**Performance**

**Report**

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| Name of service: | Illawarra Disability Trust - Queanbeyan |
| Service address: | 23 Shropshire st QUEANBEYAN NSW 2620 |
| Commission ID: | 200522 |
| Home Service Provider: | The Disability Trust |
| Activity type: | Quality Audit |
| Activity date: | 1 February 2023 to 3 February 2023 |
| Performance report date: | 7 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 Illawarra Disability Trust - Queanbeyan (**the service**) has been prepared by J Taylor, 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, 24464, 23 Shropshire st, QUEANBEYAN NSW 2620
* Care Relationships and Carer Support, 24465, 23 Shropshire st, QUEANBEYAN NSW 2620

# 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 1 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 | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

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| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Non-compliant |

# 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

The service advised five consumers received CHSP services in total. One consumer interviewed advised staff are kind and caring and they would feel safe to raise any concerns with the service. A support worker interviewed described what showing dignity and respect means in practice, such as providing options and choices to a consumer while providing services in their home and acknowledging consumer preferences. Review of a consumers Client Service Plan evidenced respectful language and detailed what was important to the consumer.

Management interviewed advised compulsory Cultural Awareness training, specific to Indigenous cultural competencies, is provided to all staff. Review of the learning platform used by the service, demonstrated staff completion. Care documentation reviewed identified a consumer as Indigenous and detailed the services they utilise.

The service advised consumers are supported to exercise choice and maintain their independence. This was supported by consumers and staff interviewed and evidenced in care documentation reviewed demonstrating consumer choice in the services accessed.

A support worker interviewed described how a consumer is supported to decide on activities based on identified risk on the day and supplied enough information on the options available to make an informed decision. Review of the services Decision Making and Choice Policy defined how the service supports a balance between consumer choice regarding acceptance of risk and the organisations requirement to take reasonable steps to ensure consumers are protected from harm.

Review of consumer care plans, the Consumer Intake Form and general consumer information evidenced information to be clear, provided sufficient detail, were easy to read and understand with sufficient information to support individual consumer choice.

A consumer interviewed stated the service sends the same support worker which has enabled the consumer to build a relationship where they trust the support worker with their personal privacy. The support worker interviewed described how they maintain consumer privacy when providing care and demonstrated an understanding of their responsibility to ensure consumer confidentiality. The service demonstrated consumer care planning information is stored securely on an electronic database that is accessible by staff involved in the delivery of care and services.

Considering the information above, the service demonstrates a culture of inclusion and respect for consumers which supports consumers to exercise choice and independence and respects consumer privacy. Six of the six requirements assessed are deemed to be compliant making this Standard compliant.

# 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

All consumers interviewed said they are satisfied with the care and services they received and said the services met their current needs. All support workers interviewed described individual risks to specific consumers health and well being and recommended actions to mitigate those risks. This was evidenced on review of an individual consumer risk protocol which detailed guidance for staff including notes on discussions regarding strategies to avoid risk of financial exploitation.

All care plans sampled demonstrated consumer goals, needs and preferences were recognised and actioned. Support workers interviewed stated they had enough information to provide care and services. Management interviewed said advanced care planning is discussed with consumers at each review and consumers are welcome to provide a copy to the service if they wish. Review of the services End-of-Life Planning Policy detailed guidance for staff to comply with Advanced Care Directives and focus on involvement of the consumer to whatever capacity they had.

All consumers interviewed said they are involved in decisions regarding the care and services they receive, saying the coordinator makes it easy for them to be involved and described how they are encouraged to make decisions. Review of the Individual Person-Centred Planning Policy demonstrated the importance of a person-centred approach for the service which balances what is important to the consumer both now and in the future and that individual care plans are developed with the consumer and their families if the consumer consents.

All consumers interviewed said they received a copy of their care plan and said the coordinator goes through it with them to ensure they understand the information. Care planning documentation reviewed included detailed information to guide support workers that was current and specific to the individual consumer. For example, a consumer’s care plan for the afternoon stated the consumer is to be asked if they had showered that day and to prompt them to change their clothing if required.

A coordinator interviewed stated care plans are reviewed comprehensively every 12 months and whenever there is a change in the condition of a consumer and this was evidenced in the care plans reviewed. For example, a consumer was admitted to hospital due to a medication incident which was confirmed on review of shift notes and incident reports. The service demonstrated a complete review of the consumer’s care plan was undertaken immediately.

Considering the information above, the service demonstrated initial and ongoing assessment and planning occurs in partnership with consumers with a focus on optimising health and wellbeing based on consumer’s needs, goals and preferences. Five of the five requirements for this Standard are assessed as compliant.

# 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. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |
| 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 |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

Findings

The service advised there are five consumers receiving individual social support, with one consumer also receiving one-off five hours of funded ad-hoc nursing care and another consumer receiving assistance with medication administration and prompting. The Registered Nurse stated advice was provided to a consumer at risk of social isolation due to challenges managing a medical condition. The Registered Nurse advised options to address the identified challenge were discussed with the consumer and their family, in consultation with their general practitioner, with a way forward agreed and implemented which allowed the consumer maintain contact with friends. Documentation reviewed for this consumer evidenced the process undertaken and provided detailed guidance to staff delivering services.

The service demonstrated high impact or high prevalence risk associated with the care of each consumer is documented in care planning documentation, reviewed regularly and includes strategies to mitigate the identified risk. The service evidenced risk management policies and procedures in place to provide guidance to staff delivering services, which included Restrictive Practices, Managing Risks in a Dynamic Environment, Administering Medication and Managing Client Risks.

The service evidenced processes in place to ensure the needs, goals and preferences for consumers nearing the end of life are recognised and addressed which includes engagement of a palliative care nurse, when required, and is detailed in the services End-of-Life Planning Policy.

All consumers interviewed stated they were confident staff would recognise any changes and respond appropriately. This was confirmed in interview with support workers who described how they recognised and responded to deterioration in consumers and actions taken to report concerns. The service evidenced where this had occurred via review of a consumers care plan in relation to strategies in place to avoid behavioural issues occurring.

The service demonstrated information about consumers’ care is documented and communicated within the organisation and with others where responsibility of care is shared. All support workers interviewed said they had access to detailed information which includes the consumers' needs and preferences. All support workers interviewed advised detailed notes were provided after each shift and this was verified through review of progress notes.

The service demonstrated timely and appropriate referrals are provided to individuals, other organisations, and providers of other care and services. This was evidenced through review of the services Incident Register where an incident was recorded relating to a consumer experiencing difficulties with meals. It was noted referral was made to the relevant allied health professional with strategies and equipment in place to mitigate the identified concerns.

The service minimised infection-related risks and demonstrated they had processes in place to ensure consumers and staff are safe and infection related risks are minimised. All consumers interviewed advised support workers wore masks and gloves and staff practiced hand hygiene while in consumers homes. Staff interviewed confirmed they had access to personal protective equipment and had completed Infection Control training.

Considering the information above, the service demonstrates safe and effective personal and clinical care and services are provided in accordance with the needs, goals and preferences of consumers to optimise health and well-being. Seven of the seven requirements for this Standard are assessed as compliant.

# 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. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

All consumers sampled reported the service made them feel safe and they were able to receive supports and services that enabled them to remain as independent as possible in their own homes. Support workers interviewed said they knew consumers well and had worked with them for many years and knew what was important to them. For example, two support workers interviewed described it was important to one consumer that they travel to a specific location each day, have a drink at a local club and return home. They explained why this was important to the consumer and how they support the consumer to do this.

All consumers interviewed said staff would recognise if they were feeling low and would provide support to the consumer if needed. The service demonstrated and understanding of how emotional, spiritual and psychological well-being is important to the consumer and will align care and services to address the consumers' needs. For example, a support worker who has worked with a consumer for a number of years, assisted the consumer connect with relatives. Review of care documentation for this consumer evidenced notes connected with this consumers spiritual well-being.

Care planning documentation reviewed identified consumer goals to keep connected to the community and reviewed shift notes evidenced support workers assisting consumers to be connected with family and friends and do things that are important to them. For example, notes reviewed for a consumer stated the support worker took them to a shop to purchase supplies as the consumer requested. This is an activity identified in the care plan this consumer enjoyed.

All support workers interviewed said they have access to detailed information which includes the consumers' needs and preferences. One electronic care documentation system is used by the service to ensure there is no duplication of information. Support workers advised use of a mobile application to obtain previous shift notes, write notes and to get current information and alerts on consumers they are caring for.

Support workers interviewed described the internal process of referring a consumer if additional support services were requested or noted by them. This involved informing the coordinator who would action the request. The service demonstrated how support workers and management assist consumers, especially where there are limited family supports in place.

The service does not provide meals to consumers.

Considering the information above, the service demonstrated safe and effective care and services are provided in accordance with the needs, goals and preferences of consumers to optimise health and well-being and quality of life. Six of the six requirements for this Standard assessed are deemed to be compliant. One requirement was deemed to be not applicable.

# 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. | Not applicable |
| 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. | Not applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not applicable |

Findings

This standard is assessed as not applicable as services are not provided to consumers in a communal environment.

# 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. | Non-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

Consumers interviewed advised they had no complaints regarding the services received. Management interviewed by the Assessment Team explained how they have an open-door policy to support consumers make complaints and provide feedback about their care and services through various avenues such as online, an information flyer, annual survey and phone. Review of the Complaints Policy detailed how consumers can make complaints and how complaints are managed by the service however information in the policy was focused on National Disability Insurance Scheme (NDIS).

Management interviewed advised there is support material to aid consumers and others to provide feedback and make complaints however, no details are provided to CHSP consumers advising how to access advocate networks, language services, other external supports (the Commission), if consumers are unhappy with the outcome of their complaint. The advocate networks, external supports and language services detailed in support material are NDIS related only.

A support worker interviewed described the complaint management system in place and demonstrated an understanding of the principles of open disclosure. The service demonstrated complaints are entered into an electronic system with a severity rating applied. Management interviewed explained major complaints are communicated to the executive with minor complaints managed by staff and evidenced complaint progress recorded in the system.

It was noted that four complaints had been recorded since 2014 and management interviewed advised no trends had been identified in the complaints data for the five CHSP consumers receiving services. Management added that they look at complaints across the service as a whole (including NDIS).

In response to the Assessment Report, the service advised a review of complaint documentation had occurred to address concerns raised in the audit. The service provided revised copies of a number of documents relating to complaints and how the service supports consumers which now included reference to the Aged Care Quality and Safety Commission however, provided incorrect email contact details. In looking at the intent of requirement of 6(3)(b), it is reassuring to see the additional information now contained in the services information regarding accessing advocacy, language services and other avenues of complaint however, the service did not demonstrate consumers are now aware of the updated information.

Considering the information above, the service demonstrated consumers are supported to provide feedback and make complaints, action is taken applying the principles of open disclosure and feedback is reviewed. However, the service did not evidence consumers are made aware of or have access to advocates, language services or other methods to raise complaints. I therefore find three of the four requirements for this Standard to be Compliant.

# 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

The service demonstrated the workforce is planned to enable the delivery of safe, quality care and services. All consumers interviewed were satisfied with the availability of staff to meet their service needs. Management interviewed said there had been no unfilled shifts in the past month as they have a large pool of staff and have a 24-hour rostering system. The electronic system supporting staff rostering was observed to show information relating to consumer needs and preferences was documented and identified any care training needs required by support staff to support individual consumers.

Consumers interviewed provided positive feedback in relation to their interactions with the workforce. They described in various ways how staff are kind, caring and respectful. Management interviewed advised all staff receive mandatory cultural and diversity training prior to delivering services. It was noted management and staff spoke about consumers in a kind and respectful way when discussing services delivered.

Management interviewed advised staff undertake an induction, including mandatory training and buddy up on commencement to introduce the new support worker to the consumer. This was confirmed by staff sampled. Review of the services training matrix detailed comprehensive and current records of mandatory and additional training provided to staff. The service evidenced position descriptions for all roles which are provided to staff on commencement. All clinical care staff records reviewed on file were recorded as current and up to date, including Australian Health Professional Registrations for registered nurses. The service evidenced a dashboard system that alerts when a staff member has any registration, licence or education due.

Management interviewed stated the service provides all required training to support workers with support staff recruited based on a variety of factors such as a family member with lived experience, previous positions and each staff member is assessed for suitability for the service. All training is based on the individual consumers needs for a support worker providing care, in addition to mandatory training. For example, dementia training if a consumer is living with dementia, end of life planning and supported decision making. Additional training offered to all staff are courses in dementia, palliative care, diversity, Indigenous cultural competency and mandatory restrictive practice training.

The service evidenced formal performance reviews for staff are completed every 12 months and included staff goals for the coming year, any areas identified for improvement and training and development needs. Staff interviewed stated in addition to the formal performance review, there are regular opportunities for informal catch ups with their direct manager to discuss any needs as they arise.

Considering the information above, the service demonstrates they have a workforce that is sufficient and skilled and qualified to provide safe and effective services to consumers. Five of the five requirements assessed for this Standard are deemed to be 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. | Compliant |

Findings

The service demonstrated they encourage the involvement of consumers in the planning, delivery and evaluation of care and services. The organisation evidenced formal processes to seek consumer input into the development, delivery and evaluation of care and services. While consumers interviewed could not recall active participation in activities such as the family advisory group or self-advocacy groups there was evidence of these formal processes being undertaken and two of the five CHSP consumers having participated.

Board meeting minutes reviewed for the past three months confirmed the Board is made aware and accountable for the delivery of services. The Board meets monthly with the following reports presented:

* Chief Executive Officer report.
* Finance and Operating Officer report.
* Quality, Safeguards and Risk Committee report.
* Finance, Audit, Investment and Risk (FAIR) Committee report.
* Property Committee report.
* Digital Committee report; and
* Governance, Nominations and Remunerations Committee report.

The service demonstrated effective organisation wide governance systems in place for managing and governing all aspects of services in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

**Information Management**

The service evidenced an electronic management system containing all consumer details and care plans stored securely with double authentication required to access any files.

**Continuous Improvement**

The service evidenced a Continuous Improvement Register which is updated regularly and contains appropriate information to identify improvement actions, standard the improvement applies to, the area or person responsible for the action, progress and due dates.

**Financial Governance**

The service demonstrated effective financial management and reporting systems in place to manage finances and resources the organisation needs to deliver safe and quality care to consumers. The service did not report on specific CHSP funding/expenditure however the finance department looks at individual areas of funding and reports to the board overall and if there was any expenditure outside reported ranges.

**Workforce Governance**

The service demonstrated governance systems and processes to ensure workforce arrangements are consistent with clear responsibilities and accountabilities. Review of the services Organisation Chart showed clear responsibilities and accountabilities related to the delivery of care and services to consumers. The service demonstrated use of an electronic system tracking currency of staff registrations, education and licenses.

**Regulatory Compliance**

Management interviewed advised no adverse findings by another regulatory agency or oversight body has been received in the last 12 months. Management stated the service has subscriptions to newsletters from several regulatory organisations to keep abreast of any changes to compliance and/or legislation. For example:

· The Aged Care Quality and Safety Commission

· The Department of Health and Ageing

· NSW Health residential aged care facilities reference and guidance

· Other connections in the community

· Newsletters from funding bodies

**Feedback and Complaints**

The service evidenced a number of mechanisms for consumers to provide feedback, as detailed in Standard 6. Feedback from consumers interviewed was all positive.

The service demonstrated effective risk management systems and practices, including high-impact or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. In relation to abuse and neglect of consumers, staff interviewed said they are confident they would notice if a consumer displayed signs of abuse or neglect and would respond by asking after their health and well-being, and if appropriate report it to management. Management interviewed stated all consumers who have a single worker supporting them in the home are flagged and reviewed regularly through phone calls to the consumer. Management stated all mandatory training and onboarding of staff includes compulsory safeguarding against abuse and neglect training modules.

The service evidenced a clinical governance framework supported by policies such as preventing and responding to abuse and neglect and behaviour support including restrictive practices. The service has a Quality Governance committee and reporting processes to support clinical quality and safety. In relation to antimicrobial stewardship, the clinical governance framework articulates quality and safety generally however does not specify an approach to antimicrobial stewardship. In response to the Assessment Report, the service provided copies of updated information to guide staff regarding antimicrobial stewardship.

In relation to minimising the use of restraint, the service evidenced a restrictive practices policy providing guidance to staff about what constitutes restraint and how to use and record the use of restrictive practice. However, the policy references the disability standards and resources, not the Aged Care Quality Standards. In response to the Assessment Report, the service provided copies of the services Behaviours Support policy and Restrictive Practices Authorisation document evidencing reference to the Aged Care Quality Standards and subsequent requirements. Management advised information regarding feedback and complaints and open disclosure is provided in the participant information handbook. Additionally, the services incident management system has a tick box that asks if an apology has been provided to the consumer.

Considering the information above, the service demonstrated consumers are engaged in the development, delivery and evaluation of services, there is a culture of safe, inclusive and quality care, effective organisation wide governance systems are in place and appropriate risk management systems in place. The further information provided by the service in response to the Assessment Report demonstrated relevant policy and working documents now reference the Aged Care Quality Standards. I therefore find five of the five requirements assessed for this Standard to be compliant.

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)