**Performance**

**Report**

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| Name: | Indigenous Wellbeing Centre |
| Commission ID: | 700824 |
| Address: | 184 Barolin Street, BUNDABERG, Queensland, 4670 |
| Activity type: | Quality Audit |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7462 Indigenous Wellbeing Centre Limited  
Service: 24525 Indigenous Wellbeing Centre Limited - Care Relationships and Carer Support  
Service: 24526 Indigenous Wellbeing Centre Limited - Community and Home Support

**This performance report**

This performance report for Indigenous Wellbeing Centre (**the service**) has been prepared by D.Soich, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

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

* The assessment team’s report for the Quality Audit; 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 did not submit a response to the assessment team’s report.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

# There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | | 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. Management, staff and support workers spoke respectfully about consumers with an understanding of consumers' personal circumstances and described how it influenced the delivery of their individual services. Documentation viewed demonstrated the service is inclusive and respectful of consumers' identity by adopting a consumer-centred approach.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services are culturally safe. Consumers sampled described what is important to them and how their services are delivered in a culturally safe way. Management and staff demonstrated an understanding of consumer’s cultural background and described how they ensure services reflect consumers’ cultural needs and diversity. All consumers and representatives sampled advised they feel the service understands their background, culture and what is important to them, and this is considered when organising care and services.

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 sampled confirmed the service involves them in making decisions about the consumer’s care and services. Staff described how they support consumers and their representatives to exercise choice and make decisions about the consumer’s services by recognising the importance of not taking independence away from consumers.

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. 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. Management and staff were able to demonstrate an understanding of supporting consumers to take risks. Staff and management described how they support consumers to take risk by identifying and consulting on the risk, involving allied health for assessment, and implementing risk mitigation strategies. For example, one consumer sampled refuses to bring their wheeled walker despite encouragement by the support workers, the consumer chooses to use their walking stick instead as they feel the wheeled walker makes them look old despite the risks. The consumer was flanked by a support worker to mitigate the risk of falling whilst performing daily tasks.

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Sampled consumers confirmed they are provided with timely and relevant information and are able to speak to staff if they require more details. Staff and management described how they provide information to consumers in various ways, verbally and in writing. An example of this was that the service introduced out of pocket fees for consumers. This change was communicated individually with each consumer and staff were provided with education around the introduction to better inform consumers who had questions or concerns.

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 interviewed felt staff were respectful of personal information and the service demonstrated they have effective systems in place to protect consumers privacy and personal information. Staff confirmed that they access to consumer information, that is relevant to their role, and the service demonstrated they have effective systems in place to protect consumer’s privacy and personal information. This was evidenced through one consumer’s wishes to only have pre-agreed rooms cleaned by the service.

# 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 ensures active involvement of consumers and their representatives throughout the assessment and care planning process, utilising communication channels such as face-to-face meetings and ongoing reviews. Feedback from sampled consumers/representatives indicates satisfaction with the quality of care and services tailored to their individual needs, objectives, and preferences. Staff and management recognise and address potential risks faced by consumers and this is reflected in their care plans. This documentation provides guidance for staff delivering care and services tailored to each consumer, including strategies to manage risks related to health, well-being, mobility, surgeries, and vision impairment. An example was a consumer’s care plan outlining the risks and mitigation strategies to consider when supporting one consumer who had a number of medical conditions. This information correlated with the information on hand from the My Aged Care assessment.

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and/or representatives confirmed assessment and planning processes identified consumers’ current needs, goals and preferences. Staff and management demonstrated discussions with consumers and/or representatives about consumer’s needs, goals and preferences, including advanced care planning, which were documented in the consumers’ care plan and informed care and services. For example, one consumer’s care plan was reviewed annually from 2020 to 2023 and that each year, the consumer’s goals and preferences differed from proceeding years.

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 interviewed confirmed they are involved in planning and making decisions about consumers’ care and services. Management described how consumers and their family are involved in assessment and planning of care and services. Care planning documents viewed for sampled consumers confirmed that consumers and/or their representatives were involved in the assessment and planning of consumer’s care and services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the outcomes of the assessment and planning processes are communicated to consumers and documented in a care plan, is readily available to consumers, and where care and services are provided. All consumers and/or representatives confirmed the outcomes of assessment and planning had been communicated to them, and a copy of the consumers’ care plan was provided, which staff have access to at the consumers’ home and an electronic copy is uploaded to the service’s database. Staff and management described how outcomes from assessment and planning are documented in the service’s electronic systems, which are provided to Support Workers in a folder at the point of care and/or service delivery. Staff also communicate any concerns about service delivery to management, who review and complete further care planning information as needed.

Evidence analysed by the Assessment Team showed CHSP consumers and/or representatives sampled in relation to this requirement advised they have regular contact with the service to ensure their continued satisfaction with the care service provided and to ensure their needs are being met. Staff interviewed advised that care plans are reviewed annually with additional reviews scheduled in response to consumer requests, changed in care needs or preferences, and any identified risks, hazards, incidents or complaints. The Assessment Team sighted a spreadsheet which details consumer care plan review due dates are up to date.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that they ensure each consumer gets safe and effective clinical care that is best practice, tailored to their needs, and optimises their health and well-being. Consumers expressed satisfaction with the care and services they receive. The service demonstrated consumers receive care and services that are delivered to meet their needs to optimise their health and well-being. Staff demonstrated an understanding of consumer’ service needs and preferences. Care planning documentation showed care plans for consumers including strategies to guide staff practice in the delivery of personal and clinical care.

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. Consumers and/or representatives described how they receive care and services to maintain their wellbeing and maintain their independence. Staff and management described processes for the management of consumers’ identified risks. For consumers sampled, care planning documentation reflected key high impact and high prevalent risks were identified and addressed. The service has processes in place for the monitoring and oversight of the provision of care and services for consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they would respond appropriately to support the needs, goals and preferences of consumers nearing the end of life to maximise their comfort and preserve their dignity. Staff and management described how consumers’ palliation and end of life wishes are discussed with consumers and/or their representatives and care and services are implemented to ensure comfort care as per the consumers’ wishes, which was confirmed through the review of one consumer who recently passed. The Assessment Team did not interview consumers as no consumers were nearing end of life during the assessment in relation to this requirement.

Evidence analysed by the Assessment Team showed the service was able to demonstrate deterioration or change to consumers’ capacity or condition is recognised and responded to in a timely manner. Consumers and/or representatives sampled felt confident that staff would notice if their health changed and would respond appropriately. Staff and management described processes to report and respond to changes related to consumers, for example, a consumer stated they weren’t feeling well and the support worker promptly escalated the situation to management who promptly addressed the health concerns of the consumer which resulted in a good outcome.

Evidence analysed by the Assessment Team showed the service was able to demonstrate information about consumers’ needs, goals, preferences, and conditions is documented and communicated within the organisation, and with others where responsibility for care is shared. Consumers and/or representatives confirmed consumer care is consistent, they have continuity of care and they do not need to repeat their needs and preferences to multiple people. Staff and management described communication processes within and outside the service and confirmed relevant progress notes about the consumer’s care and services are effectively communicated in both electronic and paper forms.

Evidence analysed by the Assessment Team showed the service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services for consumers sampled receiving CHSP services. Despite the service having limited funding they maximise their resources and cater to the needs of as many consumers as possible through group sessions or educational programs.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they minimise infection related risks through the implementation of standard and transmission-based precautions to prevent and control infections. Consumers and/or representatives felt the service and staff keep them safe through the use of personal protective equipment (PPE). The service has policies, procedures, training and monitoring processes that are in place to prevent and control the risk of infections. Management advised consumers and staff with symptoms of COVID-19 or tested positive are documented and monitored daily. This process continues until consumers or staff return a negative COVID-19 test result, and/or symptoms have resolved.

# 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. | Not Applicable |

Findings

Evidence analysed by the Assessment Team showed that consumers get 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. Staff interviewed confirmed their understanding of the needs of individual consumers and how they provide optimal care including allowing a diabetic consumer to come to the centre for meals whilst also checking their blood pressure. Care planning documents reviewed demonstrated an active involvement of consumers and their representatives in the planning process, ensuring their preferences and needs are addressed.

Evidence analysed by the Assessment Team showed that the service demonstrated supporting consumers for daily living promote each consumer’s emotional, spiritual and psychological well-being of consumers. Staff who were interviewed demonstrated an understanding of the individual consumer’s needs and the service has illustrated the implementation of tailored supports to meet these needs. For example, one consumer had to attend a funeral and the service was able to rearrange their usual appointments and services to accommodate the consumer’s request to attend the funeral. The service also catered to the consumer’s emotional and logistical requirements whilst demonstrating a commitment to the consumer’s well-being and care.

Evidence analysed by the Assessment Team showed the service supports for daily living assist each consumer to participate in their community within and outside the organisation’s service environment fostering interaction with others and engagement in activities of interest. For example, a consumer attends a social outing for lunch each week organised by the service that allows them to meet new friends and participate within their community. Staff interviewed demonstrated flexibility in providing social support whilst tailoring activities based on the preferences of their consumers.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information about consumer’s condition, needs, goals and preferences is generally communicated within the organisation and with others where responsibility for care is shared. Staff advised relevant information about consumers’ services are documented and communicated through a mobile phone application, electronic and paper-based documentation. This was confirmed through care planning documentation viewed that guided staff to deliver care and services aligned with consumers preferences.

Evidence analysed by the Assessment Team showed the service was able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Staff interviewed in relation to this requirement confirmed that if they identify an additional need for the consumer, they will escalate to management, who then seek support from other referral partners to assist. Management described processes to refer consumers to other organisations and or MAC, and this was confirmed through care planning documents viewed for sampled consumers.

The service is not funded to provide meal services for their consumers. Therefore, this requirement was not applicable.

The service is not funded to provide equipment for their consumers. Therefore, this requirement was 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. | 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 showed that the service was able to demonstrate the service environments were welcoming and optimised consumers’ sense of belonging, independence, interaction, and function. Consumers interviewed corroborated feeling comfortable and welcomed in the spaces. For example, the Assessment Team confirmed a high priority is given to environmental inclusivity, a level of familiarity, independence, and functionality for consumer’s changing needs. Indigenous artworks, artifacts and posters are displayed around the service environment and the Aboriginal Flag, and the Torres Strait Islander Flag are displayed at the forefront of the space.

Evidence analysed by the Assessment Team demonstrated the service environment is clean, well-maintained, and comfortable with appropriate levels of natural light and temperature control. The layout of the service environment promotes free movement around the service, indoors and outdoors, with consideration given to consumers with limited mobility. The Assessment Team confirmed processes are in place to ensure the environment remained clean and well-maintained, with identified issues reported promptly to minimise hazard and potential risk. For example, staff reported some concrete presenting a trip hazard at the front of the service during their monthly team meeting. The Assessment Team observed that the concrete was no longer presenting a trip hazard.

Evidence analysed by the Assessment Team showed that the furniture, fixtures and equipment are cleaned regularly, well-maintained and are suitable for consumers. Consumer, staff and management interviews confirmed same. One consumer stated that the service environment is clean, the furniture is very well-maintained, and they feel safe in the space. Staff and management described the processes in place to ensure the space remains suitable for consumers with routine maintenance monitored by the maintenance team and any emerging issues or repairs are escalated to management via email.

# 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 consumers, their representatives, and others are encouraged, and supported to provide feedback and make complaints. Consumers and representatives knew how to provide feedback or make a complaint, and staff described their processes for when a consumer or representative raised issues or concerns. Management advised there are policies and procedures in place and staff can raise concerns. Management advised there are policies and procedures in place and staff are encouraged to assist consumers to raise any concerns by engaging with them in an informal manner at different consumer events to ensure they feel able to speak to them directly should the need arise. Ten out of 10 consumers/representatives interviewed advised they have never needed to make a complaint however they stated they would feel very comfortable approaching the service and discussing the matters if an issue needed to be addressed.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. Staff and management discussed 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. The Assessment Team viewed a welcome pack which includes information about advocacy services including the Commission.

Consumers and/or representatives interviewed provided positive feedback on their experience of the complaints management process. The service’s staff demonstrated their understanding of the complaints management system and how they would respond to complaints from consumers. For example, consumers/representatives did not raise concerns about the introduction of out of pocket expenses. This example demonstrated the service utilising an open disclosure process to explain to consumers the reason for the change.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services. The service records, responds, monitors and manages feedback to improve the quality of care and services where appropriate. By undertaking 3 monthly surveys of consumers and tracking the information, management are able to identify trends and concerns amongst consumers.

# 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

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 care and services. Consumers and representatives interviewed were satisfied with the number of staff to deliver the consumer’s services and staff interviewed indicated management implemented a ‘floater’ to make up for any shortfalls in staffing levels. If the ‘floater’ staff member is not rostered on, they are expected to perform other tasks such as cleaning, preparing the service for group social activities and administrative duties.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers and representatives stated care and services are delivered in a kind and caring manner, and consumers' identity, culture and diversity are respected. Staff and management spoke about consumers in a kind and respectful way when speaking with the Assessment Team about their services. The Assessment Team observed some of these courteous and respectful interactions between staff and consumers whilst on-site.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Management advised that selection criteria included qualifications and knowledge needed for each role and these requirements guided their recruitment. The service described having a recruitment process and an initial onboarding and monitoring process to ensure that the workforce is competent to perform their roles.

The service was able to demonstrate the workforce is recruited, trained, equipped, and supported to deliver services. Staff advised they receive ongoing training and guidance whilst feeling supported to undertake their duties safely and efficiently. Most staff at the service have worked in their roles for over 3 years and hold the relevant qualifications to perform their roles. The Assessment Team sighted the mandatory training register which includes training in first aid, CPR and working Aboriginal and Torres Strait Islander cultures.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce performance is regularly assessed, monitored, and reviewed. The service has a performance appraisal and development process for staff. Staff confirmed they were supported in their ongoing performance through regular meetings with management and through the performance development plan process. Management described their process for regular assessment and monitoring of staff through feedback from consumers and other staff. The Assessment Team also confirmed with management that they recognised one trainee needed extra support and had a plan in place to support and monitor their ongoing progress.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services, and are supported in that engagement. Consumers and/or representatives provided examples of provided feedback to the service including consumer satisfaction surveys that showed examples of how the service is delivered to meet their diverse needs. 17 out of 17 surveyed consumers indicated they had an overall positive of the service.

Management described, and provided documentation, regarding the processes and procedures they have, and the meetings held at organisational level to monitor they are delivering safe, inclusive, and quality care and services. Risk assessments and process improvement is driven through consumers providing feedback. The Assessment Team viewed the governance framework that details how the organisation sets priorities to improve the performance of the organisation against the Quality Standards and is consistent with the Charter of Aged Care Rights. The provider’s executive management conduct Quality Assurance Committee meetings every month to review incidents and identify trends, review outcomes of internal and external audits and update policies and procedures as needed. In addition, the service has an established Continuous Improvement Plan process in place to ensure the continuation of safe and effective care and services.

The Service is using effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. An effective risk management systems is in place to identify and respond to abuse and neglect of consumers and managing and preventing incidents. An effective clinical governance framework has also been implemented.

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective systems and processes in the identification and management of all risks to consumers. An incident management policy and register that is overseen by management. In addition, the incident management policy outlined the recording, escalation to management and tracking of action. An example of an incident was provided, and actions undertaken to address the issue were discussed. Staff at the service are aware of advocacy agencies such as the Commission and demonstrated their understanding of how to source support if they needed. Consumers provided examples of how the service helped them live their best life by stating their appreciation of the staff’s understanding of their needs.

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)