**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | healthAbility Community Services |
| Service address: | 917 Main Road ELTHAM VIC 3089 |
| Commission ID: | 300023 |
| Home Service Provider: | Nillumbik Community Health Service Ltd |
| Activity type: | Quality Audit |
| Activity date: | 2 August 2023 to 4 August 2023 |
| Performance report date: | 4 October 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 healthAbility Community Services (**the service**) has been prepared by M Abjorensen, 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

**Home Care:**

* Outer Northern Community Options, 18892, 917 Main Road, ELTHAM VIC 3089

**CHSP:**

* Care Relationships and Carer Support, 28373, 917 Main Road, ELTHAM VIC 3089
* Community and Home Support, 25730, 917 Main Road, ELTHAM VIC 3089

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| 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)

|  |  |
| --- | --- |
| 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

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Consumers and representatives reported consumers are treated with dignity and respect and the service values them as individuals. Management advised that in practice they try to understand the consumer’s needs and preferences and support staff to meet this requirement through orientation and training in relation to dignity and respect. The service has diversity policies and procedures and information provided is available in the preferred language of consumers.

Management advised, and documentation showed, the service delivers workforce training and development in diversity and cultural awareness, including Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) awareness, to inform the delivery of culturally safety care and services. Consumers and representatives described feeling welcomed, supported and valued.

Consumers and representatives said, in various ways, they are supported to make choices and decisions relating to the services they have been assessed for, and have input into the services they require. Management advised that they have procedures that support consumers to make informed choices and decisions, including consumer consent processes. Documentation identified consumer choices and decisions about the care and services they receive.

Consumers and representatives were satisfied the service provides consumers with support to take risks to enable them to live the best life they can. The service has processes to support consumers to live the life they choose, through discussions of risks, dignity of risk forms and referrals to relevant services to support consumers to maintain independence.

Consumers and representatives advised they were provided with timely and clear information from the service. Feedback from consumers receiving HCP services, described monthly statements as clear and easy to understand. Management and staff advised they provide information resources according to the needs of the individual consumer.

Consumer information is maintained confidentially on the organisation’s electronic care management system. Management advised consumers are provided the privacy policy and consumers are consulted when information is shared with other services, such as allied health referrals. Consumers and representatives were satisfied with how consumer privacy and personal information is respected.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 1, Consumer dignity and choice.

# Standard 2

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Consumers and representatives reported satisfaction that care and services meets the consumer needs. Support workers provide feedback on the consumer’s health and wellbeing and access consumer information via a mobile application. Assessment and planning considers the risks to the consumer’s health and wellbeing through the use of validated assessment tools. The Assessment Team’s report provides examples of where assessment and planning has considered risks in regard to home safety, falls, skin integrity and mobility where recommendations from allied health clinicians have been sought and actioned.

Staff described care plans as ‘fluid’ documents, revised frequently to remain current. Care documentation showed each consumer’s assessed care needs and goals as well as strategies to achieve the goals and achievement timeframes. The service has an advanced care planning procedure to guide staff in the provision of care for consumers nearing end of life. Consumers and representatives were satisfied care and services meets consumer needs, goals and preferences.

Consumers and representatives reported the service involves them in the assessment and care planning process in an ongoing capacity, with regular contact via phone calls and in home services. Care documentation records the consumer and other participants the consumer wishes involved, and care progress notes reflected regular contact with consumers, including welfare checks.

Consumers and representatives advised they have had their care and services explained to them. The service provides consumers signed copies of care planning documents, including revised copies when changes are made. At the point of care, staff access relevant consumer care directives via the mobile application.

Care documentation showed regular reviews occur for CHSP and HCP consumers, care and services reviews are scheduled and occur in response to a change in a consumer’s circumstance. Examples provided showed care and services revised when mobility aids were required and following hospitalisation. Consumers receiving episodic care through allied health clinicians are reviewed in accordance with treatment plans and social support groups conduct annual reviews with consumers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 2, Ongoing assessment and planning with consumers.

# Standard 3

|  |  |  |  |
| --- | --- | --- | --- |
| 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 and representatives reported satisfaction with the quality of personal and clinical care delivered. Support workers advised they receive best practice guidance through management and have access to additional guidance through the service, when needed. Personal and clinical care delivery is monitored by the service through records in care documentation. Management reported, and training records show, support workers receive mandatory training on evidenced based care delivery, such as, dementia care, manual tasks in aged care and mealtime assistance.

Management identified high impact, high prevalence risks associated with the care of consumers include wound care, pain management, falls management and continence care. An incident management system includes established reporting processes with management oversight. Support workers stated they had enough information to support consumer safety and reduce consumer risk. Care documentation showed interventions and adjustments to consumer care and services occur to manage risks, including registers to monitor vulnerable consumers with limited mobility, at risk of social isolation and with cognitive decline.

The service demonstrated the capacity to meet the needs, goals, and preferences of consumers nearing end of life, through networks with palliative care services and processes to consult with consumers, and their families.

Consumers and representatives reported staff would recognise and respond to a change or decline in a consumer’s health or wellbeing. Information and evidence shows care and services have been increased or adjusted with involvement of other health professionals to manage consumers with increased episodes of falls, pain and changes in medications.

The service has electronic systems to share consumer information within the service and consumer consent is gained prior to sharing information with external providers of care, such as allied health clinicians or subcontracted support workers. Consumers and representatives reported staff know what care is required and they do not have to repeat themselves.

Consumer care documentation and progress notes showed referrals made in response to consumers’ identified needs and that referral reports and appropriate recommendations were implemented. Management described processes to ensure timely referrals occur through follow up and internal communication protocols. Consumers and representatives reported the service arranges referrals when they are required.

The organisation has an infection prevention control work group which oversees the implementation of precautions to prevent and control infection and reduce the risk of increasing resistance to antibiotics. Staff have access to personal protective equipment and rapid antigen tests, and described screening procedures undertaken prior to entering the homes of consumers. Management reported, and training records show, the workforce receives training on infection prevention and control and the service conducts mandatory vaccination and immunisation programs for staff.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 3, Personal care and clinical care.

# Standard 4

|  |  |  |  |
| --- | --- | --- | --- |
| 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 expressed satisfaction that the services provided assist them to access the community, and complete activities of daily living to optimise their independence and quality of life. Documentation and case files reviewed show relevant consumer information such as consumer preferences and interests in relation to goal setting and preferred routines.

The service has processes to guide staff on how to identify, and respond, if they observe a consumer has a change in demeanour or deterioration. Social support group staff and support workers explained the different ways they monitor consumer moods through consideration to previous interactions as a reference point and during interactions with consumers. Consumers and representatives reported staff and support workers would recognise when consumers are feeling low and described the ways services improve consumers’ well-being through increased independence.

Management and staff interviewed demonstrated they know the consumers’ interests, consult them in program planning, such as social support group activities, and gave examples of ways consumers are supported to do things of interest to them through individual support and transport services. Documentation showed service planning is developed based on the consumer goals and preferences, with a focus on improving their community participation and continuing activities that are of interest to the consumers. This was reflective in the feedback received from consumers and representatives that services support their engagement with others and activities of interest.

Consumers and representatives reported staff and support workers understand the individual consumer’s needs and preferences. Service staff are informed of changes to consumer’s condition via the electronic care management system. Care documentation showed information being communicated between internal and external staff, including home maintenance services, equipment providers and personal care services.

The service has processes to support timely and appropriate referrals for consumers via networks with other providers of care and internal services. Care documentation showed examples of completed referrals for counselling, carers networks and other services to support consumer needs and goals.

Consumers make their own meal choices with regards to what they will have prepared in their own home and have access to meal delivery services options. Consumers attending social support groups expressed satisfaction with the quality of meals provided. Dietary needs and preferences, including cultural needs are accommodated. Management advised consumers attending the social support groups have a meal management plan with their allergies, specific meal requirements, likes and dislikes documented. Consumers documentation contains allergies and related medical information.

Equipment provided is maintained through cleaning and infection control procedures for clinical and non-clinical equipment, and service vehicles. Management advised the suitability and safety of equipment is based on allied health clinician recommendations and trial periods for consumers. Care documentation showed equipment provision included shower rails, recliners and mobility aids, such as mobility walkers and wheelchairs. Consumers and representatives reported they are satisfied with the equipment provided.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 4, Services and supports for daily living .

# Standard 5

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Observations showed the service is suitable for wheelchair access, has navigational aids and seating arrangements to facilitate interaction with adequate space and lighting. Consumers described feeling welcomed and comfortable when they attend the service environment.

Equipment maintenance is arranged through the maintenance system and cleaning protocols are scheduled and known by staff.

Equipment, furniture, and fittings are cleaned regularly by staff within the service environment and frequent cleaning occurs for higher touch points, full cleans occur after scheduled services.

# Standard 6

|  |  |  |  |
| --- | --- | --- | --- |
| 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 reported feeling safe and encouraged to provide feedback and described instances where this has occurred. The service has complaints and feedback handling procedures and flowchart with clear identification of responsibilities between employees, managers and executives, and a step by step process to follow to ensure appropriate handling of the complaint and/or feedback.

Consumers and representatives were satisfied they could raise a complaint with the service and are aware of other services to help them raise complaints. The consumer information pack includes an information sheet on how to provide feedback or raise a complaint and includes the telephone numbers of external organisations. Staff provided examples where they have supported consumers to access advocacy services.

The service has a complaint policy and an open disclosure procedure with guidelines to inform how a complaint is to be managed. Documentation and interviews with consumers and representatives, demonstrate open disclosure principles are applied in the resolution of complaints.

Monthly reports include feedback trends to identify care and service improvements. The organisations’ continuous improvement plan contains improvement actions informed through feedback registers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 6, Feedback and complaints.

# Standard 7

|  |  |  |  |
| --- | --- | --- | --- |
| 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

Workforce planning is informed through rostering data, consumer care needs and preferences and staff skillset. Unfilled shifts are reviewed and monitored through reports to the board. Support workers reported they have sufficient time to deliver care and services; consumers and representatives advised staff are punctual and they are consulted on changes to scheduled services.

Consumers and representatives described kind, caring and respectful interactions with staff. Training records show completed mandatory modules relating to inclusivity, duty of care and cultural awareness. Staff described how a friendly demeanour, clear communication and self-awareness of body language and tone of voice are important aspects to delivering care and services.

All staff have a position description that documents the mandatory qualifications, competencies, roles and responsibilities required for their positions. Documentation showed the service maintains a register of probity checks, qualifications and competencies relevant to the role requirements of staff, inclusive of subcontracted staff. Management advised staff competency is assessed through qualification checks and feedback processes.

Management reported new staff undergo induction and orientation which includes mandatory training, buddy systems and a probation period. Staff reported they receive regular training relevant to their roles. The training matrix is updated when new training needs are identified. The service provides training resources and requirements to brokered services.

The service monitors staff performance through consumer feedback, internal audits and formal performance appraisals. Document showed all staff have had a performance review or one has been scheduled. The performance of brokered services is monitored through consumer feedback and communications with subcontracted staff.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 7, Human resources.

# Standard 8

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

Findings

Feedback registers are used to inform consumer driven improvements and the continuous improvement register demonstrates how the organisation implements improvements based on consumer input and evaluation. For example, the service entry was redesigned to include a reception desk and intake support staff to allow consumers queries to be answered within the service setting.

The governing body consists of board members and three subcommittees for quality and safety, governance and risk, and finance and external audit. The board receives input from quarterly subcommittee reports, monthly meetings with staff, executive and consumer engagement groups. Meeting agendas and monthly reports received by the board include incidents, complaints, feedback and audit action registers to inform the Board that consumers are receiving safe, inclusive, and quality care and services. The service has a Strategic Plan dated 2019 – 2024 with a vision for the people in the community to enjoy better and longer lives.

The organisation’s information management systems support staff to access information relevant to their role. Electronic information software and policies and procedures support staff to manage information and guide staff practices.

Continuous improvements actions are identified through feedback mechanisms, risk systems, internal and external audits, and through suggestions from consumers, representatives and others. The continuous improvement register shows completed, and planned, actions informed through consumer and staff feedback.

Financial governance is overseen by the finance and external audit subcommittee with monthly reports provided to the Board. The service has electronic systems to manage consumer finance and monthly statements. Home care package consumers with high levels of unspent funds or overspent funds, are identified and reported to management to prompt case managers to discuss budgets with these consumers to ensure they do not have unmet needs.

The organisation’s human resources team works in conjunction with management and assists with workforce accountability and processes such as staff recruitment, selection, performance management, career pathways/progressions, and education.

The organisation remains informed of regulatory requirements and changes through updates from peak government bodies. Regulatory requirements are consistently monitored and regularly communicated to senior management. Each general manager is responsible for a quality standard relating to their business area, and is responsible for dissemination of relevant information throughout the organisation, including updates to policies and procedures.

The organisation has a feedback and complaint policy, which is used in conjunction with an open disclosure framework to guide management and staff in open disclosure principles.

Risk management policies and procedures capture and document trends associated with the care of consumers. Management of high prevalence risks associated with the care and services of consumers includes clear instructions for staff on risk mitigation strategies for any potential risks to consumers.

Procedures and training undertaken support staff in recognising and responding to signs of elder abuse and neglect. Processes include a methodology for staff to follow if they suspect abuse and/or neglect. Management confirmed elder abuse and neglect forms part of the staff training framework.

The organisation’s policies and procedures promote a balanced approach to risk management to support consumers to live their best life.

The organisation has an electronic incident management system that includes an incident register and incident reporting software. Incidents are entered into the electronic incident management system and are regularly reviewed by the management and reported to the Board through a subcommittee as appropriate. Staff advised there is a work instruction process outlining the identification of incident, its priority, reporting time frames and how to report an incident to the Commission.

The organisation’s governing body has a clinical governance framework that includes antimicrobial stewardship, minimising the use of restraint and open disclosure. A clinical governance policy defines key roles and responsibilities for management and staff such as, governance and leadership, culture, safety and quality and the partnering with consumers and representatives. Clinical care for consumers is provided by internal and brokered services as appropriate. Reporting of clinical incidents to the Board is undertaken through a quality and safety committee.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 8, Organisational governance.

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)