**Performance**

**Report**

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| Name: | Comfort Care Services |
| Commission ID: | 201407 |
| Address: | Unit 2, 556-562 Hume Highway, YAGOONA, New South Wales, 2199 |
| Activity type: | Quality Audit |
| Activity date: | 3 January 2024 to 5 January 2024 |
| Performance report date: | 31 January 2024 |

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

Home Care Packages (**HCP**) included:  
Provider: 9299 Comfort Care Services Pty Ltd  
Service: 26982 Comfort Care Services

**This performance report**

This performance report for Comfort Care Services (**the service**) has been prepared by K. Reed, 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 24 January 2024
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary for Home Care Packages (HCP)

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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 | **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 | | HCP |
| 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 confirmed consumers were treated with dignity and respect and are made to feel valued as individuals. Staff spoke respectfully about consumers and outlined examples of how they ensured each consumer’s dignity was respected. Care planning documents detailed information regarding consumers’ backgrounds, personal preferences, identity, and cultural practices which aligned with consumer interviews.

Consumers and representatives provided feedback that staff understood consumers’ cultural needs and preferences and services were delivered in a way that made consumers feel safe and respected. Management and staff provided examples of how services were delivered to meet the needs and preferences of individuals, to ensure inclusive care and support. As part of the assessment process information was captured for consumers including any specific cultural requirements. Care planning documentation evidenced an understanding of individual needs and preferences.

Consumers and representatives were informed of the services available to the consumer and were supported to make their own decisions about the services the consumer received, and the service supported them to be as independent as possible. Consumers and representatives advised the service made it easy for them to be involved in exercising choice and to involve the people important to the consumer. Management and staff provided examples of how consumers were supported to make informed decisions and how services were provided in accordance with consumers’ preferences. Management and staff demonstrated awareness and understanding of individual consumers’ communication needs, choices and preferences.

Consumers and representatives confirmed staff listened to consumers, understood what was important to them and respected the choices consumers made. The service demonstrated consumers were supported in making choices about the services and supports they needed and how they wished their services to be provided. Staff and management spoke of steps they took to support consumers to live a life of their choosing. Management advised if they believed a consumer was taking a risk, this would be discussed with the consumer and the family to ensure the safety and wellbeing of the consumer. Management advised risk assessments were conducted on all consumers upon commencement with the service and were updated as required. Where risk factors were identified, strategies were implemented to mitigate these risks and support consumers to live their best lives.

Consumers and representatives confirmed they received information in a way they could understand, which enabled them to make informed choices. This included information to understand aged care services and practical support to access the services consumers needed. Consumers advised they regularly receive information from staff and management.

Each consumer’s privacy was respected, and personal information was kept confidential. Consumers were advised how their personal information would be used and this was outlined in their home care agreement. Consumer information was stored in a secure electronic database. Access to electronic information was limited by role and was password protected. Policy and procedures demonstrated privacy and confidentially were a key priority for the service. Consumers and representatives advised care staff were respectful of consumers’ personal privacy. Staff described how they maintained privacy and confidentiality of consumer information.

Based on the information recorded above, this Standard is Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP |
| 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 consumers received care and services that met their needs. Registered staff identified risks for consumers, using assessment tools. Care planning documentation provided information to guide the delivery of care and services for each consumer. Risk assessment tools were used to identify health and well-being risks, including mobility and falls risk, lifestyle and culture, and home safety risk assessments. The service had policies and procedures related to assessment and planning.

Consumers were receiving care and services that met their needs, goals and preferences. Care planning documentation reflected the consumer’s needs, goals and preferences. The service would ask consumers about advanced care planning and end of life cares at the initial assessment. Management confirmed they would ask consumers about their wishes at reassessments in case circumstances have changed and they would also encourage the consumers to discuss their wishes with family or their medical officer.

The service demonstrated they worked in partnership with other organisations, individuals and service providers in assessment and care planning. Consumers and representatives confirmed they participated in the planning and review of care and services. Documentation evidenced consumer and representative involvement and ongoing reviews by allied health professionals.

Consumers and representatives were satisfied with the information they receive about consumers’ care and services and had access to the consumers’ care plan in their home, in hard copy. Staff were informed of any changes to consumer’s care and service needs in a timely manner via emails or phone calls and could access the new support plans via a mobile phone application or the hard copy in the consumer’s home.

Consumers confirmed they could request additional care or services if their circumstances changed. Registered staff reviewed care plans for consumers with a level 4 home care package every three months and all other consumers had their care plans reviewed every six months. Out of date care planning documents was identified in some care plans which were overdue for review, and he service committed to implementing a new monitoring system for reassessments and the consumers that had overdue assessments were contacted to organise a review.

Based on the information recorded above, this Standard is Compliant.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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 the clinical and personal care provided was safe and effective for the consumer and the consumers’ health was optimised. Staff demonstrated knowledge of consumers’ needs, goals and preferences and described how the service ensured care was best practice and tailored to the consumer’s needs. The service had policies, procedures and assessment tools to guide staff practice in delivering personal and clinical care.

Risk assessments were undertaken for high prevalence or high impact risks to create strategies to minimise their occurrence. Risks identified included falls and pressure injuries. Staff demonstrated knowledge of what risks applied to individual consumers and what strategies had been adopted to manage those risks. Care workers referred to consumers’ care plans or contacted clinical staff if they required information on managing high prevalence risks.

The service had not assisted any consumers nearing end of life at this time. The service had policies and procedures in place if any consumers became palliative. The service recently engaged with the local palliative care team to start to build a relationship with the team before they needed to work with them for a consumer.

Consumers and representatives provided feedback that staff knew the consumers well and would recognise a change in their condition. Staff had a shared understanding of the processes for identifying and escalating deterioration or change in a consumer’s condition. Management provided examples of how a change in condition was recognised and responded to in a timely manner. Care staff have received training in recognising deterioration in consumers and were comfortable in escalating concerns to the Care manager for their assistance.

Consumers and representatives confirmed staff provided consistent care and services to consumers. The service demonstrated that information about care and services were available to staff, and staff received information about changes to consumers’ condition or needs via the mobile phone application and email. Care planning documentation included evidence that information was communicated to organisations where the responsibility for care was shared.

The service referred consumers in a timely manner to appropriate care providers such as the consumer’s medical officer, physiotherapist, and occupational therapists. Consumers confirmed the service assisted them to book appointments with their medical officer and if they required allied health assistance the service sought to arrange appointments. Review of care planning documentation demonstrated input from others was sought, and their recommendations were incorporated into care plans.

Management maintained appropriate infection control practices and reviewed antibiotic prescribing to reduce the risk of resistance to antibiotics. Staff received training in infection control practices and the service had policies and procedures to guide staff in infection control and antimicrobial stewardship.

Based on the information recorded above, this Standard is Compliant.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers provided feedback the service supported consumers to help them to maintain their quality of life and independence. Staff demonstrated an understanding of what was important to individual consumers and described how they helped the consumer to do as much as they could for themselves if this was their preference. Care planning documentation was individualised and outlined the services and supports to be provided.

Consumers were satisfied with services and supports for daily living to promote their emotional, spiritual, and psychological well-being. Care planning documentation outlined information about the consumer’s emotional, spiritual and psychological wellbeing. Staff demonstrated an understanding of what was important to each consumer and provided examples of how the well-being of consumers was supported. Staff confirmed if a consumer was feeling down, they took the time to have a conversation with them. Staff reported any concerns about a consumer’s emotional or psychological well-being to the care coordinator, who took necessary action to manage the consumer’s health.

Consumers and representatives confirmed consumers were provided with opportunities for social interaction and social connection through the supports they received, and were supported to take part in the community, interact with others and do things of interest to them. Care staff provided examples of being flexible in providing social support based on what the consumer’s preference was for the day. Care planning documentation provided information about each consumer’s background and what their interests may be.

Consumers were satisfied information about their needs and preferences was shared within the service and with others involved in their care. Consumers confirmed staff had a good knowledge of their needs and preferences. Staff said information about the consumer’s care and services was available through the mobile phone application. Care planning documentation had sufficient information to guide staff in delivering care and services in line with consumers’ preferences. The service demonstrated how information about the consumer’s condition, needs and, preferences was communicated within the service and with others, where responsibility for services and supports for daily living is shared.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. Staff and management described the process for referrals to other organisations and individuals involved in consumers’ care. If staff identified an additional need for a consumer, they would contact the care coordinator. The service utilised a range of external services to ensure consumers accessed the broad range of supports needed.

Consumers and representatives were satisfied the equipment provided by the service for use in consumers’ homes was suitable and met consumers’ needs. Care planning documentation evidenced that staff received training in the use of equipment, where applicable. Management described how consumers’ needs for equipment were identified and the process for assessment and purchasing. Staff ensured equipment were safe and well maintained. There were processes to ensure equipment was maintained, including referral to the manufacturer for servicing.

Based on the information recorded above, this Standard is Compliant.

# Standard 6

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| Feedback and complaints | | HCP |
| 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

All consumers and representatives confirmed they were encouraged to provide feedback and make complaints. Staff confirmed processes for communicating complaints and feedback to management. Management encouraged feedback and had processes when complaints were received. Management sought feedback from consumers related to care and services through annual surveys and regular contact by telephone. Consumers confirmed management regularly contacted them to seek feedback related to their care and staffing.

Consumer and representatives demonstrated awareness of advocates and language services. Staff assisted consumers with communicating complaints and/or accessing advocacy services. Management provided consumers and representatives information relating to language services and advocacy services. Management confirmed information relating to language services, advocacy and external bodies such as the Commission was provided in the entry information and agreement. The Home care package agreement and documentation provided to consumers at entry supported this process.

Consumers and representatives confirmed when complaints were raised with the service, action was taken, outcomes discussed, and ongoing review was completed by management to ensure satisfaction. The process for managing complaints was documented in the complaints register and included actions and follow up with the consumer to ensure satisfaction with the outcome. A review of the complaints register included the documented actions and evaluation of complaint resolution to identify consumer satisfaction. Staff demonstrated awareness of the steps to take when things went wrong which included apologising to the consumer and escalating the complaint to management.

Complaints were reviewed and areas for improvement identified. Complaints and feedback were documented in the complaints register and improvements were documented in the Plan for continuous improvement. The Plan for continuous improvement documented on 5 July 2023, a planned action to complete training with staff relating to consumers’ dignity and choice and the code of conduct. A review of training records identified code of conduct training was completed on 7 July 2023 and dignity and choice training was ongoing. Consumers and representatives who made complaints relating to staffing, confirmed they were very happy with the staff and staff were very respectful of their choices.

Based on the information recorded above, this Standard is Compliant.

# Standard 7

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

Findings

Consumers and representatives confirmed staff attended shifts as scheduled and on time. Staff stated they had sufficient time to complete tasks for the consumers as outlined by their care plans. Management had processes for ensuring the number and mix of staff was adequate to ensure the safe delivery of consumer care. Staff described how their shifts were rostered and the process for emergent leave. Management described how they used the rostering system to reassign shifts when emergent leave occurred.

Consumers and representatives confirmed staff were respectful, kind, caring in their interactions and in support of consumers’ culture and diversity. Staff described how they interacted with consumers in a kind and caring way through ensuring consumers’ preferences were met. Management stated feedback from consumers was sought to ensure staff interactions were kind and caring. Management described and the complaints register documented how complaints related to staff interactions with consumers were quickly addressed and resolved. Consumers confirmed management quickly responded if issues related to staffing were brought to their attention.

Consumers and representatives stated staff were competent to complete care and services. Staff had a clear understanding of the requirements and expectations of their role. Management described the processes for ensuring staff were qualified and appropriate checks had been completed. Management confirmed they ensured police checks remained current through alerts in the rostering system when nearing expiry and monitored registrations annually.

Consumers and representatives expressed satisfaction with the training of staff and delivery of care and services by the workforce. Staff confirmed the recruitment process included orientation and mandatory training which included manual handling and elder abuse. Staff received training to utilise the service’s electronic systems to ensure they were equipped to provide appropriate and tailored care for each consumer. Training records identified all staff completed training in elder abuse and mandatory reporting, infection prevention, Aged Care Quality Standards and the code of conduct in 2023.

Management completed annual performance assessments and discussed any issues with staff when they occurred. Documentation evidenced staff who have worked at the service for longer than a year had completed performance assessments. While documentation was not produced, management stated performance discussions were completed when complaints were raised regarding staff performance.

Based on the information recorded above, this Standard is Compliant.

# Standard 8

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| Organisational governance | | HCP |
| 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

The Quality audit report contains information that consumers and representatives were unable to provide examples of how they were engaged in the development, delivery and evaluation of care, and management did not demonstrate consumers were engaged with the evaluation of care and services. The Quality audit report stated the service had not held any consumer or representative meetings.

The Approved provider in its written response has refuted this information and reported that input was sought from consumers and representatives through consumer interviews, care reviews, telephonic communication, complaints mechanisms and an annual survey. I am satisfied the service sought opportunities to engage with consumers and representatives to evaluate care and service delivery. This was evident through the satisfaction expressed by consumers and representatives in relation to care and service delivery and an effective complaints management system as evidenced in the compliance rating for Standard 6. In relation to the service not holding and consumer or representative meetings, it is my decision there is no mandatory requirement for the service to hold consumer or representative meetings, and email communication submitted by the Approved provider in its response evidenced communication was shared with consumers and representatives, Consumer and representatives also expressed satisfaction with the information provided by the service, which was evidenced in the compliance rating for Requirement 1 (3) (e).

Information in the Quality audit report indicates the service was unable to demonstrate feedback obtained from the annual survey was used to identify any areas of improvement or further engagement. I am unable to determine form this information if any deficits were identified through the completion of the annual survey. The Approved provider in its response included two survey results which indicated a high level of satisfaction. This high level of satisfaction was evident through consumer and representative feedback throughout the Quality audit report. Further information in the Quality audit report related to a lack of monthly newsletter for the service. While there is no regulatory requirement for the service to send monthly newsletters, I am satisfied with the Approved provider’s commitment to the establishment of a twice yearly newsletter.

I am satisfied consumers were engaged and supported in the development, delivery and evaluation of care and services, and therefore Requirement 8 (3) (a) is Compliant.

The Quality audit report contains information the service did not demonstrate there was a governing body in place for accountability and oversight of care and services. The report noted there was a lack of reporting, collecting or analysing data such as clinical incident, complaints, risks or quality improvements. Consumer care plans were noted to be overdue for seven of 37 consumers.

The Approved provider in its written response to the Quality audit report refuted this information and stated the current governing body consist of the Managing director, Operations manager, Registered nurse and Care coordinator. As the service has less than 40 consumers the service is exempt from the Provider governance responsibility changes, however the service is already making changes to their governing structure to include three Board members who are not part of the executive team.

In relation to a lack of reporting, collecting or analysing data, the Approved provider evidenced the inaugural Clinical governance meeting minutes held in December 2023 where incidents and complaints were addressed and raised. While incidents and complaints were discussed, there was a lack of evidence to support discussions were held on preventative strategies to reduce the risk of further recurrence. I have however placed weight on my decision that Standard 3 and 6 are Compliant, indicating care and services are safe and effective and there is an effective complaints process.

As to the information recorded relating to overdue care plan reviews, I am not convinced this has related to negative care outcomes for consumers and note that both Standards 2 and 3 are compliant.

I am satisfied the organisation is promoting a culture of safe and inclusive care and services as evidenced by Compliance in other Standards, and therefore it is my decision Requirement 8 (3) (b) is Compliant.

The Quality audit report contains information the service has not met its regulatory compliance requirements in Requirement 8 (3) (c) as the service did not demonstrate compliance with the strengthened governance arrangements which commenced 01 December 2023.

The Approved provider in its written response to the Quality audit report have commenced actions to form a Board inclusive of non-executive Directors. Suitable candidates have been identified and letters of acceptance have been sent. The initial Board meeting will be held in April 2024. In relation to the formation of a consumer advisory body, the service has sent letters of interest to consumers and representatives in both English and Arabic in January 2024. The consumer advisory body will report and advise directly to the Board through reports or representation at Board meetings. A registered nurse, the Operations manager have been appointed to the Quality advisory body which is awaiting a consumer advocate to complete the quorum for this body to be completely formed. Actions relating to the improvements to governance arrangements have been added to the service’s plan for continuous improvement.

I am satisfied with the actions the Approved provider has taken or has planned in relation to strengthening the service’s governance arrangements are reasonable and appropriate, and therefore find Requirement 8 (3) (c) is Compliant.

The service demonstrated there was an incident management system in place which documented and evaluated incidents which occurred. Staff described how they escalated incidents to the clinical management team and were informed of mitigation strategies to prevent further incidents. Clinical management described the processes for managing risks for consumers through documenting incidents in the electronic system. The clinical team were aware of the service’s high impact, high prevalence risks and identified falls and skin integrity as the greatest risks. Staff demonstrated an understanding of identifying and responding to abuse and neglect and confirmed if they were aware of any incidents of abuse would escalate to the management team. Staff completed training relating to abuse and neglect and a review of training completed in 2023 confirmed this occurred. Consumers and representatives expressed satisfaction with care and services delivered to consumers to live their best life.

The service had a clinical governance framework which outlined the roles and responsibilities for key staff. The Deed of Delegation which management provided as the service’s clinical governance framework included management responsibilities and accountabilities. The service had policies relating to antimicrobial stewardship, open disclosure and restrictive practice. Staff had access to policies through a mobile application.

Based on the information recorded above, this Standard is Compliant.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)