**Performance**

**Report**

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| Name of service: | Clarence City Council - Community Volunteer Service |
| Service address: | 38 Bligh Street ROSNY PARK TAS 7018 |
| Commission ID: | 300345 |
| Home Service Provider: | Clarence Community Volunteer Service |
| Activity type: | Quality Audit |
| Activity date: | 16 September 2022 to 20 September 2022 |
| Performance report date: | 11 October 2022 |

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 Clarence City Council - Community Volunteer Service (**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:**

* Domestic Assistance, 4-7WAOZDZ, 38 Bligh Street, ROSNY PARK TAS 7018
* Home Maintenance, 4-7WAR7P2, 38 Bligh Street, ROSNY PARK TAS 7018
* CHSP Transport, 4-7WAT5J4, 38 Bligh Street, ROSNY PARK TAS 7018
* Social Support - Individual, 4-7WAT61C, 38 Bligh Street, ROSNY PARK TAS 7018

# Material relied on

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

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

# Assessment summary for 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 | **Not applicable** |
| **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/or representatives interviewed by the Assessment Team stated they felt respected and valued by the service staff, volunteers, and management. Consumers and/or representatives described how their interactions with the service were always respectful and how they felt their cultural backgrounds were understood and respected.

Staff and volunteers interviewed by the Assessment Team were able demonstrate knowledge about consumers lives and what’s important to them. The Assessment Team analysed documentation evidence of the consumers care and support plans and noted the support plans included the consumers personal circumstances, what is important to them, their cultural background and goals.

All consumers and/or representatives interviewed by the Assessment Team confirmed the volunteers, service coordinator and management understand consumer’s background, preferences and what is important to them, which makes them feel respected, valued and culturally safe.

Volunteers, management and service staff interviewed by the Assessment Team described ways they interact with consumers sensitively and how they understood the consumers cultural backgrounds. Assessment and care planning documentation analysed by the Assessment Team contained information on cultural needs, including use of an interpreter when needed.

Consumers and/or representatives interviewed by the Assessment Team stated the service supports them to make decisions in relation to their services, including involving those they wish to be involved in their care and preferred ways of communication. Consumers and/or representatives outlined how staff assist them to understand the range of supports and services available and make choices about these.

Staff and management interviewed by the Assessment Team confirmed all consumers and/or representatives are provided with an information pack and a copy of the Charter of Aged Care Rights. Staff and management explain to consumers they have the right to call and change their preferences whenever they want. Where consumers choose to involve others, they are involved to the level requested by the consumer. Assessment and care planning policies analysed by the Assessment Team include the involvement of nominated representatives and consumers in making decisions regarding their services.

Consumers and/or representatives interviewed by the Assessment Team confirmed that the service supports them to live their best life and encourages them to keep independent and active and will refer them to other services to support them when needed.

Staff and volunteers interviewed by the Assessment Team discussed how the service identifies any potential individual risks to consumers and discusses with them how to minimise harm. Staff and volunteers described the importance of supporting consumers in their choices and described how consumers have the right to take risks and explained support and assistance measures to ensure consumers are supported.

Volunteers, coordination and staff interviewed by the Assessment Team described how the service identifies any potential individual risks to consumers including discussions with the consumers and/or representatives on how to minimise harm, including referrals back to My Aged Care (MAC) for additional services and conducting relevant re - assessments to assist with safe consumer mobility.

Consumers and/or representatives interviewed by the Assessment Team confirmed that they are provided with information that is clear and easy to understand and enables them to make choices. Consumers and/or representatives demonstrated their understanding of the services available to them, including the relevant costs. They said they received information when they commenced, including the Charter of Aged Care Rights, a client handbook and fees schedule, including how to provide feedback. Consumers and/or representatives interviewed by the Assessment Team stated if they had any questions the staff and volunteers always explain things to them.

Volunteers and the service staff interviewed by the Assessment Team described how they adapt their form of communication with consumers, to help them understand concepts they may not be familiar with. Volunteers and staff interviewed by the Assessment Team described how they may communicate differently with those who exhibit symptoms of dementia, language barriers or consumers who have intellectual difficulties.

Consumers and/or representatives interviewed by the Assessment Team stated the volunteers and staff respect the consumer’s privacy when delivering services and they are confident the consumer’s personal information is kept confidential.

All volunteers and staff interviewed by the Assessment Team demonstrated an understanding of the importance of protecting consumer information and respecting their privacy. Volunteers and staff interviewed by the Assessment Team described practical ways they protect consumer information such as only discussing consumer information with relevant office staff and not disclosing consumer’s personal information to anyone outside of the service. Evidence analysed by the Assessment Team showed where consumer information is shared with other services involved in the delivery of care and services, the organisation obtains consent from the consumer and/or representative. Coordination staff interviewed by the Assessment Team advised they seek consent from consumers and/or representatives as a standard process if referrals need to be made for other services, which is usually back to My Aged Care.

Evidence analysed by the Assessment Team showed the organisation’s ‘personal information and privacy policy’outlines the protocol to protect personal information such as, only collecting necessary information, how information is used, and consumer information is protected in. The Assessment Team noted respecting the privacy of consumers is incorporated into volunteer handbook, consumer welcome pack and included in the service’s code of conduct.

# 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

All consumers and/or representatives interviewed by the Assessment Team reported they are satisfied with the care and services they receive and stated the services meet their current needs. Evidence analysed by the Assessment Team showed the service demonstrated consumers assessment and planning documentation identifies the current needs, goals and preferences of the consumer and documentation sighted guides the delivery of care and services. All volunteers and staff interviewed by the Assessment Team could describe risks to consumers health and wellbeing and how they care for consumers at risk.

Evidence analysed by the Assessment Team showed the service demonstrated assessment and planning identifies and addresses all the consumer’s current needs, goals and preferences for consumers receiving care and services through CHSP. All care plans analysed by the Assessment Team showed consumer goals and preferences were recognised and actioned. Care plans analysed by the Assessment Team were noted to include detailed support instructions that were clear and easy to understand for the volunteers to deliver safe care and services.

All care documentation analysed by the Assessment Team included the My Aged Care (MAC) assessment form where goals were clearly outlined. The Service coordinator when interviewed by the Assessment Team stated they use the MAC assessment during the consumer initial discussion and use those goals to put relevant services in place in consultation with the consumer.

All consumers and/or representatives interviewed by the Assessment Team stated they are involved in making decisions regarding their care and services. The service coordinator and administration staff when interviewed by the Assessment Team confirmed family members and people who are important to the consumer are included in the planning of care of services with the consent of the consumer. The Assessment Team noted they sighted communication preferences within the electronic client database management system.

Evidence analysed by the Assessment Team showed the services ‘Consumer Commencement and Review’ policy describes how assessment and care planning is organised in partnership with the consumer and others. All assessment and care planning documents analysed by the Assessment Team included other organisations, individuals and providers of other care that are involved in the care of the consumers. The Assessment Team analysed consumer plans that were current, contained recent medical information and preferences and had been recently updated. All consumer files sampled by the Assessment Team had extensive notes between volunteers, roster administrator and the service coordinator.

Evidence analysed by the Assessment Team showed assessments and planning are effectively communicated to the consumer and documented in the consumer care plan. Consumers and/or representatives interviewed by the Assessment Team stated they had a copy of their current care plan, they understood the plan and knew they could have the plan reviewed at any time.

All consumers and/or representatives interviewed by the Assessment Team stated the service coordinator goes through their care plan, assessment and assessment review with them before they sign it and they understand what services and supports they are receiving. All consumer files analysed by the Assessment Team were current, updated and complete. The service Coordinator when interviewed by the Assessment Team stated a copy of consumers completed updated care plans are provided to the consumer via snail mail where they have the choice to review and amend with any changes if they wish. Consumers then send it back signed or contact the service with any questions. The Service coordinator when interviewed stated they have only received very minor amended changes made in care plans from consumers and if identified anything major they would again visit the consumer to complete again however, this has not occurred.

Evidence analysed by the Assessment Team showed care and services are reviewed regularly. The Care coordinator when interviewed by the Assessment Team stated care plans are updated at least yearly and always updated when a change in circumstances occur. Evidence analysed by the Assessment Team showed the service has a flow chart procedure on reviews and re-assessment which indicates reviews may be triggered by request of the consumer and/or representative, when something out of the ordinary happens (e.g. hospitalisation, deterioration, etc) or a report in change of health/wellbeing by a volunteer, consumer or representative.

All consumers and/or representatives interviewed by the Assessment Team stated they felt they could change their support and services if their needs changed. Consumers and/or representatives interviewed by the Assessment Team stated they would phone the service if there were any changes to their needs and talk to the coordinator.

Evidence analysed by the Assessment Team showed the service demonstrated assessments, care plans and home risk assessments were documented in all consumers’ files and relevant policies were sighted around assessment and care planning processes. The Assessment Team noted these included the identification of environmental, risks around non-response to a scheduled visit and individual consumer risks.

# 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 three are not applicable, therefore the Standard and Requirements were not assessed.

# 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. | **Not applicable** |

Findings

All consumers and/or representatives interviewed by the Assessment Team reported that the service made them feel safe and they were able to receive supports and services that enabled them to remain as independent as possible in their own homes. Volunteers, service coordinator and staff interviewed by the Assessment Team advised one of their main aims is to optimise consumer independence and quality of life. Statements collected during interviews showed consumers are asked what they would like, what their goals are, how the service can help, and subsequent assessments are conducted to support consumers. Care planning documentation analysed by the Assessment Team demonstrated goals and care plans were reviewed regularly and services and supports were individualised to meet the consumer’s needs and preferences.

Although all consumers and/or representatives interviewed by the Assessment Team stated they never feel low, all consumers and/or representatives stated they felt the volunteers would recognise if they were and would talk to them about it.

All volunteers interviewed by the Assessment Team stated if they became concerned about a consumer they would always call the service coordinator or administration staff to report the change in behaviour. The service coordinator when interviewed by the Assessment Team confirmed they would then follow up with the consumer and/ or representatives. The Assessment Teams review of consumer notes and coordinator emails showed communication between office-based staff and volunteers regarding individual consumers is regular and include strategies to address any risks or concerns when providing services.

Volunteers interviewed by the Assessment Team demonstrated a good understanding of the consumers they care for and what was important to them. Volunteers informed the Assessment Team the care planning documents include details of how to support a consumer with their lifestyle and social interactions. Volunteers interviewed by the Assessment Team described how they help consumers to stay connected and participate in the community and how they assist consumers to do their shopping, take them to doctors’ and specialists’ appointments. Volunteers also stated they take consumers to visit family, friends or other community activities or just go for a drive.

Evidence analysed by the Assessment Team showed information regarding the consumers condition, needs and preferences is communicated where responsibility is shared. Consumers and/or representatives interviewed by the Assessment Team stated they receive support and services from mostly the same people and volunteers know them and their needs.

All volunteers interviewed by the Assessment Team stated they get updates from the service coordinator and staff by email and/or phone, if there has been a change in care and support requirements for consumers prior to their next shift. All care plans analysed by the Assessment Team were comprehensive and provided detailed consumer needs and preferences which provides the volunteers with sufficient information to carry out care.

The service coordinator when interviewed by the Assessment Team described the referral process for CHSP consumers from the My Aged Care (MAC) portal in detail. When a new service requirement is identified for a consumer, the service coordinator will assist the consumer to apply for the service through MAC or provide the contact number to the consumer. Once the service is approved by MAC, the referral is received by the service and the service will work with the consumer to ensure the service time and day suits the consumer and the service is put in place as soon as possible.

# 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. | **Not applicable** |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | **Not applicable** |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | **Not applicable** |

Findings

All individual Requirements within Standard five are not applicable, therefore the Standard and Requirements were not assessed.

# 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

Eight of eight consumers and/or representatives interviewed by the Assessment Team stated they know how to provide feedback or complaints and they feel safe to do so. Feedback obtained from these interviews included if consumers needed to complain they would talk to service management. Evidence analysed by the Assessment Team showed the established feedback and complaint system includes a feedback form, twice yearly survey’s, one on one discussions with consumers, organisational complaint resolution policy with instructions, a complaint register, and complaint information contained in the service consumer handbook. Staff and volunteers when interviewed by the Assessment Team provided examples of the ways they support consumers and others to provide feedback and make complaints.

Eight of eight consumers and/or representatives interviewed by the Assessment Team stated they were satisfied they could raise a complaint or use an advocate or external complaint organisation, if required. The Assessment Team noted access to language and communication services is available. Evidence analysed by the Assessment Team showed advocacy and complaint brochures and information, contained in consumer information packs, document each consumer’s right to be represented by an advocate and provide contact details and information about external complaint agencies. Staff and volunteers when interviewed by the Assessment Team described ways they make consumers and representatives aware they can provide feedback and complaints through an advocate or external complaint service.

Eight of eight consumers and/or representatives interviewed by the Assessment Team stated they are satisfied that any feedback or concerns raised are actioned to their satisfaction. Evidence analysed by the Assessment Team showed training records confirmed internal staff participation in customer experience training that includes complaint handling. Volunteers interviewed by the Assessment Team described how any consumer issues or concerns would be escalated to management to be actioned. Staff and volunteers interviewed by the Assessment Team described the procedure for open disclosure, which is used as appropriate in complaint resolution.

Eight of eight consumers and/or representatives interviewed by the Assessment Team stated they are satisfied the service listens to their views and the organisation is responsive to feedback and complaints. Evidence analysed by the Assessment Team showed complaints are documented and reviewed for trends. Evidence analysed by the Assessment Team showed the service has complaint escalation and reporting processes and services show quality improvements are identified and actioned following feedback and complaints. Volunteers interviewed by the Assessment Team stated the service is very responsive to any consumer issues.

# 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

Eight of eight consumers and/or representatives interviewed by the Assessment Team stated there are enough of the right volunteers and staff to ensure consumers receive care and services that meet their needs, goals and preferences. The service reported to the Assessment Team during interviews there has not been any unfilled volunteer shifts in the past month. Evidence analysed by the Assessment Team showed the CHSP volunteer service employs two co-ordination/administration staff and any unplanned consumer services are filled through the use of available pool of fifty-eight volunteers. Evidence analysed by the Assessment Team showed the service has an organisational approach to volunteer workforce planning. Staff and volunteers interviewed by the Assessment Team stated they have enough time to provide safe, quality care and service delivery. The co-ordinator when interviewed by the Assessment Team stated in instances where a shift cannot be filled they talk to the consumer to discuss the use of a different volunteer, however consumers mostly want their familiar volunteer.

Eight of eight consumers and/or representatives interviewed by the Assessment Team stated they are satisfied volunteers are respectful, kind and caring. Evidence analysed by the Assessment Team showed policies and a volunteer code of conduct include value-based requirements of respect and integrity and a caring approach. Organisational and service documents analysed by the Assessment Team demonstrated a commitment to respectful consumer care and services. Staff and volunteers interviewed by the Assessment Team described the ways they respond to the diverse needs of consumers, including sharing respectful conversations, asking the consumers how they want things done and respecting their diversity.

Eight of eight consumers and/or representatives interviewed by the Assessment Team stated that staff and volunteers are competent, with the skills and knowledge to perform their jobs effectively. Evidence analysed by the Assessment Team showed the service uses information from observation, feedback from consumers and representatives and ongoing volunteer contact as appropriate to identify workforce competency. Volunteers interviewed by the Assessment Team stated they have enough skills and knowledge to support consumers’ needs and preferences.

Eight of eight consumers and/or representatives interviewed by the Assessment Team stated they are satisfied that the staff and volunteers are able to deliver quality consumer care and services. Evidence analysed by the Assessment Team showed organisational staff participation in required training. Staff and volunteers interviewed by the Assessment Team described the induction and supervision implemented to support them in their roles and described access to ongoing training.

Eight of eight consumers and/or representatives interviewed by the Assessment Team stated they were satisfied with staff and volunteer performance and said they would report any performance concerns to the main service. Evidence analysed by the Assessment Team showed Internal staff participate in probation and annual performance appraisal and consumer surveys and one on one feedback contribute to this process. Volunteers interviewed by the Assessment Team stated their performance is monitored through feedback from consumers and representatives to the service. Staff interviewed by the Assessment Team stated they had participated in probation and annual performance appraisals.

# 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

Overall consumers and/or representatives interviewed by the Assessment Team stated they are satisfied their views about the consumer experience of care and services, and their ideas for improving the service, are sought. Consumers and/or representatives interviewed by the Assessment Team described different methods of providing feedback including completing twice annual surveys, and volunteer and staff face to face or telephone contact and opportunities, facilitated by the Council for social contact.

Evidence analysed by the Assessment Team showed the organisation’s governing body promotes a culture of safe, inclusive, quality care and services and is accountable for their delivery. Evidence analysed by the Assessment Team showed the organisation has developed strategic and business plans which incorporate objectives related to consumer safety, quality and inclusion. Evidence analysed by the Assessment Team showed the service develops routine data and statistic related reports that are discussed and reviewed at a senior executive and Council level. Evidence analysed showed the Clarence Council also satisfies itself that the Quality Standards are being met through the employment of work health and safety and business risk personnel, who support and action consumer related matters; to further maintain oversight and meet its responsibilities. The Assessment Team noted program directions are shared with the service staff through meetings and emails.

Evidence analysed by the Assessment Team showed the organisation has effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

Evidence analysed by the Assessment Team showed the service has a risk framework for managing high impact and high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents.

Evidence analysed by the Assessment Team showed in relation to managing high impact or high prevalence risks associated with the care of consumers, the co-ordinator stated these risks are identified through assessment and care planning processes and through the incident reporting system. Evidence analysed showed high impact, high prevalence risks associated with the consumers participating in the program may include cognitive impairment, living alone, and falls. Evidence analysed by the Assessment Team showed risks to the consumer are assessed on entry, during routine re-assessment and when changes occur.

Evidence analysed by the Assessment Team showed the service operates an incident management system and register and while they were unable to identify any recent consumer incidents, the co-ordinator demonstrated the process including the incident log, register and domains for actions taken and outcomes. Evidence analysed by the Assessment Team showed the service is also supported by internal work health and safety personnel who are responsible for reviewing all consumer incidents and providing advice and feedback on action, control and mitigation.

The Assessment Team noted in relation to identifying and responding to abuse and neglect of consumers, staff interviews, and documentation review demonstrated consumer wellbeing and safety is monitored through volunteer and or staff contact.

The Assessment Team noted in relation to supporting consumers to live the best life they can, the organisation’s and service plans, policies and procedures promote a balanced approach to enable consumer enjoyment and choice. During interviews with the Assessment Team the co-ordinator described ways the service supports consumers to live their best life, including ensuring there is a ‘good fit’ with the consumer and volunteer. Feedback obtained from interviews with consumers and/or representatives described how consumers are supported to live the best life they can.

Evidence analysed by the Assessment Team showed the service offers a basic entry level service, supported by volunteers. Evidence analysed by the Assessment Team showed the service does not engage in any clinical support to consumers and therefore does not have a clinical governance framework and subsequent oversight processes and procedures.

The Assessment Team noted in relation to antimicrobial stewardship, the co-ordinator advised that the service does not manage or support consumer ingestion of medications. However, evidence analysed by the Assessment Team showed all staff and volunteers are trained in infection control and COVID-19 vaccinated. The Assessment Team noted volunteers and consumers are encouraged to wear a face masks when in close contact with each other. Evidence analysed showed volunteers are provided with stocks of personal protective equipment and are encourage to replenish, as required. The Assessment Team observed and noted ample supplies of PPE in the service supply cupboard.

The Assessment Team noted in relation to minimising the use of restraint, the co-ordinator when interviewed advised they do not have any consumers who are subject to the use of restraint. During interviews with the Assessment Team staff demonstrated an understanding of restrictive practices.

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)