based on the information summarised above, I find the provider, in relation to the service, non-compliant with Requirements (3)(d) in Standard 8, Organisational governance.

Requirements (3)(a), (3)(b), (3)(c)

Consumers and representatives said they have input about services provided to consumers and are encouraged to provide feedback. Staff and management described how consumers have input about their experience and services through formal and feedback processes, annual surveys for social programs and engagement with Council. The August 2023 Newsletter showed that the Council is actively requesting stories from consumers and residents of the Council regarding ageist assumptions and unconscious bias that impacts older people in their community, with a view to developing a training tool for local government staff

The organisation has mechanisms in place to report and manage organisational risks, there was limited evidence to demonstrate that the organisation receives information to ensure they are aware of and accountable for the delivery of CHSP services to their community. However, management advised ongoing operational monitoring of aged care services is conducted through monthly one-on-one informal and undocumented meetings with line managers. Moving forward, management explained all levels of management and executive management have the appropriate information to ensure their accountability and oversight of the aged care services.

The service demonstrated effective organisation wide governance systems relating to information management, continuous improvement, financial governance, feedback and complaints, regulatory compliance and workforce governance, including the assignment of clear responsibilities and accountabilities.

Information management

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 are reviewed regularly

Continuous improvement

Established continuous improvement plans identify and monitor actions to improve service delivery. Examples of continuous improvements include expansion of detail captured in support plans for subcontracted services and additional payment options for consumers.

Financial governance

Management advised there is appropriate financial review to ensure the service is tracking to ensure it meets its data output expectations, annual reporting of financials and review of service line budgets

Workforce governance

Organisational policies and processes include the assignment of responsibilities and accountabilities, including position descriptions and organisational reporting structures.

Regulatory compliance

The organisation has systems and processes in place to ensure the organisation is complying with all relevant legislation, regulatory requirements, professional standards, and guidelines.

Feedback and complaints

Systems and processes capture feedback and complaints for analysis to inform service improvements.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c) in Standard 8, Organisational governance.

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)