**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Co-ordinating Italian Committee Inc. - Stepney |
| Service address: | 84 Payneham Road STEPNEY SA 5069 |
| Commission ID: | 600108 |
| Home Service Provider: | Co-ordinating Italian Committee Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 30 May 2023 to 1 June 2023 |
| Performance report date: | 29 June 2023 |

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

**This performance report**

This performance report for Co-ordinating Italian Committee Inc. - Stepney (**the service**) has been prepared by A. Grant, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Services included in this assessment

**CHSP:**

* Care Relationships and Carer Support, 24537, 84 Payneham Road, STEPNEY SA 5069
* Community and Home Support, 24536, 84 Payneham Road, STEPNEY SA 5069

# 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)

|  |  |
| --- | --- |
| 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 | **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.

**Requirement 2(3)(d)**

* Provide consumers a copy of their care plan.
* Increase frequency of updating care plans.
* Improve documentation and details within consumer care plans.

**Requirement 2(3)(e)**

* Improve assessment and documentation of consumers risks, needs, goals or preferences
* Increase frequency of updating care plans.
* Ensure reviews are effective at assessing risks for consumers, changes in health or condition, or assessing whether their needs, goals and preferences are being met.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | **Compliant** |
| Requirement 1(3)(b) | Care and services are culturally safe | **Compliant** |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | **Compliant** |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | **Compliant** |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | **Compliant** |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | **Compliant** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers described staff as kind, caring and respectful. Staff and volunteers described how they ensure each consumer's identity and culture is valued, and they are treated with dignity and respect. The Assessment Team attended the Day Social Support Program and observed consumers playing traditional card games, playing bingo and staff and consumers engaging each other in English and Italian.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services are culturally safe. Consumers interviewed said that staff and support workers understand their needs and preferences and deliver services with this in mind. Staff demonstrated understanding of consumers’ cultural background and described how they ensure services reflect consumers’ cultural needs and diversity. The Assessment Team observed consumer intake assessments captured information around consumers' culture, history, religion, and language. Management advised that where a consumer has specific cultural, language or religious need, they incorporated this into their service. This was evidenced in care plans viewed by the Assessment Team.

Evidence analysed by the Assessment Team showed the service was able to demonstrate how each consumer is supported to exercise choice and decisions about their services, including involvement, communicate their decisions and make connections with others and maintain relationships of choice, including intimate relationships. Consumers and representatives said the service involves them in making decisions about their services. Staff and volunteers described how they support consumers and their representatives to exercise choice and make decisions about the services they receive.

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. Consumers described being aware of risks and felt supported by the service in their choices. Staff, management and volunteers demonstrated how they support consumers to make choices and decisions regarding risks, enabling them to live the best life they can. A care plan for a consumer noted that during a review, they were encouraged to trial an exercise program while recovering from recent hospitalisation. The consumer was informed of the risks involved and was supported to make their own decision regarding the exercise program.

Evidence analysed by the Assessment Team showed the service was able to demonstrate information provided to consumers is current, accurate and timely, and communicated clearly in a way that enables them to exercise choice. Consumers and/or their representatives confirmed they are provided with timely and relevant information when they first commence with the service, and when something changes with the service. Staff and management described how they provide information to consumers in various ways, including verbally and in writing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. Consumers and representatives interviewed felt staff were respectful of personal information and the service demonstrated they have effective systems in place to protect consumers privacy and personal information. Consumers and representatives interviewed in relation to this requirement confirmed staff respect the consumer’s privacy when providing services and are confident their personal information is kept confidential.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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. | **Non-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

Compliant Evidence

Evidence analysed by the Assessment Team showed the service was able to demonstrate that current assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. Consumers and/or representatives sampled confirmed in various ways that consumer assessments were completed, their care and services needs were discussed and were planned to meet their needs. Coordinators described how they assess consumers’ needs and risks at commencement of services, and how assessments inform consumers’ care plans. Care planning documents evidenced comprehensive assessment at commencement of services, and planning was undertaken with consumers and/or representatives, including completion of risk assessments.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care and end of life planning if the consumer wishes. 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, however, most consumers advised they have not discussed advanced care or end of life planning with the service. Coordinators described conversations with consumers and/or their representatives about what is important to them informs assessment and planning of services. Care planning documents viewed showed that consumers’ needs, goals and preferences had been discussed with them and documented, however, in some cases these goals had not been recently updated.

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer and/or their representative, and others who are involved in the care and services of consumers. Consumers and/or representatives 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 services and consumers can elect to have a representative present during assessments and reviews. Care planning documents viewed for sampled consumers confirmed that consumers and/or their representatives, health professionals or external providers when required, were involved in the planning of consumers' services.

Non-compliant Evidence

*Requirement 2(3)(d)*

Evidence analysed by the Assessment Team showed the service was not able to demonstrate the results of assessment and planning are effectively documented and communicated to the consumer, and these documents are available to consumers and workforce at point of care. Sampled consumers and representatives advised they did not have a copy of their care plan, and were unsure if its contents are accurate. Coordinators and management advised that a new care plan is not produced after a review or when circumstances change, instead any changes are written on the existing care plan. Care plans viewed by the Assessment Team had not been recently updated, and in some cases did not hold current information. All sampled consumers and representatives advised they do not have a copy of their care plan, and are unsure if the contents would be accurate.

Evidence analysed by the Assessment Team showed care planning documentation viewed by the Assessment Team demonstrated results of assessment are clearly documented in the care plan, which is signed by the consumer. However, in four of five care plans sampled, the care plan had not been updated since the consumer commenced services, and the fifth was last updated in 2017. For all sampled care plans, consumer needs, goals and preferences had not been reassessed since the consumer commenced services. In cases where consumers had increased their services or had a change of condition, this was documented with a handwritten note.

Evidence analysed by the Assessment Team showed the while feedback from consumers demonstrated the service is meeting their needs, goals and preferences, and staff know everything about them, the service was not able to demonstrate this knowledge is documented, and updated, in consumer care plans.

*Requirement 2(3)(e)*

Evidence analysed by the Assessment Team showed the service was not able to demonstrate that services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. All sampled consumers confirmed their services are reviewed annually, or when their circumstances change. Coordinators and management advised that the service reviews all consumers at the start of each calendar year, and additionally if something changes such as a hospital release. Care planning documentation reviewed by the Assessment Team showed that while reviews are completed annually and when circumstances change, the reviews are not effective, and do not contain sufficient information to assess risks, or any changes in needs, goals and preferences. The Assessment Team viewed care planning documentation, including reviews for five consumers, and in all cases the review did not demonstrate the service had assessed the consumer's risks, needs, goals or preferences.

Evidence analysed by the Assessment Team showed while the service was able to demonstrate services for consumers are reviewed annually and when circumstances change, the service was not able to demonstrate these reviews are effective at assessing risks for consumers, changes in health or condition, or assessing whether their needs, goals and preferences are being met.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | **Not applicable** |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | **Not applicable** |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | **Not applicable** |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | **Not applicable** |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | **Not applicable** |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | **Not applicable** |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | **Not applicable** |

Findings

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

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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. | **Not applicable** |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being, and quality of life. Consumers and/or representatives were satisfied that the services provided optimises the consumer’s independence, well-being and quality of life through the provision of services such as social support, transport and centre-based respite. Coordinators and staff described what is important to consumers and how they adapt services according to consumers’ needs and preferences such as additional services when required. Care planning documents confirmed that the service had identified and documented what is important to the consumers, their goals and preferences for daily living, however, as documented within Standard 2 some care planning documents had not been updated for several years.

The service was able to demonstrate that services and supports for daily living promote consumers’ emotional, spiritual and psychological wellbeing. Consumers and/or representatives felt that staff and volunteers know consumers well and described in various ways how the services provided enhance their emotional and psychological well-being. Management and coordinators demonstrated their knowledge of consumers and described strategies to support consumers emotionally, spiritually and promote their psychological wellbeing. This was confirmed through care planning documents viewed for sampled consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social and personal relationships, and do things of interest to them. Consumers and/or representatives confirmed that services enable consumers to do things of interest and maintain social relationships, such as group exercises, playing games and sharing meals. Coordinators and volunteers described, and care planning documents and observations confirmed, how the service actively support consumers to access and participate in their community.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information about consumers’ needs, conditions, goals and preferences is documented and communicated within the organisation, and with other organisations where responsibility for care is shared. Sampled consumers and/or representatives advised staff and volunteers know them well and the services they receive are effective and appropriate. Coordination staff described how information is shared, generally verbally, within the organisation and with health professionals and other service providers involved in consumer care. However, care planning documentation did not consistently contain current information regarding consumers' needs, goals and preferences.

Evidence analysed by the Assessment Team showed the service was able to demonstrate how they assist with referrals to individuals, other organisations and providers. Consumers interviewed felt confident the service would assist them to connect with an external service or MAC if their needs and preferences changed. Management and staff advised the processes they follow to provide assistance to consumers to navigate MAC and how they support consumers to connect with other organisations when required.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that, where meals are provided, they are varied and of suitable quality and quantity. Consumers interviewed confirmed they are satisfied with the meals provided, and they meet their nutrition and hydration needs and preferences. Staff demonstrated they know consumer’s dietary needs, preferences and identified risks relating to consumer’s nutritional and hydration status. Care planning generally documents showed that consumers’ dietary needs and preferences are documented and communicated.

# Standard 5

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

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate the environment was welcoming, easy to navigate, and optimises consumers’ sense of belonging, independence, interaction, and function. Consumers confirmed they feel welcome when they attend the social support groups. Staff and volunteers described how they ensure consumers feel welcome and are encouraged to socialise with others. This was confirmed by Assessment Team observations. The Assessment team observed throughout the service environment a number of personalised items, including large collages of consumers, both past and present, optimising a sense of belonging for consumers and staff alike.

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

Evidence analysed by the Assessment Team showed the service was able to demonstrate furniture used is safe, clean, well maintained, and suitable for the consumer. Consumers expressed satisfaction with the fittings and furniture provided for services. Staff and volunteers described processes to ensure kitchen equipment is clean and well maintained, which was confirmed through observations and documentation. Staff and volunteers described processes to ensure service equipment and furniture is safe, clean, and well maintained, with the identification of any hazards and maintenance requests reported appropriately.

# Standard 6

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

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers, their representatives, and others are encouraged, and supported to provide feedback and make complaints. Consumers and representatives knew how to provide feedback or make a complaint, and staff described their processes for when a consumer or representative raised issues or concerns. Management advised there are policies and procedures in place for staff to raise concerns. The Assessment Team observed documentation that is included with all Consumer Assessment Packs detailing how to provide feedback and complaints, in both English and the consumers preferred language.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Consumers interviewed advised whilst they have not required the service of an advocate/interpreter, they were aware this was available. Consumers sampled confirmed they were aware of external services to raise feedback and complaints such as advocacy services and the Aged Care Quality and Safety Commission (the Commission). Signage was observed by The Assessment Team around the service centre demonstrating this. Representatives interviewed confirmed they advocate on behalf of the consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate appropriate action is taken in response to complaints and open disclosure process is used when things go wrong. Consumers and/or representatives stated that the service would act on feedback provided. The service has documented policies and procedures to provide staff guidance on the management of feedback and complaints. This was confirmed through documents provided to the Assessment Team. Management stated that while there have been very limited complaints made in the past few years, they are quick to action any concerns that consumers have. Management and staff advised that a recent complaint on the type of pasta used for a meal was not enjoyed by a consumer and this was quickly replaced with an alternative.

Evidence analysed by the Assessment Team showed the service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services for consumers. Staff and management described how feedback and complaints are analysed and the information used to make service improvements, and the Assessment Team viewed documentation that evidenced feedback provided has positively impacted service delivery. Consumers interviewed stated that they had provided feedback on previous chairs being uncomfortable and the service had replaced these based on the feedback.

# Standard 7

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

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality services. Consumers advised they get quality care and services. Staff and management described how they plan and manage the workforce. This was confirmed through documents provided to the Assessment Team. All Consumers and/or their representatives interviewed advised they were pleased with the staff and volunteers that attend to their care and services, with all interviewed consumers confirming most volunteers are long term, and ensure they build rapport with consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers and representatives said volunteers and staff are kind, caring and respectful. Staff and volunteers spoke about consumers in a kind and respectful way when speaking with the Assessment Team about the services they provide. Staff and management spoke of supporting each consumer to ensure that the social support group venue is inviting and comfortable for them, with subtle inclusions such as Italian regional music being played, and a menu diversity reflective of consumers desires and recommendations.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is competent and have the knowledge to effectively perform their roles. Consumers and/or representatives sampled, described in various ways that staff are competent in their job. Management described robust recruitment processes to ensure staff and volunteers have adequate skills and qualifications, and how management monitor their competency ongoing through supervision, regular meetings and consumer feedback, with identified training gaps actioned. Management advised they assess competence at the interview stage and monitor this ongoingly through a variety of ways including mandatory and other training, observations, feedback from staff and consumers, incidents, and performance reviews.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Staff and management described, and documentation viewed confirmed, the service’s process to monitor staff performance. The training files showed when each staff member and volunteer had completed mandatory training. Staff said if they had any outstanding training requirements or expired certification, management would advise them.

Evidence analysed by the Assessment Team showed the service was able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Staff advised they receive regular formal performance discussions with their managers. Staff and management confirmed they were supported in their performance review process, with any identified needs addressed. Management described their process for regular assessment and monitoring of workforce performance. Management spoke of the ongoing engagement with staff after recruitment, in conjunction with reviews and feedback sessions, and on-shift and supervised visits, for continuous monitoring and oversight.

# Standard 8

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

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services. Consumers sampled said they have input about services provided through responsive feedback mechanisms. Management and staff described how consumers have input about their experience and services through informal feedback processes, and broader inclusion. Management and staff described how consumers have input about their experience and services through the formal and informal feedback processes, and broader inclusion. Minutes of meetings at governance level confirmed the service involves consumers in the development, delivery, and evaluation of services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the organisation promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The service has a range of reporting mechanisms to ensure the services governing body is aware and accountable for the delivery of care and services. Management described, and the Assessment Team viewed documentation regarding the processes and procedures they have, and the meetings held at local and organisational level to monitor they are delivering safe, inclusive, and quality care and services.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate established, documented, and effective organisation-wide governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, feedback, and complaints.

*Information management:*

Evidence analysed by the Assessment Team showed all consumer information is stored securely across multiple platforms, in line with broader Board requirements and electronic data is password protected and accessed with relevance to staff position and role. Policies, procedures and other documentation are freely available to staff as required, and the Assessment Team observed all policies, procedures and protocols are updated annually.

*Continuous improvement:*

Evidence analysed by the Assessment Team showed the service’s continuous improvement plan includes improvements informed by consumers and staff feedback, actions identified by system improvements, policy and procedure reviews, and opportunities to upskill staff and volunteers accordingly.

*Financial governance:*

Evidence analysed by the Assessment Team showed the organisation has an established financial management framework which outlines management and staff responsibilities regarding broader program fiscal governance. Management advised they meet regularly with the Board, to report CHSP consumer funding, enabling oversight and fiduciary governance. The service has a Finance Officer, who provides budget accountability.

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

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

*Regulatory compliance:*

Evidence analysed by the Assessment Team showed the service has effective systems to track staff accreditation and compliance across national standards. Management ensures oversight of service compliance, in accordance with their service’s Audit framework. Interim reviews of policies, procedures and protocols occur as required, or in response to feedback, changes in legislation, or national guidelines to ensure information is current. The Assessment Team viewed procedures and policy documents which contained addendums with updated related documents including legislation and standards.

*Feedback and complaints:*

Management indicated that staff and consumer feedback and surveys are used to drive continuous improvements, with meeting minutes evidenced indicating changes to service delivery as needed based on feedback and complaints. The Assessment Team viewed the most recent client satisfaction survey. – *End “Feedback and complaints” heading.*

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate effective risk management systems and practices, including in relation to effectively managing high-impact or high-prevalence risks, identifying and responding to consumer abuse and neglect, supporting consumers and managing and preventing incidents.

*Managing high-impact or high-prevalence risks associated with the care of consumers:*

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate effective risk management systems and practices, including in relation to effectively managing and preventing consumer incidents. The organisation has a documented risk management framework including policies and procedures related to organisational risk management, and consumer’s risks. The organisation demonstrated effective processes to ensure all consumer incidents are reported and followed up appropriately to prevent further risks or incidents, and demonstrated how they manage and monitor high-impact or high-prevalence risks to consumers.

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

Staff and volunteers are provided information related to identifying, reporting general risks, neglect and abuse of consumers to management. The Assessment Team viewed information and education in relation to identifying and responding to abuse and neglect.

*Supporting consumers to live the best life they can:*

Evidence analysed by the Assessment Team showed the organisation business plan and delivery are focused on acknowledging its consumer base, and supporting consumers to live their best life by shaping the service delivery in a client-centric experience in all facets.

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

Evidence analysed by the Assessment Team showed the service demonstrated how they record, review and report individual incidents in their reporting system and demonstrated how consumer incidents are investigated and analysed, with appropriate open disclosure actions undertaken in consultation with the affected consumers and/or their representatives.

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)