**Performance**

**Report**

**1800 951 822**

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| Name of service: | Gawler Care and Share - GAWLER |
| Service address: | 37 Fourteenth Street GAWLER SA 5118 |
| Commission ID: | 600123 |
| Home Service Provider: | Gawler Care & Share Group Incorporated |
| Activity type: | Quality Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 22 March 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Gawler Care and Share - GAWLER (**the service**) has been prepared by A. Grant, 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.

# Services included in this assessment

**CHSP:**

* Community and Home Support, 24273, 37 Fourteenth Street, GAWLER SA 5118

# 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.
* The provider’s response to the assessment team’s report received 9 March 2023.

# 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 as not all requirements have been assessed** |
| **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

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. Consumers when interviewed by the Assessment Team described staff as kind, caring and respectful. Management, staff and volunteers spoke respectfully about consumers with an understanding of consumers' personal circumstances and described how it influenced the delivery of their individual services. Documentation analysed by the Assessment Team demonstrated the service is inclusive and respectful of consumers' identity.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services are culturally safe. Consumers and their representatives when interviewed by the Assessment Team described what is important to them and how their services are delivered in a culturally safe way. During interviews with the Assessment Team staff and volunteers demonstrated an understanding of consumer’s cultural background and described how they ensure services reflect consumers’ cultural needs and diversity. The Assessment Team noted documentation included consumers' cultural background and spoken language.

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 and/or representatives when interviewed by the Assessment Team confirmed the service involves them in making decisions about the consumer’s care and services. During interviews with the Assessment Team staff and volunteers described how they support consumers and their representatives to exercise choice and make decisions about the consumer’s services.

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. The Assessment Team noted 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. During interviews with the Assessment Team staff, volunteers and management demonstrated an understanding of supporting consumers to take risks.

Evidence analysed by the Assessment Team showed the service demonstrated 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. Consumers when interviewed by the Assessment Team confirmed they are provided with timely and relevant information and are able to speak to staff if they require more details. Staff, volunteers and management described how they provide information to consumers in various ways, verbally and in writing.

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 and representatives when interviewed by the Assessment Team felt staff and volunteers were respectful of personal information and the service demonstrated they have effective systems in place to protect consumers privacy and personal information.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that current 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. Consumers and/or representatives when interviewed by the Assessment Team confirmed in various ways that consumer assessments were completed, their care and services needs were discussed and were planned to meet their health and well-being needs. During interviews with the Assessment Team management described how they assess consumer’s needs and risks at commencement of services, and how assessments inform consumers’ care plans. The Assessment Team noted care planning documents evidenced comprehensive assessment and planning was undertaken with consumers and/or representatives, including the consideration of risk.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care and end of life planning if the consumer wishes. Consumers and/or representatives when interviewed by the Assessment Team confirmed in various ways that assessment and planning processes identified consumers current care and service’s needs, goals and preferences. During interviews with the Assessment Team management described how conversations with consumers and/or their representatives about what is important to them informs delivery of care and services. Care planning documents analysed by the Assessment Team showed that needs, goals and preferences had been discussed with consumers and documented.

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 when interviewed by the Assessment Team confirmed they are involved in deciding the care and services provided to consumers. During interviews with the Assessment Team management described how consumers and/or representatives are involved in the planning of care and services and consumers can elect to have a representative present during assessments and reviews. Care planning documents analysed by the Assessment Team for sampled consumers confirmed that consumers and/or their representatives, health professionals or external providers when required, were involved in the planning of consumer’s care and services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the outcomes of assessment and planning are communicated to the consumer and documented in a care plan. Consumers and/or representatives when interviewed by the Assessment Team confirmed the outcomes of assessment and planning had been communicated to them. During interviews with the Assessment Team management confirmed that care plans are developed with consumers and/or their representatives and are communicated to staff members verbally and are stored as a hardcopy in a folder that is accessible to volunteers. Care planning documents analysed by the Assessment Team confirmed that services are discussed and planned with the consumers and documented within the care plan.

Evidence analysed by the Assessment Team showed the service was able to demonstrate care and services are reviewed regularly for effectiveness, including when circumstances changed or following incidents. Consumers and/or representatives when interviewed by the Assessment Team confirmed consumers’ care and services are reviewed regularly and as required. During interviews with the Assessment Team management described how they take the time to speak to each consumer each week while the attend the service and have informal discussions about their current condition and any changes at home, however, this is not documented within the service to inform effective review processes. Evidence analysed by the Assessment Team showed informal reviews are also conducted through telephone calls as required, for example, following incidents or when there is a change in condition. Care planning documents analysed by the Assessment Team showed that consumers’ reviews had been undertaken as per the service’s process.

# 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

All individual requirements within Standard 3 are not applicable, therefore Standard 3 is not applicable and was not assessed by the Assessment Team.

# 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. | **Not applicable** |

Findings

Evidence analysed by the Assessment Team shows the service was able to demonstrate consumers gets 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. Consumers when interviewed by the Assessment Team were overwhelmingly positive and felt they are supported to be independent when attending the service. During interviews with the Assessment Team volunteers and management demonstrated services provided to consumers are tailored to their needs, goals and preferences, and optimised their independence, wellbeing and quality of life.

Evidence analysed by the Assessment Team shows the service was able to demonstrate services and supports for daily living promote consumer’s emotional, spiritual and psychological wellbeing. Consumers when interviewed by the Assessment Team stated management and volunteers are attentive to consumers’ wellbeing and provide meaningful activities at the service. During interviews with the Assessment Team volunteers and management demonstrated how they support consumers emotionally and promote their psychological wellbeing.

Evidence analysed by the Assessment Team shows the service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social and personal relationships, and do things of interest to them. Consumers/volunteers when interviewed by the Assessment Team advised the multiple activities they can participate in, and how the service enables them to take part in their community and do things of interest to them. During interviews with the Assessment Team volunteers and management described how the service assists consumers to participate in their community, have social relationships and do the things meaningful to them.

Evidence analysed by the Assessment Team shows the service was able to demonstrate information about consumers’ needs, preferences and conditions is communicated within the organisation, and with other organisations where responsibility for care is shared. Consumers and representatives when interviewed by the Assessment Team were satisfied that information about their services is shared within the service and with others involved in their service provision. During interviews with the Assessment Team staff, volunteers and management described communication processes within and outside the organisation and confirmed information about consumers is effectively communicated.

Evidence analysed by the Assessment Team shows the service was able to demonstrate how they assist with referrals to individuals, other organisations and providers. Consumers interviewed by the Assessment Team felt confident the service would assist them to connect with an external service or My Aged Care (MAC) if their needs and preferences changed. During interviews with the Assessment Team management advised the processes they follow to provide assistance to consumers to navigate MAC and how they support consumers to connect with other organisations when required.

Evidence analysed by the Assessment Team shows the service was able to demonstrate that meals provided are varied and of suitable quality and quantity. Consumers when interviewed by the Assessment Team described how they are satisfied and involved in the choice of meals being provided, and how they are of good quality and quantity. During interviews with the Assessment Team management and volunteers demonstrated they know consumer’s dietary needs and preferences relating to consumer’s nutritional and hydration status. Documentation analysed by the Assessment Team showed that consumers’ dietary needs and preferences are documented and communicated.

# 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

Evidence analysed by the Assessment Team shows the service was able to demonstrate the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Consumers when interviewed by the Assessment Team confirmed they feel welcome when the attend the centre. During interviews with the Assessment Team staff and volunteers described how they ensure consumers feel welcome and observations confirmed the social group environment was easy to understand, welcoming and functional.

Evidence analysed by the Assessment Team shows the service was able to demonstrate the service environments are well maintained, safe, clean and enable consumers to move freely. During interviews with the Assessment Team management and staff described the processes of cleaning schedules and reactive maintenance. The Assessment Team observed and noted the service environments to be clean, well maintained and comfortable.

Evidence analysed by the Assessment Team shows the service was able to demonstrate furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. During interviews with the Assessment Team staff and management described processes to ensure food-service equipment is safe, clean and well maintained. The Assessment Team noted this was substantiated through their observations.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that they encourage and support consumers and their representatives to provide feedback or complain about the care and services that consumers receive. Consumers and representatives when interviewed by the Assessment Team knew how to provide feedback or make a complaint, and staff and volunteers were aware of what to do when a consumer or representative raises issues or concerns.

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. During interviews with the Assessment Team management has 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.

Evidence analysed by the Assessment Team showed the service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. Consumers when interviewed by the Assessment Team advised that the service handles complaints appropriately and the service is responsive to feedback. During interviews with the Assessment Team staff and volunteers interviewed confirmed they would resolve issues identified by consumers immediately or report it through the feedback processes. During interviews with the Assessment Team management discussed the service’s processes for managing complaints. Complaints documentation analysed by the Assessment Team demonstrated open disclosure is used as part of the complaint management process.

Evidence analysed by the Assessment Team showed the service was able to demonstrate feedback and complaints are reviewed and used to improve the quality of care and services. During interviews with the Assessment Team staff and management described how consumers’ feedback and complaints inform continuous improvement as required. Feedback and complaints documentation analysed by the Assessment Team showed how the service used consumer feedback to improve the quality of services.

# 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

Compliant Evidence

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 services. Consumers and/or representatives when interviewed by the Assessment Team stated they are happy with the support provided by, and the number of staff and volunteers delivering services. During interviews with the Assessment Team management discussed challenges and processes to ensure there are sufficient volunteers and staff to deliver the services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate workforce interactions with consumers are kind, caring and respectful of each consumer’s identify, culture and diversity. Consumers and/or representatives when interviewed by the Assessment Team stated staff and volunteers are kind and caring. During interviews with the Assessment Team staff, volunteers and management spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is competent and have the knowledge to effectively perform their roles. Consumers and/or representatives when interviewed by the Assessment Team described in various ways that staff and volunteers are competent in their roles. During interviews with the Assessment Team management described recruitment processes to ensure staff and volunteers have adequate skills and qualifications, and how management monitor their competency ongoing through supervision, regular meetings and consumer feedback.

Evidence analysed by the Assessment Team showed the service was able to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. During interviews with the Assessment Team volunteers advised they receive regular performance discussions with their supervisors. During interviews with the Assessment Team staff confirmed they were supported in their performance appraisal process. Management described their process for regular assessment and monitoring of workforce performance.

Overturned Recommendation

In respect to Requirement 7(3)(d) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response did meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. Documented below will be a summary of the Assessment Teams findings and a summary of the services corrective action.

The Assessment Team analysed evidence and found the service was not able to demonstrate the workforce is recruited, trained, equipped and supported to deliver the outcomes required by these Standards. Staff and volunteers advised they receive some training from the service. Management advised staff and volunteers receive required training, however, advised that training in specific areas has not been delivered. The Assessment Team observed that staff and volunteer training is not effectively monitored, and the service does not have policies and procedures to guide staff and volunteers in some aspects of service delivery. Sampled consumers and representatives did not provide evidence specific to this requirement.

The service provided evidence in their response that showed newly developed and updated spreadsheets clearly track staff and volunteers training. These spreadsheets show that all staff and volunteers since the Quality Audit have received mandatory and refresher training for example SIRS and Emergency Evacuation. The services response shows they have developed a training and development calendar that plans and tracks training, future training and expiry dates. The services response shows newly developed and/or modified policies and procedures to guide staff and volunteers in aspects of service delivery for example assessment and planning, conducting reviews and responding to consumer incidents.

The Decision Maker determines Requirement 7(3)(d) is compliant.

# 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

Compliant Evidence

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services. Consumers when interviewed by the Assessment Team described how they have input about services provided and activities available at the group. During interviews with the Assessment Team management, staff and volunteers described how consumers have input about their services through formal and informal feedback processes.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance and regulatory compliance.

Overturned Recommendations

In respect to Requirement 8(3)(b) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response did meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. Documented below will be a summary of the Assessment Teams findings and a summary of the services corrective action.

The Assessment Team analysed evidence and found the service was not able to demonstrate the organisation promotes a culture of safe, inclusive and quality care and services, and is accountable for their delivery. While the service has reporting mechanisms to ensure the organisation is aware and accountable for the delivery of care and services, the service was not able to demonstrate effective Board oversight and accountability of inclusive and quality services.

The services response shows board meetings minutes for February and March, both meetings minutes now include updates and discussions surrounding delivery of care and services and accountability of inclusive and quality services. Board meeting minutes and additional evidence provided in the response clearly shows the board promotes a culture of safe, inclusive and quality care and services and is accountable for the delivery. Supporting documents provided in the services response shows these topics will now be standing items at all future board meetings.

The Decision Maker determines Requirement 8(3)(b) is compliant.

In respect to Requirement 8(3)(c) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response did meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. Documented below will be a summary of the Assessment Teams findings and a summary of the services corrective action.

Evidence analysed by the Assessment Team shows the organisation was not able to demonstrate effective organisation wide governance systems in relation to feedback and complaints. The organisation was able to demonstrate effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance and regulatory compliance. The service was not able to demonstrate an effective system for monitoring, analysing or reporting on consumer feedback and complaints. As demonstrated in Standard 6, the service promotes feedback channels, responds to feedback promptly and appropriately, and makes service improvements originating from suggestions or complaints from consumers. However, the service does not have a system to collate feedback and complaints, and consequently the organisation is not able to analyse trends in feedback and complaints. Furthermore, the service does not have a process to provide regular updates on feedback and complaints to the Board to ensure appropriate organisational oversight.

The services response shows there is a newly developed spreadsheet specifically tracking and trending complaints and feedback. Supporting documentation shows this feedback tracking spreadsheet will be escalated to the board level for situational awareness and action when required. The services response shows a document specifically designed to track complaints and feedback which allows for in-depth details to be included and key dates to be recorded for example lodgement and resolution.

The Decision Maker determines Requirement 8(3)(c) is compliant.

In respect to Requirement 8(3)(d) the Decision Maker notes the service responded proactively to the Assessment Teams findings and already implemented corrective action. Additional details, evidence and a detailed plan for continuous improvement (PCI) provided by the service in their response did meet and exceed the threshold required for the Decision Maker to overturn the Assessment Teams recommendation of “not met”. Documented below will be a summary of the Assessment Teams findings and a summary of the services corrective action.

Evidence analysed by the Assessment Team showed the service was not able to demonstrate effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents. Evidence analysed by the Assessment Team showed while the service was able to demonstrate they handle individual consumer incidents well, including thorough documentation and appropriate follow up actions, the service was not able to demonstrate incident data is analysed or reported on.

The services response shows there is a newly developed spreadsheet specifically tracking and trending incidents. Supporting documentation shows this incident tracking spreadsheet will be escalated to the board level for situational awareness and action when required. The services response shows a document specifically designed to incidents which allows for in-depth details to be included and key dates to be recorded for example incident date time and any follow ups or resolutions.

The Decision Maker determines Requirement 8(3)(d) is compliant.

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)