**Performance**

**Report**

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| Name: | City Of Greater Dandenong Care Packages Project |
| Commission ID: | 300109 |
| Address: | 383-385 Springvale Road, SPRINGVALE, Victoria, 3171 |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8224 The City of Greater Dandenong  
Service: 24219 The City of Greater Dandenong - Care Relationships and Carer Support  
Service: 25928 The City of Greater Dandenong - Community and Home Support

**This performance report**

This performance report for City Of Greater Dandenong Care Packages Project (**the service**) has been prepared by P.Frangiosa, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 8 June 2024.

# 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 | | 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 and representatives said consumers are treated with dignity and respect, and they feel valued by those who provide care. Staff were observed to respect consumers dignity and engaged with them in a friendly manner. Processes include discussions with each consumer about their identity, culture and diversity needs.

Consumers said staff make them feel safe and they are free to express their cultural identity. Staff were able to identify consumers with specific cultural preferences and described how they tailor care and services to support their needs. Care planning documentation included information to guide staff in providing culturally safe care and services.

Consumers and representatives said consumers can make decisions about how and when they would like care provided, who is involved in decision making about their care and are supported to maintain relationships of choice. Staff provided examples of how they assist consumers in making day-to-day decisions. Care planning documentation included consumer choice and preferences.

The service supports consumer choice which includes consideration of risk so each consumer is able to live the best life they can. For sampled consumers who choose to undertake a risky activity, risk assessments were undertaken, the associated risk was explained to the consumer and/or representative, mitigation strategies were implemented, informed consent was obtained, and regular review was undertaken.

Consumers and representatives said consumers are provided information via various mechanisms, which enables them to exercise choice. All consumers and representatives interviewed stated that their monthly statements are clear, itemised, and easy to understand.

The service maintains consumers’ privacy, which was corroborated from sampled consumers’ feedback. Access to consumer’s personal information is protected including staff access the electronic care record system via password protected logins.

Based on the information summarised above, I find the service compliant with all Requirements 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. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives confirmed assessment and care planning occurs. Care planning documentation showed assessment and planning considers risks to consumer health and well-being. The service uses validated tools to assess risks to guide the delivery of safe and effective care and services. Staff confirmed they have access to care planning documentation to guide them on the care and services provided.

Consumers and representatives confirmed assessment and planning outcomes are reflective of what is important to the consumer to meet their needs and goals. Staff demonstrated awareness of what is important to each consumer, including the consumer’s needs and preferences for care. Staff and management described how 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. Management explained care planning documentation is updated regularly based on ongoing assessment and planning processes. Documentation showed clear directives for staff to support the consumer based on the consumer’s assessed needs and goals.

Consumers and representatives confirmed the service involves them, and others they wish involved, in the care planning and assessment process. Staff and management demonstrated how assessment and planning occurs in partnership with consumers, the service and other health care professionals where necessary. Documentation showed assessment and planning involves the consumer and others the consumer agrees to be involved, including other organisations, individuals and other providers.

Consumers and representatives confirmed they receive assessment and care planning information and documentation, and staff know what they are doing. Staff confirmed they have access to care planning documentation to guide the care and services they provide for consumers.

Staff confirmed they receive access to updated care plans when services change with clear directives included. Management described how care is formally reviewed at regular intervals and when circumstances change or when incidents occur. Documentation showed regular reviews are conducted. Management advised they will ensure it is clearly documented new and updated care plans are provided to consumers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives confirmed consumers receive quality personal care. Staff were knowledgeable of each consumer’s unique needs and preferences. Management described how personal care is tailored to the needs of the consumer to optimise the consumer’s health and well-being. Documentation showed care directives clearly guide staff in how to provide personal care.

Staff described how they provide care for vulnerable and high need consumers and how they manage risks during service delivery. Management described how high-impact and high-prevalence risks are identified and how staff are provided with directives on how the support those consumers. Documentation showed strategies in place to guide staff in provision of care where high-impact or high-prevalence risks have been identified.

Consumers and representatives expressed confidence in staff being able to recognise and respond to a change in the consumer’s condition. Staff described how they would identify deterioration and how the service would adjust service delivery to meet the changed needs of the consumer. Management and staff have received training in recognising and responding to deterioration. The service uses a deterioration assessment tool which enables staff and management to identify, record and report signs and symptoms of deterioration.

Consumers and representatives expressed satisfaction that the consumer’s condition, needs and preferences are communicated within the service and with others where care is shared. Management discussed how information and recommendations to other health practitioners are received, reviewed and implemented and documented. Documentation showed the service communicates with others to ensure the provision of personal and clinical care for consumers.

Consumers and representatives expressed satisfaction the service will refer the consumer to other organisations and providers when required. Management demonstrated an understanding of referral networks and described internal and external referral processes used by the service. Documentation showed the service makes referrals to other organisations and providers where the need is identified.

Consumers and representatives confirmed staff use personal protective equipment when providing care and services. Staff stated they have completed infection control training to minimise infection. Management advised all staff have completed infection control training and staff have access to personal protective equipment. Documentation showed the service has an emergency management plan inclusive of infection control and outbreak plans.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 3, Personal care and clinical care.

# 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

Consumers and representatives confirmed the services and supports for daily living the consumers receive support the consumers to optimise their independence and well-being. Staff described how individualised and effective services and supports for daily living meet each consumer’s needs, goals and preferences. Management stated feedback from consumers on activities would be part of the service’s activities calendar. Documentation showed assessments and care plans identify services and supports for daily living which promote individual consumer’s independence and enhanced quality of life.

Consumers and representatives expressed satisfaction with the supports for daily living received by consumers. Staff described how they recognise and support consumers’ emotional, spiritual and psychological well-being and how services provided meet those needs. Management demonstrated an understanding of supporting consumers in their emotional, spiritual and psychological well-being. Documentation showed evidence of support strategies to meet individual consumer’s emotional, spiritual and psychological well-being.

Consumers and representatives confirmed consumers participate in activities of interest to them in their homes and in the community. Staff stated they access information about consumers via care plans to guide them on how to support the consumer in their personal relationships. Management described processes used by the service to meet the social and personal needs of consumers. Documentation showed services and supports for daily living support consumers to participate in the community, do things of interest to them and have social and personal relationships.

Consumers and representatives confirmed the consumer’s needs and preferences are communicated during the assessment process. Staff confirmed they have access to each consumer’s needs and preferences through care plans. Management advised consumer care plans are available to staff and to subcontracted services through a service request process. Documentation showed care plans include clear directives about the consumer’s condition, needs and preferences.

Consumers and representatives confirmed the service supports consumers to access other services, including other lifestyle services where appropriate. Staff stated they will document concerns about consumers for management to review and make referrals where necessary. Management discussed processes used to refer consumers for additional care and higher-level packages. Documentation demonstrated the service refers consumers to organisations and providers for additional services and supports when necessary.

Consumers confirmed the food provided is satisfying and nutritious. Staff described how the service ensures appropriate meals are provided based on consumer needs and preferences, including allergies and likes and dislikes. Documentation showed the service has a documented emergency plan which identifies allergies, likes and dislikes of consumers and there are special directives for consumers with diabetes.

Consumers and representatives confirmed consumers have received equipment, which is safe, and suitable. Management described the assessment and ongoing processes to ensure equipment provided is suitable and safe for the consumer. Management stated equipment is checked at reassessment and will be serviced or replaced as necessary. Documentation showed equipment is selected for safety and suitability on the recommendations of allied health professionals.

# 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 confirmed they feel comfortable and welcome in the service environments. Staff described how they support consumers to interact and use the service environment to suit their needs. Management described how they know consumers feel welcome by assessing attendance and participation in activities such as the social support groups. The service environment was observed to be clean, accessible and fit for purpose.

Staff and management described the processes for cleaning equipment and escalating issues with furniture. The service environment was observed to be clean and well-maintained.

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 confirmed they are aware of how to provide feedback and raise complaints and feel safe to do so. Staff stated they seek feedback from consumers during service delivery and emphasise to consumers the importance of making feedback. Management stated the complaint procedure is explained to consumers. Documentation showed complaint mechanisms and procedures are included in consumer agreements and consumer information manuals.

Consumers and representatives confirmed they are aware other methods for raising and resolving complaints, including knowing how to contact the Commission. Documentation showed the service’s complaints procedure and consumer manuals offer consumers diverse internal and external feedback, complaints and advocacy options, in the consumer’s language of choice.

Consumers and representatives confirmed the service resolved issues or informal complaints they had made. Staff described processes for escalating complaints from consumers. Management described how the service responds to complaints and how it uses open disclosure when issues are identified. Documentation showed the service uses an open disclosure approach to resolve issues, even though the service does not have an open disclosure procedure.

The service’s complaints policy states complaints will be addressed promptly, treated confidentially, and used as an opportunity for improvement. The service’s complaints register is used to trend complaints and improve service, with strategies implemented to avoid the same issues occurring again. Documentation showed complaints are actioned and finalised and, if necessary, improvements to services are implemented.

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

Requirement 7(3)(d)

The Assessment Team was not satisfied the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. The Assessment Team provided the following evidence to support their assessment:

* Staff interviewed consistently reported they have not received adequate training that would enable them to deliver the outcomes required by these Quality Standards, including in identifying deterioration, restrictive practice, open disclosure, the serious incident response scheme (SIRS), or incident management systems (IMS).
* Management acknowledged each service is not currently undertaking performance reviews.
* Each service is not effectively recording staff attendance for training and does not have processes in place to ensure staff that have missed training have the opportunity to complete the training at a later date.

The provider provided the following information and actions in response:

* Discussions have already occurred with Council’s Organisational Development (HR) department to ensure all Community Care staff records are kept in Council’s Corporate system, i.e. one central repository for all training records. This has now been agreed to and training is planned to occur over the next month of 2-3 nominated Community Care Department staff who will be responsible going forward for inputting all training records into the Corporate Training System.
* We have commenced identifying/sourcing formal training opportunities for staff particularly in relation to Open Disclosure, Restrictive Practices, SIRS, Client Incident Management & Reporting, and Identifying Deterioration. We have already agreed that the Aged Care Learning Information Solution (ALIS) training platform will be utilised more.
* Though our Quality Team which is made up of staff representatives from across the whole Community Care Department, we will commence working on a department wide training plan that will outline mandatory training for all roles as well as other training opportunities that will ensure all staff are able to provide quality services to consumers that are client centred. The development of the Community Care Training Plan is on the agenda for the next Quality Group Meeting which is on 9 July 2024.
* We will be developing a more formal process to ensure any staff who miss training sessions are provided with alternative opportunities to complete the training, particularly mandatory training. This includes the development of a standard process for keeping attendance records for all training sessions, both formal and informal, also including meetings where information on relevant topics is provided to staff. Monthly reports will be provided to the Community Care Management Team to identify staff that supervisors will need to follow up to ensure training is completed.

The intent of this requirement covers the organisation’s support for the workforce to deliver the outcomes for consumers in line with the Quality Standards. Meeting this requirement will support the workforce in their day-to-day practice and can protect against risk and improve the care outcomes for consumers.

In coming to my finding, I have considered the information in the Assessment Team’s report and the provider’s response which shows the service was able to respond to the deficiencies identified and provide realistic timeframes for actioning them.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirement 7(3)(d) in Standard 7, Human resources.

Requirements 7(3)(a), 7(3)(b), 7(3)(c), and 7(3)(e)

The service has a system for planning and managing the workforce to ensure the number of personnel is sufficient to meet the care needs of consumers. Overall, consumers and representatives were satisfied with the number of staff and said consumers’ needs were met. Staff said they generally have enough time to conduct their duties and there are enough staff rostered each day.

Consumers and representatives said staff were kind, caring and respectful. Staff were able to describe how they tailor the delivery of care for consumers to ensure kindness and respect is a part of their daily routine.

Staff were able to demonstrate they have the knowledge to effectively perform their roles. Consumers expressed confidence in staff competency and said their needs are met. The service ensures staff are recruited with the appropriate qualifications and are continued to be supported to improve their knowledge and skills through ongoing training.

Staff are required to undertake performance appraisals at three months after commencement and annually thereafter. Performance management processes are in place when staff do not perform to the expected standard; those processes may be initiated by consumer feedback or incidents. Further support is provided to staff when there is a need for improvement.

Based on the information summarised above, I find 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. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Requirement 8(3)(d)

The Assessment Team was not satisfied the service is ensuring effective risk management systems to manage and prevent incidents, including the use of an effective incident management system and identifying and responding to abuse and neglect. The Assessment Team provided the following evidence to support their assessment:

* Identifying and responding to abuse and neglect of consumers: Information related to identifying and responding to elder abuse is not covered in training provided by the service. While the service was able to demonstrate providing information to staff on elder abuse over three staff meetings occurring between 8 June 2022 and 23 June 2022, ongoing training is not provided.
* Managing and preventing incidents, including the use of an incident management system: The organisation does not have processes in place to enable reporting, trending or analysing consumer incidents, and the governing body do not receive information related to incidents.
* While management could demonstrate information related to SIRS was disseminated to staff on the 24 January 2023 the organisation does not provide adequate training to staff to ensure effective reporting processes are followed related to incident management.

The provider provided the following information and actions in response:

* Improvements identified to client incident management systems have been included on our continuous improvement plan (provided to assessors on 14/6/24)
* Our current recording system for incidents, hazards and concerns is in the process of being reviewed to identify changes to improve recording and reporting of client incidents.
* Direct Care staff will provide details of what they are reporting, and our service management officers will categorise these as they review and action the report to ensure accurate reporting of client incidents. Further reports will be developed and regularly provided to management for review, including trend reporting. This new system and associated reports are planned to be in place by the beginning of September 2024.
* Staff guidance on managing and reporting client incidents will be reviewed and updated to ensure processes are clear. This has already commenced.
* Training will be sourced/developed and provided to staff on SIRS, identifying and responding to abuse and neglect, client incident reporting and management as a high priority. We have commenced sourcing appropriate training.
* Improvements have been identified to current systems to ensure information sharing around high-impact and high-prevalence risks to all staff involved in consumer care. For example, the review of CSP note was already identified in our continuous improvement plan (CIP) and will now also include a focus on risks and strategy to support risks.

In coming to my finding, I have considered the information in the Assessment Team’s report and the provider’s response which shows the service was able to respond to the deficiencies identified and provide examples of reviewing to improve the quality of care and services. Remaining deficiencies acknowledged by the service are to be addressed with additional implementation of mechanisms with timeframes proposed within their CIP.

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

Requirements 8(3)(a), 8(3)(b), 8(3)(c), and 8(3)(e)

The service seeks feedback from consumers through feedback and complaints mechanisms, including life of service and exit surveys. Staff stated the service supports consumers to be engaged in service delivery and development.

Management explained the organisation has a defined structure which enables allied health clinicians to raise concerns about quality and safety to supervisors, coordinators and managers. Management has access to the board through the service’s managing director and reports concerns and incidents through this pathway.

Interviews with consumers, staff and management and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

Management could describe risk management processes from individual to organisational level. This ensures effective management of high-impact and high-prevalence risks, effective identification and response to abuse and neglect, support for consumers to live their best life and management and prevention of incidents through an incident management system.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements 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)