**Performance**

**Report**

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| Name of service: | Coolibah Home Care Service |
| Service address: | 30 Third Avenue MANDURAH WA 6210 |
| Commission ID: | 500083 |
| Home Service Provider: | Mandurah Retirement Village |
| Activity type: | Quality Audit |
| Activity date: | 18 May 2023 to 22 May 2023 |
| Performance report date: | 8 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 Coolibah Home Care Service (**the service**) has been prepared by F.Nguyen, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

**Home Care:**

* Coolibah Total Caring - EACH, 19135, 30 Third Avenue, MANDURAH WA 6210

**CHSP:**

* Care Relationships and Carer Support, 25172, 30 Third Avenue, MANDURAH WA 6210
* Community and Home Support, 27676, 30 Third Avenue, MANDURAH WA 6210

# 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 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 | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that each consumer is treated with dignity and respect with their identity, culture and diversity valued. Consumers/representatives said staff are respectful and consult with them about the way they prefer care and services to be delivered. Management and staff interviewed spoke about consumers respectfully, could describe what was important to each consumer they support, and what it meant to treat consumers with dignity and respect.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that care and services are culturally safe. Consumers/ representatives described what is important to them, how their services are delivered to accommodate this, staff described an understanding of consumer backgrounds and how they deliver culturally safe services. Consumers/representatives interviewed said service staff spent time getting to know the consumers and what is important to each of them.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that each consumer is supported to exercise choice and independence. This includes making decisions about their care and services including when others should be involved and communicating their decisions. Consumers/representatives said that the service allows them to make their own choices about the care and services they receive, and representatives said they feel included in the decision-making process.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are supported to take risks to enable them to live the best life they can. Consumers said they are encouraged to do things independently and staff respect the decisions they make. Staff described how they support consumers to take risks and to do things that are important to them.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information provided to each consumer is current, accurate and timely. Consumers/representatives interviewed said they are provided with timely information. Consumers/representatives interviewed said the service communicates with them regularly and the information is up to date and easy to understand.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that each consumer’s privacy is respected and personal information is kept confidential. The service has effective systems in place to protect consumer privacy and information. All consumers/representatives interviewed said that staff are respectful of their privacy and do not have any complaints about lack of confidentiality.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

Evidence analysed by the Assessment Team demonstrated that the service has an assessment and care planning process to ensure staff can deliver safe and effective care and services including the use of information from other services such as My Aged Care (MAC). The service considers the risk for consumers when completing assessments in accordance with each consumer’s needs and preferences. All consumers/representatives interviewed advised that the care and services available to them is discussed with them prior to the commencement of services and include discussions on consumer needs and preferences.

Evidence analysed by the Assessment Team demonstrated that the service has processes to support the identification of consumer-centred specific goals and preferences. Staff advised consumers are provided an opportunity to identify their end-of-life preferences in an advanced care directive if they have not already done so. All consumers/representatives interviewed said staff discuss their needs and preferences with them during onboarding and reviews which are documented in support plans.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that it involves the consumer and, as appropriate, their representatives, in the planning of the care and services to be provided to consumers. The service has processes in place to support consumers to access external service providers and to protect privacy when sharing consumer’s goals and preferences, in accordance with their obligations. All consumers/representatives interviewed reported they have had an opportunity to meet with their case manager to discuss their specific needs and preferences.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that outcomes of assessment and planning are effectively communicated to consumers/representatives and documented in their support plans to guide staff to effectively deliver care and services. Consumers/representatives interviewed advised their support plans are discussed and agreed upon prior to the commencement of services and are provided with a hard copy of their support plan located in their home folder.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that processes are in place to ensure support plans are regularly reviewed and meet the consumer’s current needs including when changes are required due to an adverse event or a change in the consumer’s health condition or personal preference. All consumers/representatives interviewed stated the service regularly reviews and supports them when their needs change

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that each consumer receives safe and effective personal care and clinical care that is tailored to their needs and optimises their health and well-being. All consumers interviewed reported satisfaction with the care they receive. The service demonstrated through review of consumer care documentation that it is using best practice assessment and strategies to support consumers to have safe and effective clinical and personal care. Consumers/representatives interviewed stated the personal/clinical care services they receive is tailored to their needs and optimises their well-being.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that it effectively manages high-impact and high-prevalence risk associated with the provision of care and services to each consumer. Systems and processes are in place to assist staff to manage risk, and to ensure clear instructions are provided to staff to minimise the effect and number of risks for consumers. Consumers/representatives interviewed said the service effectively manages high-impact and high-prevalence risks associated with the provision of care and services.

Evidence analysed by the Assessment Team demonstrated that the service has an understanding of the needs, goals and preferences of consumers nearing the end of their life, maintaining consumers’ dignity and comfort, and respecting their cultural preferences. Management advised if a consumer is in the palliative care phase of their life staff work with external services specialised in providing palliative care services in consumer homes.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that deterioration or change of a consumer’s cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Systems and processes are available to support staff to recognise and respond to a consumer whose function, capacity, health condition changes or deteriorates. Staff are clear about their roles and responsibilities including identifying and reporting signs of deterioration. Consumers/representatives interviewed said staff who attend services are attentive to any changes/concerns and report to case managers to trigger reassessment of services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that communication systems are available to the workforce to assist them to provide and coordinate care that respects consumer choices, ensuring that safe, effective, and consistent care is provided. Support plans are updated regularly, and all staff have access to information pertinent to their role. Consumers/representatives interviewed said they felt their needs and preferences are effectively communicated between staff.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that there are timely and appropriate referrals to internal and external providers that can meet the needs of the consumer where it cannot be provided by the service provider. Staff described processes to refer consumers for allied health services and additional services through the internal referral process or MAC portal for consumers accessing CHSP services. Consumers/representatives interviewed confirmed there are timely and appropriate referrals to allied health staff or the registered nurse as required.

Evidence analysed by the Assessment Team demonstrate that the service has documented policies and procedures to support the minimisation of infection related risks through infection control practices. Staff confirmed they have completed training on infection control measures. Staff and management advised that personal protective equipment (PPE) is available to all staff and masks must be worn during services.

# Standard 4

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| Services and supports for daily living | | HCP | 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that each consumer gets safe and effective services and supports that meet the consumers’ needs and preferences and optimise their independence, health and well-being. Consumers confirmed they are encouraged to be independent, and their needs, goals and preferences are respected. Staff provided examples of how they support consumers to remain independent and optimise their quality of life and documentation confirmed ways the service is supporting consumers to do this. Consumers interviewed reported that they are supported with safe and effective services and supports for daily living that meets their needs, goals and preferences.

Evidence analysed by the Assessment Team demonstrated that the service has supports in place to promote each consumer’s emotional, spiritual, and psychological wellbeing. Staff demonstrated that they are aware of individual consumer’s needs in relation to their emotional, spiritual, and psychological wellbeing. Consumers/representatives interviewed said staff know them and provide them with appropriate support.

Evidence analysed by the Assessment Team demonstrated that the service supports consumers to participate in the community and they are supported to maintain relationships that are important to them. The service demonstrates that consumers are supported to do things that are of interest to them. Consumers/representatives interviewed stated they are supported to participate in their community.

Evidence analysed by the Assessment Team demonstrated that the service has processes in place to ensure information about the consumer’s condition, needs and preferences are communicated within and outside the service (when required) and ensure that information shared is kept private and confidential. Staff advised that for day service consumers, information regarding their conditions, needs and level of function is communicated through a clinical variance form to the respite coordinator and OT for follow-up assessment or review.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that there are timely referrals to other organisations and providers of care and services. Consumers/representatives said they were satisfied with the services and supports delivered by those the consumer was referred to. Consumers/representatives interviewed said that when referrals were required to other organisations, the service was able to provide support and advice.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that meals provided are varied and of adequate quality and quantity. Consumers/representatives interviewed advised that the quality and quantity of food presented was adequate.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that where equipment is provided it is safe, suitable, clean and well maintained. Equipment provided to consumers is fit for purpose for the consumer and tailored to their specific needs. Consumers/representatives interviewed advised they are satisfied with the equipment they use and said it was selected for suitability on the recommendations of allied health professionals.

# Standard 5

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| Organisation’s service environment | | HCP | 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 | 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. | Not applicable | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable | Compliant |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the cottage respite unit and day centre are welcoming, easy to navigate and understand. Consumers and their representatives advised that the cottage respite provided a homely environment for their short-term stays.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that service environments are safe, clean, well-maintained and enable free movement. The cottage respite unit and day services centre were observed to be signposted and accessed via wide, flat, paved paths. Consumers reported feeling safe while staying at the cottage respite. Consumers confirmed they are satisfied with the service environment being clean and advised that their rooms and communal areas were cleaned regularly.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that furniture, equipment and fittings were safe and suitable for the environment in which they were used. Consumers interviewed advised that the furniture and environment were clean.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers, representatives and others are supported to provide feedback and make complaints. Staff are aware of the ways in which they can support consumers to make complaints. Policies, procedures, and systems are in place to encourage feedback from consumers, representatives, and their families, and those involved in delivering services to consumers. Consumers/representatives interviewed said they felt comfortable to provide feedback and make complaints either by talking to their case manager or contacting the service.

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 resolving complaints. Management said, and provided evidence showing that, information about advocacy services and making an external complaint is provided to consumers in the consumer information pack at onboarding. Consumers/representatives interviewed said they felt safe and comfortable in raising any concerns.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that it takes appropriate action to resolve complaints quickly and uses an open disclosure approach when things go wrong. Consumers and representatives report being satisfied by the way in which the service responds to complaints. Consumers/representatives interviewed who had made a complaint or given feedback to the service said they were satisfied with the actions taken.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that where feedback and complaints have been raised there have been improvements made to the quality of care and services. The service demonstrated it is using feedback and complaints to identify improvements to increase consumer satisfaction of care and service. Consumers/representatives interviewed said they were happy with changes made to improve the quality of services and care provided.

# Standard 7

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| Human resources | | HCP | 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the organisation’s systems allow for regular monitoring and planning of staff, with the result that consumers receive services that are aligned with their assessed needs and preferences. Consumers/representatives interviewed stated care and services are delivered as planned. Consumers/representatives interviewed said they were happy with the staff who provide services to them and confirmed they always arrive on time.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. All consumers and representatives said staff and management are kind, caring and respectful. Staff and management spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their services. Consumers/representatives interviewed said staff engage with them respectfully while delivering care and services and were always kind and caring.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the workforce is competent and have the knowledge to effectively perform their roles. Consumers and representatives described in various ways that staff are generally competent in their job. Staff and management described how recruitment processes ensure staff have adequate skills and qualifications, and how management monitor their performance levels through consumer feedback and observation during service delivery. Consumers/representatives interviewed described staff as being confident, well-trained to perform their tasks and complete their work well.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the workforce is recruited, trained, equipped, and supported to effectively deliver the outcomes required by these standards. Management described the organisational recruitment and onboarding processes including all staff must complete mandatory training requirements relevant to the role. Staff interviewed confirmed they had completed mandatory training during their induction.

Evidence analysed by the Assessment Team demonstrated that the service regularly reviews and monitors the performance of its workforce. Staff and management advised that processes are in place for performance reviews as required under the Aged Care Quality Standards. Management confirmed that all new staff must go through the usual selection process as required under their policies, including reference checks. Management confirmed that all staff undergo regular performance reviews.

# Standard 8

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate that they are using feedback gathered from consumers through formal and informal systems to inform improvements to the delivery of care and services. Consumers/representatives interviewed said they felt comfortable in making suggestions about how the delivery of their care and services could be improved and could recall responding to surveys about the services they receive.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that the organisation promotes and is accountable for a culture of safe, inclusive quality care and services. The policies and procedures require all employees, consumers and other stakeholders to treat others with respect and awareness of their individuality, culture and personal preferences. Consumers/representatives interviewed were satisfied and confident in the way the service is being run, their views considered and felt that their health, safety and well-being was well supported by the service.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that there are effective organisation-wide systems in place across key areas of business operations. Effective communication lines exist to ensure that the service includes consumer input during policy changes or new systems implemented by the organisation.

Information Management

* Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers and representatives have access to their support plans, budget, statements and relevant information allowing them to exercise choice, provide feedback and make complaints. Staff can access policies and procedures, guidance and other documentation relevant to their role.

Continuous Improvement

* Evidence analysed by the Assessment Team demonstrate that the organisation has an established continuous improvement process. Documentation of improvements in the service’s continuous improvement plan evidence that improvements are sourced from various avenues such as consumer feedback, policy and process review and audit findings.

Financial Governance

* Evidence analysed by the Assessment Team demonstrated that documentation reviewed showed that there are processes for monthly reporting to track finances in a report is submitted to the Board. The service has a financial officer who oversees all budgets, grant agreements and purchasing.

Workforce Governance

* Evidence analysed by the Assessment Team demonstrated that the service has effective workforce planning with recruitment, induction and performance management to the enable delivery and management of safe, quality care and services for consumers.

Regulatory Compliance

* Evidence analysed by the Assessment Team showed the service was able to demonstrate that the Board has established a Regulatory Compliance policy and management is tasked with monitoring legislation and industry updates that affect the organisation and ensure that, where required, systems and processes are amended to reflect those changes.

Feedback and Complaints

* Evidence analysed by the Assessment Team demonstrated that the service has an organisational wide system that monitors and gives an overview of feedback and complaints. Consumers are supported and encouraged to provide feedback via surveys, email, telephone or in person with staff or case managers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that effective systems and processes are in place to manage risk. Staff are aware of their responsibilities to report any suspected or observed elder abuse or neglect. There is an incident management system used for incident reporting, follow up and escalation of incidents. Staff demonstrated how they report any concerns and how it is managed.

Managing high-impact, high-prevalence risks

* Evidence analysed by the Assessment Team showed the service was able to demonstrate that there is a process in place to identify risks associated with the care of consumers and strategies put in place through consumer risk assessments. Management demonstrated knowledge and understanding of each consumer’s risk and vulnerabilities.

Identifying and responding to abuse and neglect

* Evidence analysed by the Assessment Team showed the service was able to demonstrate that staff understand what elder abuse and neglect can look like and that they would report it to the service immediately. Documentation reviewed noted elder abuse training is incorporated into orientation for all staff. The training outlines the identification and responding to abuse/alleged abuse of consumers.

Incident management system

* Evidence analysed by the Assessment Team demonstrated that the service has an incident management system in place and the Incident Management Policy must be referred to when recording and managing incidents. Staff interviewed said they report any incidents whether observed or occurred prior to them attending to the consumer, or if consumer deterioration is observed. Staff confirmed they have been provided training on what to do when reporting an incident.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that it has a clinical framework in place, ensuring consumers receive safe, quality clinical care. The framework includes process for open disclosure, management of restrictive practices and antimicrobial stewardship.

Open Disclosure, Management of Restrictive Practices and Antimicrobial Stewardship

* The service has policies and procedures in place which identify responsibilities and accountabilities for the board, management, clinicians, staff and consumers. Management advised that it is expected that clinical staff are aware of the clinical care standards for antibiotic stewardship and support the adherence to the principals in consultation with medical and nurse practitioners.
* The service has in place a restrictive practices policy which states that it promotes an environment free of restrictive practices wherever possible and that seclusion is not permitted at the service.
* The service has an open disclosure policy, staff were able to describe what this means when something goes wrong, and the steps required to resolving complaints and issues.
* Staff interviewed said they completed restrictive practice, open disclosure and antimicrobial stewardship training on induction, and it is included in refresher training.

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-2)