**Performance**

**Report**

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| Name: | Federation of Polish services in the North West Region |
| Commission ID: | 600078 |
| Address: | Dom Polski Centre, 230 Angas Street, ADELAIDE, South Australia, 5000 |
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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: 302 Federation of Polish Organisations in SA Inc  
Service: 18561 Polish Federation Community Care Packages  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7794 Federation of Polish Organisations in SA Incorporated  
Service: 24370 Federation of Polish Organisations in SA Incorporated - Care Relationships and Carer Support  
Service: 24371 Federation of Polish Organisations in SA Incorporated - Community and Home Support

**This performance report**

This performance report for Federation of Polish services in the North West Region (**the service**) has been prepared by M Glenn, 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.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the quality audit was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff and management; and
* the provider’s response to the assessment team’s report received 9 April 2024.

# 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

All consumers and representatives interviewed said consumers are treated with dignity and respect, and their identity and diversity are valued. Detailed background information and service preferences are obtained from consumers during the admission process. This information is provided to care staff to enable them to become familiar with consumers’ identity, culture and diversity. Care and services provided are culturally safe, with consumers stating staff understand them and their cultural needs and deliver care and services with this in mind. All care staff, volunteers, and most administration staff are of Polish background and speak fluent Polish. Care staff are familiar with consumers’ backgrounds, needs and preferences, and said they work with the same consumers each week and get to know them well enabling them to deliver personalised care and services.

Consumers are supported to exercise choice and independence, make decisions about care and services received, including when others should be involved, and communicate their decisions. Consumers are supported by the service to choose the types of care and services they receive, and the day, time and duration services are delivered. All consumers and representatives said the service supports consumers’ choice, including the provision of equipment, time and date of services, as well as package management.

Consumers and representatives said consumers participate in activities they enjoy safely with appropriate supports. Dignity of risk forms sampled demonstrate consultation with consumers and/or representatives regarding risks related to activities consumers choose to partake in occurs, and strategies to mitigate risks are developed and implemented. The service communicates regularly with consumers who take risks to check on their safety and provide information to ensure they make informed choices.

Information provided to consumers is current, accurate and timely, and communicated clearly in a way that enables them to exercise choice. Information is provided through various avenues, including verbally and through a welcome pack. All documents are provided in both Polish and English, and there are processes to ensure consumers with sensory impairments understand the information they are provided. Statements for consumers receiving HCP services are provided monthly and consumers said monthly statements are accurate and easy to understand. There are processes to ensure each consumer’s privacy is respected and personal information is kept confidential.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant for both HCP and CHSP.

# 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

Information relating to HCP consumers is gathered by reviewing documentation from My Aged Care assessments and hospital and allied health discharge letters, and an initial assessment and clinical review assessment are completed to screen and identify risks to consumers. CHSP consumer information is gathered through a phone call with a screening form completed, and a visit is arranged as per consumer preference. Clinical assessments are completed using validated tools. Where risks are identified, these are communicated to the coordinator to implement appropriate interventions to mitigate risks. Staff said care plans include sufficient information to enable them to deliver effective and safe care to consumers. Consumers and representatives confirm they are actively involved in assessment and planning where actual and potential risks are discussed, and interventions are implemented.

Consumers and representatives said the service is meeting consumers’ needs, goals, and preferences, and they have discussed end of life planning. Consumers are asked about goals, needs and preferences during the initial meeting, and while advance care directives and end of life planning are discussed, on many occasions this is a topic of conversation consumers do not wish to talk about.

Assessment and planning are based on ongoing partnership with the consumer and/or their representative, and others who are involved in the care and services of consumers. Care plans are kept in consumer homes and are available for them to read whenever they want to. Changes in consumers' care and services are communicated to staff and care plans updated, and consumers and representatives are encouraged to contact the service if they require any clarification relating to information contained within the care plan. Care files show reassessment occurs and care plans are updated in response to incidents or changes in consumers’ circumstances. The clinical nurse and allied health staff annually complete a comprehensive review, and whenever there is a change in the consumer's physical or mental health. Consumers and representatives interviewed expressed satisfaction with the level of involvement in assessment and planning processes and confirmed involvement in deciding the care and services provided to consumers.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant for both HCP and CHSP.

# 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

Consumers receive safe and effective personal and/or clinical care that is best practice, tailored to their needs, and optimises their health and well-being. Personal and clinical care provided to consumers is reflective of care plans and based on assessments, identified needs and risks. Care files demonstrate appropriate, tailored care provision relating to personal care, well-being calls and wound management, which is attended by contracted staff. Policies and procedures, in line with best practice, are available to guide staff.

The service has processes to assess, action, and mitigate risks associated with consumers’ care. Care files sampled demonstrate effective management of risks, and evidence involvement of allied health professionals in assessment and planning of identified risks. The service has a high-risk register which identifies several aspects of consumers’ risks while living in the community, such as isolation, challenging behaviours, falls, weight loss, and skin integrity. Additional strategies are implemented depending on the risk identified and are monitored through weekly team meetings which include discussion relating to identified consumers’ ongoing care.

The needs goals and preferences of consumers approaching end of life are recognised and addressed. Most consumers nearing the end of life prefer to be transferred to the hospital, however, consumers whose preference is to remain at home are provided with support to ensure their comfort is maximised and their dignity preserved. A representative said the service has discussed the consumer’s needs, goals, and preferences when nearing the end of life, such as increasing personal care and social support with them. The consumer’s care file includes discussions with the representative relating to the consumer’s deterioration. The representative said the service not only provides support for the consumer but also for the family throughout the palliation stage.

Consumers and representatives feel confident staff recognise changes in consumers’ health and respond appropriately. Staff described steps they take when deterioration is identified, including calling paramedics in an emergency and reporting all changes to the coordinator. Where staff communicate any changes in the consumer’s mental or physical health, a visit from clinical staff is immediately initiated to assess the consumer and provide further interventions or referrals, with any changes communicated to the consumer’s representatives and staff. Where required, appropriate and timely referrals to individuals, other organisations, and other providers of care are initiated.

Infection related risks are minimised through implementation of standard and transmission-based precautions to prevent and control infections, including use of personal protective equipment, maintaining good hand hygiene and through provision of infection control training for staff. A COVID-19 outbreak management plan is in place and staff are required to complete a rapid antigen test if they feel unwell, or if they have cold/influenza symptoms. Where consumers develop an infection, information is sent to staff involved to ensure they adhere to correct infection control procedures. Information relating to appropriate antibiotic prescribing is provided to consumers by brokered services who deliver clinical care. Consumers and representatives said staff keep consumers safe using infection control practices which are always adhered to when they visit consumers’ homes.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant for both HCP and CHSP.

# 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

Consumers and representatives are satisfied the provision of services, such as domestic assistance, social support, transport, meal, and shopping optimises consumers’ independence, well-being, and quality of life. Consumers have a choice in the services they receive, and care files include detailed information on supports consumers require in line with their identified goals to improve their well-being and quality of life. Care staff said they report changes to consumers’ psychological well-being to the coordinator and referrals to social groups and external support services are initiated, where required, to support consumers’ emotional, spiritual, and psychological well-being. Representatives said staff know consumers well and described in various ways how the services provided support their emotional and psychological well-being.

Consumers and representatives said services provided enable consumers to do things of interest and maintain social relationships, such as going shopping, bus trips, and attending external social groups. Services provided to consumers are available in their own language to encourage and enhance their independence. Consumers are provided with an activity calendar to enable them to plan their schedules and decide which activities they would like to attend.

Information about consumers’ condition, needs, and preferences is communicated within the organisation and with other organisations where responsibility for care is shared, and appropriate and timely referrals to individuals and other providers of care are initiated, where required. Information is shared with subcontractors, and management have access to the brokered services’ electronic system to ensure they maintain contemporary information of consumers’ condition, needs and preferences. Weekly calls between management and the brokered service clinical nurse are also held. Consumers said staff know them well, understand their needs and they do not have to continually remind staff of their needs and preferences.

Meals provided are varied and of suitable quality and quantity, and staff are knowledgeable of consumers’ dietary needs, preferences and identified risks. Meals are cooked fresh Monday to Friday in line with a seasonal menu. Consumers can choose to have meals delivered to their home, whether this is part of their package, or may choose to pay separately for this service. Consumers can choose to pay for additional meals to be delivered on Friday for the weekend. While there is no option for consumers to choose what type of meal is delivered to their homes, consumers input into the menu is encouraged and accommodated.

Equipment provided is safe, suitable, clean and well maintained. Referrals to allied health are initiated where there are concerns regarding a consumer's mobility or equipment, and recommended equipment is purchased in consultation with the consumer and/or their representatives. Consumers are satisfied with the equipment provided and said it meets their needs to stay as independent as possible. While there have been no concerns or equipment breakdowns, consumers feel confident the service would be responsive if they required equipment to be fixed. Consumers said vehicles used for transportation are safe, clean, and well maintained, with easy access and egress.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant for both HCP and CHSP.

# 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

All consumers said the service is welcoming, easy to understand and navigate, and it optimises their sense of belonging, independence and interaction. The service is inclusive to all consumers, with anyone welcome to attend regardless of their residential location or physical/cognitive ability. The large community hall where activities take place and meals are served is located within close proximity to the kitchen and service entrance. The activity centre is furnished with chairs set up in rows and a table set up for refreshments. Bathroom facilities are well maintained with hand grab rails and equipment, such as toilet seat raisers available.

The service environment is clean, well maintained, and comfortable, enabling consumers to move freely indoors and outdoors, and furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers. The service has steps and a ramp for ease of access and egress, wide corridors and a large central activity area. The service environment is well-lit and spacious, walkways are free of obstruction and allow ease of movement. Exit signage is lit and clearly visible. Cleaning processes are in place, and reactive and preventative maintenance is managed by the centred management. All consumers, representatives and staff were complimentary of the cleanliness and maintenance of the service environment.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant for both HCP and CHSP.

# 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

Consumers and representatives are aware of the methods available to them to make complaints and provide feedback, and feel supported by management to do so. Consumers who had made a complaint said the process was simple, and the service resolved any issues promptly. Feedback is received through various methods, including email, direct verbal feedback, and phone calls, and the consumer welcome pack includes a section about the importance of raising concerns.

The service has pamphlets, in Polish and English, about how to make complaints and accessing external complaint handling service providers, and details for advocates are included in the consumer welcome/information pack. All consumers and representatives interviewed feel comfortable providing feedback and would speak to management over the telephone, email the service or notify care workers if they have a concern. They were aware of advocates and external complaints avenues, stating this information is included in the welcome handbook. While most consumers can communicate in English, some speak Polish only and have families that are able to assist with communication. Additionally, all volunteers and most administration staff speak fluent Polish.

Consumers and representatives confirm appropriate action is taken to address feedback and complaints, and feel a transparent approach is used when things go wrong. A complaints and feedback policy and procedure guides staff practice and describes options or actions for staff to take when responding to a complaint, including providing an apology and explaining the complaints process to the consumer. The complaints register for the past six months shows complaints have been documented, an open disclosure approach applied and there has been a prompt resolution. Staff described how they respond to complaints, including the use of open disclosure, and said they are encouraged by management to seek feedback from consumers. Feedback, complaints and suggestions are captured and recorded on a complaints register, incident management register and on the continuous improvement plan. Feedback and complaints data is tracked to identify trends which are discussed at clinical governance and Board meetings.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant for both HCP and CHSP.

# 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

The Quality Standard is compliant as all five requirements assessed has been found compliant. The assessment team recommended requirement (3)(d) in this Standard not met.

**Requirement (3)(d)**

The assessment team identified significant deficits in mandatory training records and recommended this requirement not met. Staff are required to complete 14 mandatory training modules on an annual basis. Training records show five of the 14 modules have not been completed by any staff members. Approximately 50% of staff have completed training related to the Serious Incident Response Scheme (SIRS) and incident management. Volunteers have only completed two of the 14 mandatory training modules. While management said toolbox training sessions are delivered on an ad-hoc basis, about once every three weeks, documentation to demonstrate what modules were delivered, when they were delivered, and which staff members attended are not maintained. Staff were unable to describe the mandatory training modules they have completed or were required to complete.

I acknowledge the evidence highlighted by the assessment team, however, I have come to a different finding to the assessment team’s recommendation and find requirement (3)(d) compliant. I have placed weight on the provider’s response which includes a comprehensive mandatory training action plan and continuous improvement action register developed in response to the deficits identified by the assessment team. The action plan identifies the root cause of the deficits as there being no clear delegation of responsibility and accountability for scheduling, monitoring and completion of workforce mandatory training to evidence compliance with this requirement. Planned actions, persons responsible, monitoring and status are noted for each requirement identified. Some items on the action plan have been completed, including set up of a learning platform; and training calendar schedule, module links and completion dates emailed to all staff. Other continuous improvement actions are noted to be in progress, with planned completion dates in April to July 2024. The provider’s response demonstrates a planned approach to addressing the deficits identified by the assessment team. The planned actions are appropriate and will address the deficits identified, and time frames for completion of actions are reasonable. I have also considered while deficits relating to completion of mandatory staff training have been identified, this has not compromised the care and services provided to consumers.

**In relation to all other requirements**, the right number and mix of staff is ensured by referring to the annual budget and using forecasting to predict the number of consumers using specific services each month, with staffing adjustments made, where required. The ability to speak fluent Polish is a desirable criteria in all positions advertised which assists in the delivery of safe and quality care and services to consumers who are predominantly Polish. The service has a flexible workforce of care staff and volunteers who can be contacted to backfill short notice absences. All staff said they have sufficient time to deliver safe and quality care and services, and consumers and representatives are happy with the number of, and the support provided by staff delivering care and services. All said staff generally arrive on time for their scheduled shifts and have enough time to provide quality care and services.

All consumers and representatives said staff are kind, caring, and respectful and are responsive to consumers’ needs. Consumers’ and representatives' satisfaction with workforce interactions is monitored through feedback processes, with follow-up actions taken where issues are identified.

The organisation ensures directly employed support staff have the qualifications and knowledge to effectively perform their roles. Staff competency is monitored through various methods, including, but not limited to, monitoring staff qualifications and feedback and complaints data. Staff said they receive ongoing support from management to ensure they have the knowledge to deliver safe and effective care and services, and feel confident they have the knowledge to perform all aspects of their role.

Regular assessment, monitoring and review of staff performance is undertaken. Staff said they participate in performance reviews with management where they discuss their strengths, areas of improvement and how management can support them. Staff performance is monitored through feedback and complaints and peer feedback. Where substandard performance is identified, further training is provided and there are policies and procedures to guide performance management practices.

Based on the assessment team’s report and provider’s response, I find all requirements in Standard 7 Human resources compliant for both HCP and CHSP.

# 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

The organisation is governed by a Board who are elected at the annual general meeting on a bi-annual basis. The Board meet monthly, and all Board members speak fluent Polish. The general manager attends all Board meetings and presents their monthly report which includes information on CHSP performance against targets, changes to the number of consumers on each HCP package, hospital admissions, incidents, incidents reported through the SIRS, recruitment updates, organisational risks, and feedback and complaints. There are processes to share information from Board meetings with staff, and the Board encourages the general manager to share information discussed during Board meetings with providers of brokered services to help ensure a culture of safety and accountability. Organisational finance meetings are held once a month with monthly reports provided and considered at both the finance meeting and Board meeting. Weekly clinical review meetings are held with brokered services and include a general update on consumers receiving clinical care, any changes that have been made or are required to be made to their care, referrals to allied health professionals and updates or changes to high-risk consumers. All consumers and representatives interviewed said the service is well run, and they have an opportunity to regularly engage with the service through communication with management and administration staff via feedback processes.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the governing body is aware and accountable for the delivery of services. The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system.

Clinical care is provided to consumers by a brokered service who have a clinical governance framework in place. Weekly meetings between management and the brokered service ensure safe, quality clinical care is being delivered to consumers. A brokerage agreement is in place with the clinical care provider which specifies clinical governance obligations, such as staff training, professional registration, risk and information management. Staff interviewed demonstrated awareness and understanding of open disclosure and where to find policies and procedures to guide them in this process. Where incidences of restrictive practice are identified, this is reported to the general manager and to the Board.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant for both HCP and CHSP.

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