**Performance**

**Report**

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| Name: | Cumberland Council |
| Commission ID: | 201234 |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8811 CUMBERLAND COUNCIL  
Service: 26088 CUMBERLAND COUNCIL - Community and Home Support

**This performance report**

This performance report for Cumberland Council (**the service**) has been prepared by D.Soich, 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; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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

Findings

I am satisfied the evidence presented below demonstrates the service is compliant with Standard 1 as six of the six requirements have been found compliant.

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. Management, staff and support workers spoke respectfully about consumers with an understanding of consumers' personal circumstances and described how it influenced the delivery of their individual services. Documentation viewed and interviews conducted with consumers demonstrated the service is inclusive and respectful of consumers' identity by adopting a consumer-centred approach.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services are culturally safe. Management and staff demonstrated an understanding of consumer’s cultural background and described how they ensure services reflect consumers’ cultural needs and diversity. All consumers and representatives sampled advised they feel the service understands their background, culture and what is important to them, and this is considered when organising care and services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate how each consumer is supported to exercise choice and independence, make decisions about their care and services including when others should be involved, and communicate their decisions. Consumers sampled confirmed the service involves them in making decisions about the consumer’s care and services. Staff described how they support consumers and their representatives to exercise choice and make decisions about the consumer’s services by recognising the importance of not taking independence away from consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is supported to take risks, if they wish to, to enable them to live the best life they can. While consumers did not speak directly about taking risks, they advised how they are able to make decisions in their day-to-day life including activities that involve risk. Management and staff were able to demonstrate an understanding of supporting consumers to take risks. Staff and management described how they support consumers to take risk by identifying and consulting on the risk and implementing risk mitigation strategies. For example, one consumer struggled to walk long distances so to support them in living their best life, support workers would park closer to shops and moved slowly with the consumer whilst walking. The consumer in this example felt strongly about this and knew the risks associated. The service has policies, procedures and forms in place to guide the workforce to support consumers to partake in risk. The Assessment Team viewed documents and care plans to support this determination.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that 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. Sampled consumers confirmed they are provided with timely and relevant information and are able to speak to staff if they require more details. Staff and management described how they provide information to consumers in various ways, verbally and in writing. One representative advised that the fortnightly statements were easy to understand. The service also demonstrated it has the capacity to translate statements for consumers requiring alternative languages.

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 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. Staff confirmed that they access to consumer information, that is relevant to their role, and the service demonstrated they have effective systems in place to protect consumer’s privacy and personal information. This was evidenced through management advising consumers they are able to withdraw consent at any time.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

I am satisfied the evidence presented below demonstrates the service is compliant with Standard 2 as five of the five requirements have been found compliant.

Feedback from sampled consumers/representatives indicate satisfaction with the quality of care and services tailored to their individual needs, objectives, and preferences. Staff and management recognise and address potential risks faced by consumers and this is reflected in their care plans. This documentation provides guidance for staff delivering care and services tailored to each consumer, including strategies to manage risks related to health, well-being, mobility, surgeries, and vision impairment. An example was a consumer’s care plan outlining the dietary requirements consisting of soft foods. Further evidence included a risk ‘tick box’ to inform support workers if a risk form is required to be completed or not based on answers to questions the consumers were asked.

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and/or representatives confirmed assessment and planning processes identified consumers’ current needs, goals and preferences. Staff and management demonstrated discussions with consumers and/or representatives about consumer’s needs, goals and preferences, including advanced care planning, which were documented in the consumers’ care plan and informed care and services. For example, the service has a goal plan and annual review meeting procedure in place. One such consumer’s care plan details their wish to continue to attend social outings during end of life. A review of the progress notes confirmed the consumer is continuing to attend social outings with support from the service.

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 interviewed confirmed they are involved in planning and making decisions about consumers’ care and services. Management described how consumers and their family are involved in assessment and planning of care and services. Care planning documents viewed for sampled consumers confirmed that consumers and/or their representatives were involved in the assessment and planning of consumer’s care and services. Management also spoke of other service providers’ involvement in the assessment and planning of consumers and provided examples of collaborating with consumers’ group homes (NDIS), hospitals, social workers and other allied health professionals.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the outcomes of the assessment and planning processes are communicated to consumers and documented in a care plan, is readily available to consumers, and where care and services are provided. All sampled consumers confirmed the outcomes of assessment and planning had been communicated to them and an electronic copy is uploaded into the service’s new client record management system. Staff also communicate any concerns about service delivery to management, who review and complete further care planning information as needed. Staff advised that the details provided in consumer care plans is enough to deliver appropriate care and services.

Evidence analysed by the Assessment Team showed CHSP consumers and/or representatives sampled in relation to this requirement advised they have regular contact with the service to ensure their continued satisfaction with the care service provided and to ensure their needs are being met. Management advised that care plans are reviewed annually with additional reviews scheduled in response to consumer requests, changed in care needs or preferences, and any identified risks, hazards, incidents or complaints. This information was corroborated through interviews with staff and reviews of care plans. The Assessment Team sighted alerts within the client management system that notified the workforce when care plans were due for their annual reviews.

# Standard 3

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

Findings

The service does not provide personal or clinical services. Therefore, this requirement was deemed to be Not Applicable.

# Standard 4

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| Services and supports for daily living | | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

I am satisfied the evidence presented below demonstrates the service is compliant with Standard 4 as seven of the seven requirements have been found compliant.

Evidence analysed by the Assessment Team showed that consumers get safe and effective services and support for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. One consumer advised that they were provided with easy to eat food which was cut up small, this was later confirmed to be in line with their dietary requirements after review of the consumer’s care plan. Management provided examples of service activities and how they are targeted to ensure each consumer gets safe and effective services and supports in line with their needs, goals and preferences such as nutrition services, group based activities, shopping services and transport services.

Evidence analysed by the Assessment Team showed that the service demonstrated supporting consumers for daily living promote each consumer’s emotional, spiritual and psychological well-being of consumers. Staff who were interviewed demonstrated an understanding of the individual consumer’s needs and the service has illustrated the implementation of tailored supports to meet these needs. For example, management spoke about providing meaningful activities such as Harmony Day events, cultural cook offs, Lunar New Year, Australia Day, NAIDOC Day specific to consumers who identified these events as culturally significant. Staff interviewed demonstrated an understanding of the standard by checking in with consumers often and discussing their needs with them.

Evidence analysed by the Assessment Team showed the service supports for daily living assist each consumer to participate in their community within and outside the organisation’s service environment fostering interaction with others and engagement in activities of interest. For example, a consumer attends the service each week on a Tuesday to meet other consumers and interact in a safe and supported environment. Staff interviewed demonstrated flexibility in providing social support whilst tailoring activities based on the preferences of their consumers including consumers with higher care needs who are often accompanied by support workers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information about consumer’s condition, needs, goals and preferences is generally communicated within the organisation and with others where responsibility for care is shared. Staff advised relevant information about consumers’ needs including allergies, food preferences and mobility needs are documented and easily accessible. This was confirmed through care planning documentation viewed that guided staff to deliver care and services aligned with consumers preferences.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Staff interviewed in relation to this requirement confirmed that if they identify an additional need for the consumer, they will escalate to management, who then seek support from other referral partners to assist. Management described processes to refer consumers to other organisations and or MAC, and this was confirmed through care planning documents viewed for sampled consumers. Management also advised that a referral form was available to consumers who request a referral to another service and this information was readily available in the customer handbook provided to all consumers.

Evidence analysed by the Assessment Team showed the service was able to provide meals that are varied and of suitable quality and quantity. Meals are prepared off-site by appropriately trained staff however the service is in the process of recruiting a cook. A member staff with appropriate training handles the food and spoke of other staff having basic food handling certificates. Most consumers who were interviewed regarding the supplied meals were satisfied with the variety and suitability of the meals. Management advised that feedback is used to influence the food provided and if a meal is not available to a consumer at the time, alternative meals will be offered that are similar. Staff members who were interviewed understood various consumer dietary requirements and how important these were. The Assessment Team noted dietary requirements are captured on consumer care plans and consumer files.

Evidence analysed by the Assessment Team noted that the service does not supply equipment aside from activity equipment used during activities. The service does however provide transportation for consumers to access the community during social support and outing and whilst being transported to and from the service. The transportation observed by the Assessment Team was 2 council owned buses and these were clean and well maintained with management and staff confirming cleaning of buses before and after use. Management confirmed that any maintenance issues were reported to the council via a logbook. The buses were also equipped with the relevant safety equipment including seatbelts, PPE and fire extinguishers. The drivers of the buses were council employees with all relevant licensing up to date.

# Standard 5

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

Findings

I am satisfied the evidence presented below demonstrates the service is compliant with Standard 5 as three of the three requirements have been found compliant.

Evidence analysed by the Assessment Team showed that the service was able to demonstrate the service environments were welcoming and optimised consumers’ sense of belonging, independence, interaction, and function. Consumers were observed feeling comfortable and welcomed in the spaces. An example of this was when consumers were ushered into the lunchroom and were greeted warmly on arrival before being assisted to their seats. Various posters were displayed around the service environment including the Aged Care Quality Standards and the Charter of Aged Care Rights.

Evidence analysed by the Assessment Team demonstrated the service environment is clean, well-maintained, and comfortable with appropriate levels of natural light and temperature control. The layout of the service environment promotes free movement around the service, indoors and outdoors, with consideration given to consumers with limited mobility. The Assessment Team confirmed processes are in place to ensure the environment remained clean and well-maintained, with identified issues reported promptly to minimise hazard and potential risk. For example, repairs and maintenance concerns are raised through the Cumberland Council CRM where work orders are raised. Those risks that are highlighted as higher are given priority such as trip hazards.

Evidence analysed by the Assessment Team showed that the furniture, fixtures and equipment are cleaned regularly, well-maintained and are suitable for consumers. Consumer, staff and management observations confirmed same. Staff and management described the processes in place to ensure the space remains suitable for consumers with routine maintenance performed and any concerns reported through the Cumberland Council CRM.

# Standard 6

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

Findings

I am satisfied the evidence presented below demonstrates the service is compliant with Standard 6 as four of the four requirements have been found compliant.

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 and staff can raise concerns. A complaints management system was sighted and showed staff recording and documenting feedback whilst also showing complaints from consumers and/or representatives.

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. Staff and management discussed processes to ensure consumers have access to advocates and language services if required, and consumers are made aware of other methods for raising and resolving complaints. The Assessment Team viewed a welcome pack which includes information about advocacy services including the Commission. All consumers and/or representatives interviewed said they felt comfortable raising complaints or providing feedback at the service however they also haven’t had the need to complain.

Consumers and/or representatives interviewed provided positive feedback on their experience of the complaints management process. The service’s staff demonstrated their understanding of the complaints management system and how they would respond to complaints from consumers. For example, a consumer received the wrong meal through the service’s meal service. To remedy the error, management acknowledged the error, offered a free meal as a replacement, and put steps in place to ensure the error wouldn’t occur again. Management also advised that the consumer could take their complaint further if they wished. This example demonstrated the service utilising an open disclosure process.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services. The service records, responds, monitors and manages feedback to improve the quality of care and services where appropriate. By undertaking 3 monthly surveys of consumers and tracking the information, management are able to identify trends and concerns amongst consumers.

# Standard 7

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

Findings

I am satisfied the evidence presented below demonstrates the service is compliant with Standard 7 as five of the five requirements have been found compliant.

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 care and services. Consumers and representatives interviewed were satisfied with the number of staff to deliver the consumer’s services and staff interviewed indicated management implemented cross-training to make up for any shortfalls in staffing levels.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers and representatives stated care and services are delivered in a kind and caring manner, and consumers' identity, culture and diversity are respected. Staff and management spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their services. The Assessment Team observed some of these courteous and respectful interactions between staff and consumers whilst attending a social support group activity.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Management advised that selection criteria included qualifications and knowledge needed for each role and these requirements guided their recruitment. The service described having a human resources platform that maintains a list of staff qualifications and credentials which ensures they’re renewed as required.

The service was able to demonstrate the workforce is recruited, trained, equipped, and supported to deliver services. Staff advised they receive ongoing training and guidance whilst feeling supported to undertake their duties safely and efficiently. Management advised that staff are to complete mandatory training and an induction program upon commencement of employment. All staff interviewed also advised they participate in continuous professional development training.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce performance is regularly assessed, monitored, and reviewed. The service has a performance appraisal and development process for staff. Staff confirmed they were supported in their ongoing performance through monthly meetings with management and through the performance development plan process. Management described their process for regular assessment and monitoring of staff through feedback from consumers and other staff.

# Standard 8

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

Findings

I am satisfied the evidence presented below demonstrates the service is compliant with Standard 8 as four of the five requirements have been found compliant. The fifth requirement 8 (3)(e) was not applicable.

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, and are supported in that engagement. The Assessment Team analysed the service’s continuous improvement management system which showed the service collects, collates and analyses data to drive continuous improvement.

Management described, and provided documentation, regarding the processes and procedures they have, and the meetings held at organisational level to monitor they are delivering safe, inclusive, and quality care and services. Risk assessments and process improvement is driven through consumers providing feedback. The Assessment Team viewed the governance framework that details how the organisation sets priorities to improve the performance of the organisation against the Quality Standards and is consistent with the Charter of Aged Care Rights. The provider’s executive management conduct quarterly meetings to review incidents and identify trends, review outcomes of internal and external audits and update policies and procedures as needed. These meetings are recorded and available to the public for consumption. In addition, the service has an established Continuous Improvement Plan process in place to ensure the continuation of safe and effective care and services that also adopts clear policies and outlines best practises.

The Service is using effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. An effective risk management systems is in place to identify and respond to abuse and neglect of consumers and managing and preventing incidents. An effective clinical governance framework has also been implemented.

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective systems and processes in the identification and management of all risks to consumers. By utilising an incident management policy and register that is overseen by management. In addition, the incident management policy outlined the recording, escalation to management and tracking of action. An example of an incident was provided, and actions undertaken to address the issue were discussed. Staff at the service are aware of advocacy agencies such as the Commission and demonstrated their understanding of how to source support if they needed. Consumers provided examples of how the service helped them live their best life by stating their appreciation of the staff’s understanding of their needs.

There was insufficient evidence gathered at the time of writing this decision to determine whether the service was compliant with standard 8(3)(e). Ongoing monitoring by the service is recommended to ensure compliance is met moving forward.

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)