**Performance**

**Report**

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| Name: | Dhauwurd-Wurrung Elderly and Community Health Services |
| Commission ID: | 300209 |
| Address: | 18 Wellington Road, PORTLAND, Victoria, 3305 |
| Activity type: | Quality Audit |
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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

Home Care Packages (**HCP**) included:  
Provider: 5133 Dhauwurd-Wurrung Elderly and Community Health Service Inc.  
Service: 18777 Dhauwurd-Wurrung ATSI CACPS  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8691 Dhauwurd-Wurrung Elderly & Community Health Service Inc  
Service: 25912 Dhauwurd-Wurrung Elderly & Community Health Service Inc - Care Relationships and Carer Support  
Service: 25911 Dhauwurd-Wurrung Elderly & Community Health Service Inc - Community and Home Support

**This performance report**

This performance report for Dhauwurd-Wurrung Elderly and Community Health Services (**the service**) has been prepared by M Waniczek, 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.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives, from a range of cultural backgrounds, confirmed the service is respectful of consumers and said they felt comfortable with the staff and services provided. Progress notes demonstrated personalised respectful care. Consumers and representatives advised staff know consumers and their preferences. Care documentation detailed consumer’s background, needs, goals, preferences, and what is important to them. Staff spoke of consumers with respect and knew each consumer’s life story and cultural background. Staff explained how they greet each consumer using their preferred name and provided care in line with their wishes. The Assessment Team viewed the organisation’s policies and training documents in regard to treating consumers with dignity and respect and supporting a culture of diversity and inclusion.

Consumers and representatives confirmed consumers make choices about the care and services they receive. Support workers and management have regular discussions and provide options regarding their service delivery and associated risk to allow consumers to make decisions. Care documentation demonstrated assessment of each consumer included their relationships, goals and who they wished to be involved in the decision making. The consumer welcome pack includes information regarding consumer choices and rights and privacy consent forms.

Consumers and representatives were satisfied with how the service supports consumers to make their own decisions in their own time, take risks and live their best life. Management explained safety considerations are balanced with the consumers’ right to take risks. Consumer risks are assessed on admission, documented in care plans, and managed by staff who have good knowledge of each consumer.

Consumers and representatives were satisfied they received clear and timely information from the service. Consumers confirmed they receive a welcome pack, a copy of their care plan, a regular schedule of services and a monthly statement. Support workers described how they communicate with consumers based on a number of factors including their cognition and preferred level of support. Documentation review confirmed support workers communicate by email and phone, with progress notes added via the mobile phone application. The service issues statements, schedules, newsletters, and information about changes to the service or aged care industry or standards via mail or email, as per the consumers preference.

Consumers and representatives expressed satisfaction with respect to privacy and confidentiality. Support workers described how they protect consumer privacy by never discussing or sharing consumers’ personal information. All staff sign code of conduct documentation, including privacy and confidentiality, and are provided with access to consumer information after completion of mandatory training modules.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they were satisfied the initial and ongoing assessments were comprehensive. Management described comprehensive assessment and care planning processes which included use of validated assessment tools to assess falls risk and cognition. Allied health services are outsourced to assess the home environment in relation to safety, home modifications and equipment when required. Documentation review identified comprehensive assessments, risk identification and strategies, and individualised plans of care, documented in a way that was easy to read and understand. Information included medical history, physical functioning, cognition, psychological and social supports, home environment, mobility, identification of risk and the development of a care plan. Consent is obtained for request of medical summaries from general practitioners, medical specialists, and current allied health providers.

Consumers and representatives confirmed the care and services provided were reflective of their needs and preferences, including advance care planning. Staff confirmed consumers' needs and goals are discussed during the initial meeting. The Assessment Team viewed brochures on advanced care planning which are included with the service’s welcome pack.

Consumers and representatives confirmed their involvement in assessment and planning. Staff described, and consumers and representatives confirmed, having regular conversations with consumers and their representatives, with care documentation reflecting the consumers’ chosen representative. Support workers explained they access consumer care plans through the electronic health information system via their phone.

Consumers and representatives confirmed they received a folder with their package agreement and a hard copy of the consumer care plan following the initial assessment. Updated copies are received via mail or email when changes occur, or re-assessment is undertaken.

Management explained the assessment review process includes assessments annually, as well as when requested by consumers or representatives, or when changes occur. The Assessment Team noted care plans are managed in an electronic management system and documentation review confirmed discussions, changes, actions, and referrals to allied health practitioners were recorded as required.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives expressed satisfaction with the personal and clinical care they receive which is tailored to the consumer’s needs. A clinical coordinator oversees the review of support staff progress notes, assessments, clinical care referrals, reports, and recommendations. Documentation review included brokered allied health provider acknowledgement of referrals, reports outlining assessments undertaken, recommendations and notification of approved equipment or modifications.

Interventions to manage and mitigate risks to consumers are developed and evident in consumer care plans and home care assessments, with clinical and allied health assessments occurring where appropriate. Staff explained how they mitigate and minimise risks, including consistent use of mobility aids for consumers with mobility associated risks. Management discussed how consumer falls are reported during the delivery of care and consumers are encouraged to report incidents that occur outside of the provision of care and service. All incidents are investigated, and preventative actions or consumer deterioration are identified.

Management detailed strategies for consumers nearing the end of life including liaising with external palliative care providers and being guided by them to allow the consumer to remain at home. The service provides aids or equipment, as required, to maximise comfort and provides support to family members and or representatives, including referral to counselling and support services.

Consumers and representatives expressed confidence staff would identify and respond to consumer deterioration or change in a timely manner. Support workers demonstrated knowledge of their responsibilities in recognising and reporting consumer deterioration or change to a manager, calling emergency services if required and documenting deterioration in shift notes. The service has a procedure in place for staff to follow where deterioration or change is identified or reported. This was supported by care documentation reviewed where the Assessment Team identified timely responses and actions taken when there was a change in a consumer’s health.

Consumers and representatives were satisfied, that when needed, the service initiates and enables appropriate individuals, organisations, and service providers to become involved in consumer care and maintains communication throughout the process. Care documentation review confirmed the service actively communicates with those within the organisation and with whom care is shared. The electronic health information management system and documented information provided by other providers was consistent between reports and care plans.

The community service manager demonstrated an understanding of referral networks and described internal and external referral processes. The service has established brokered service providers in place to ensure the provision of diverse and skilled allied health and clinical care to meet consumer needs, goals, and preferences. Staff were knowledgeable of community resources. Documentation evidenced referrals made in response to identified needs including to medical practitioners, nursing services, podiatrists, and occupational therapists.

Consumers and representatives described satisfaction with the actions staff take to protect the consumer from infection. Staff confirmed they have complied with hand hygiene and infection prevention and control training modules and discussed their use of personal protective equipment (PPE). Management discussed, and documentation review confirmed, the mandatory infection control training and procedures staff undertake. They advised referrals to pharmacists and general practitioners for oversight of anti-microbial use as the service does not directly administer medication to consumers.

# 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. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed consumers are supported to participate in their community and outside of the service’s environment to undertake activities that optimise their independence, health, well-being, and quality of life. Support workers described, and documentation review confirmed, how they assist consumers to participate in activities that meet their goals and preferences.

Consumers and representatives confirmed support workers know consumers’ daily living needs and know how to provide individual support. Staff described how consumer information is updated when changes in consumer condition, needs or preferences occur. Documentation demonstrated communication with others responsible for care, including representatives, staff, and other services occurs with consumer consent. The service provided evidence a referral process is in place.

Consumers and representatives were satisfied with the quality, quantity and variety of meals provided. Meals are prepared onsite, frozen and delivered to consumers' homes. Food allergies and preferences were documented.

Consumers and representatives confirmed the service supports consumers in purchasing equipment and felt confident the service would assist them in accessing repair and maintenance when required. Support workers reported consumer equipment was appropriate, clean, and well maintained. Care documentation demonstrated consumer needs for equipment are assessed to recommend suitable equipment and evaluation of equipment occurs through the service’s allied health professionals.

The service provides transportation for consumers via the use of fleet vehicles. Documentation review confirmed vehicle registration, insurance, and maintenance were up to date.

# 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. | Compliant | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives expressed satisfaction with the service environment, including being welcoming, encouraging consumer independence, and providing a sense of belonging. They confirmed the furniture, fittings and equipment are safe, clean, well-maintained and they can move freely indoors and outdoors via access to communal areas and gardens. Lifestyle staff confirmed consumers could access any area in the facility and were not confined.

The Assessment Team noted that both campuses have spacious communal areas conducive to communal engagement. The hallways were free of obstructions and the environment was decorated with Indigenous art. There are paved accessible pathways and well-maintained gardens. Equipment, fittings, and furniture were clean and well-maintained, and the Assessment Team observed maintenance staff attending to maintenance requests.

Staff explained incidents or environmental maintenance issues are reported, and actioned by maintenance staff, via the service's electronic management system. Maintenance records demonstrated issues are promptly identified and testing, servicing and maintenance of fire equipment were up to date. The Service Equipment, Asset Management, and Environmental Cleaning policies and procedures guide staff practice.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they are comfortable providing feedback and making complaints. Management and staff explained the feedback and complaints process and policy. The Assessment Team noted information and mechanisms to do so available around the service. Documentation, including meeting minutes and the complaints and feedback register, demonstrated the service encourages and actions feedback. Complaints are allocated to the appropriate manager for investigation and resolution and the Plan for Continuous Improvement (PCI) references remedial actions for complaints recorded on the register.

The Assessment Team observed information on advocacy services, the Aged Care Quality and Safety Commission (ACQSC), and interpreter services on display at the service. This information was available in various languages, with easy-to-read formats and large font sizing. The consumer pack includes information regarding the Older Persons Advocacy Network, the Australian Government National Aged Care Advocacy Program, and the ACQSC. The service has Client Rights, Advocacy, Interpreter Services, and Diversity and Cultural Inclusion policies and procedures.

Consumers and representatives were satisfied that the service responds quickly to feedback provided. Management outlined, and documentation review confirmed, the use of an open disclosure process and policy.

Consumers and representatives indicated feedback and complaints have been used to improve care and services. Management and consumers confirmed feedback is obtained from consumers and representatives during reviews and the annual consumer satisfaction surveys. Management utilises feedback, complaints, and survey results to assess the service's performance and identify improvement areas and which are incorporated into the PCI.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives were satisfied with the mix and quantity of staff. Workforce planning is guided by the Recruitment process policy and Workforce Governance framework. Management and support workers advised workforce issues are discussed at quality committee meetings and confirmed they have the correct number and combination of staff to deliver quality care. Staff are reallocated and actively recruited to fill gaps. The service underwent a restructure, with the creation of new roles, and recruitment of support workers as a result of an increased budget.

Consumers and representatives indicated staff are kind, caring know consumers’ individual needs and preferences. Management confirmed consumer preferences are considered as part of workforce planning and allocation, noting they aim to ensure consumers have consistent staff. The Assessment Team observed staff members discussing consumer's circumstances respectfully. The employee handbook, Diversity and Cultural Inclusion, and Culturally Appropriate Care policies and procedures support providing respectful and inclusive care for people of Aboriginal and Torres Strait Islander heritage.

Consumers and representatives reported staff are competent and know what they are doing. Staff reported, and induction records reflected, completion of mandatory training modules, and initial buddy shifts which are evaluated through staff discussion and consumer feedback. Management described the qualifications required of staff with critical responsibilities stated in position descriptions. Management advised they analyse incident and complaint trends to identify training needs with remedial actions into the service’s PCI. The service is implementing a new human resource system in which training records will provide greater oversight of training completion rates and evaluation of training effectiveness. Documentation review demonstrated qualifications and training records.

Management advised, and staff confirmed, the service has a probationary and ongoing performance review system. The service handbook and Induction and Performance Appraisal policies guide the staff's probationary processes and performance management. Documentation review confirmed all staff had completed a performance review for the 2022-2023 financial year. For appraisals due in 2024, management has created timeline to complete them within a four-month period. Management explained the new human resource system has functions to monitor performance appraisals and provide oversight of staff completion rates. It will support managers in aligning staff responsibilities with their position description and facilitate appraisals evenly throughout the year.

# Standard 8

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| 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives explained the service provides consumers with safe and inclusive care, based on their needs and goals, and confirmed they feel supported to provide feedback. Management explained they seek input from consumers and representatives through participation in surveys, individual conversations, and formal complaints and feedback. Review of the 2024 consumer survey data confirmed information obtained was analysed and improvement actions reflected in the PCI.

The Board is accountable for care and services and the organisation's culture, with its strategic plan as its framework. The Board meets every six weeks and includes seven members with various skills, including clinical expertise. Documentation review confirmed the Board receives reports from key stakeholders including various committees.

The service’s electronic management system contains care plans and other consumer documentation, as well as communications between staff and management. Staff demonstrated, and records confirmed, information is password protected for individual staff members. The Privacy of Personal Health Information policy guides handling, storing, recording, and accessing consumer and representative information.

The PCI is informed by risk identification, feedback and complaints, consumer and staff input and incidents. The PCI references numerous improvement activities relevant to the Aged Care Standards, actions, personnel responsible, outcomes and completion dates.

Management explained expenditure is monitored to support the changing needs of consumers and the service. Documentation review identified information on unspent funds, itemised expenditures, fees, contributions, and annual pricing arrangements reviews. Management confirmed, and a review of records evidenced, the process of acquiring funding through business planning, capital expenditure and Board approval. The Delegation policy outlines financial governance processes and the instrument of delegation to guide expenditure and approvals.

Consumers and representatives reported, and records confirmed, staff are qualified to complete their roles, with responsibilities and accountabilities outlined in position descriptions. Documentation review confirmed rosters are reviewed as needed in response to staff capacity, consumer needs and through consumer, representative and staff feedback. Management confirmed, and records showed, external subcontractors are monitored to ensure contractual obligations provide quality services.

The Board, executive leadership and safety committee review industry reports and updates, with information provided to relevant managers to cascade to staff. Changes or legislative updates and policies and procedures are communicated via staff meetings and emails and made available on the service intranet.

Feedback and complaints are recorded in the feedback register, the service information management system and PCI. Documentation review confirmed feedback and complaints are utilised to improve the quality of care and services, and open disclosure is practised.

The service has a risk management and mitigation framework and incident management policy which provides an overarching set of protocols, processes, and procedures for management of high-impact or high prevalence risks and guides the identification and response to abuse and neglect of consumers. Management described process for identifying risks, which are documented care plans for staff to access, and incorporated on relevant risk registers. Management confirmed, and a range of records showed, the process for incident reporting, management, and monitoring. Records confirmed the service regularly reviews the register to develop and implement strategies to mitigate incident recurrence. Management described how they identify and respond to allegations of abuse or neglect of consumers and the appropriate reporting requirements for the Serious Incident Response Scheme (SIRS). Documentation review confirmed appropriate actions had occurred in response to suspected neglect, unreasonable use of force, and physical, psychological, or emotional abuse of a consumer. Records reflected staff training on SIRS incident reporting.

The services’ clinical governance framework provides an overarching monitoring system for clinical care. The service does not currently monitor antimicrobial usage but has Antimicrobial Stewardship and Infection Control policies. Support workers described infection control principles, including hand hygiene practices. Consumers and representatives confirmed support workers demonstrate hand hygiene when providing care and services. Training records reflected infection prevention and control training. The service does not support the use of restrictive practices and currently does not have any in place. Staff were able to describe their understanding of restrictive practices relevant to home services. The service has an open disclosure policy and staff demonstrated an understanding of open disclosure principles. Management advised, and consumers confirmed, open disclosure is practised in alignment with the services' policy.

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)