**Performance**

**Report**

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| Name of service: | Institute for Urban Indigenous Health Ltd Growth |
| Service address: | 22 Cox Road WINDSOR QLD 4030 |
| Commission ID: | 700051 |
| Home Service Provider: | Institute for Urban Indigenous Health Ltd |
| Activity type: | Quality Audit |
| Activity date: | 15 June 2023 to 19 June 2023 |
| Performance report date: | 25 August 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 Institute for Urban Indigenous Health Ltd Growth (**the service**) has been prepared by J Renna, 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:**

* IUIH Home Support, 23391, 22 Cox Road, WINDSOR QLD 4030

**CHSP:**

* Community and Home Support, 24700, 22 Cox Road, WINDSOR QLD 4030
* Care Relationships and Carer Support, 24701, 22 Cox Road, WINDSOR QLD 4030

# 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; and
* the provider’s response to the Assessment Team’s report received 24 July 2023.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Non-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 | **Non-compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

Standard 1 Requirement (3)(d)

* Ensure consumers are supported to take risks and the consequences of these risks are discussed and agreed management strategies implemented in consultation with consumers and/or representatives.
* Ensure staff have the skills and knowledge to identify, assess, monitor and review consumers who wish to take risks.
* Review processes, policies and procedures relating to supporting consumers to exercise choice and independence.

Standard 6 Requirement (3)(c)

* Ensure feedback and complaints data is regularly reviewed to ensure they are actioned within a reasonable timeframe.
* Ensure actions taken as a result of complaints are communicated with the complainant and open disclosure processes are used when things go wrong.

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Non-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

Requirement (3)(d)

The Assessment Team found the service demonstrated each consumer receiving CHSP subsidised services is supported to take risks to enable them to life the best life they can. However, they were not satisfied the service demonstrated the same for consumers receiving HCP subsidised services. The Assessment Team provided the following evidence relevant to my finding:

* Staff provided examples of three consumers (who receive HCP subsidised services) who wish to undertake specific activities of choice but were not supported to as they are risky. There was no evidence demonstrating risks associated with these activities had been discussed with the consumer or that mitigation strategies had been implemented to safely support them to exercise choice.
* Staff were knowledgeable of risks associated with consumers.

The provider acknowledged the Assessment Team’s findings. The provider’s response detailed actions taken and/or planned to address identified deficits, which include, but are not limited to, refining dignity of risk processes, providing staff training and education, and adding dignity of risk to the agenda of client risk meetings.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates that each consumer receiving HCP subsidised services is not supported to take risks to enable them to live the best life they can. The information and evidence does not demonstrate the same deficits in relation to consumers receiving CHSP subsidised services.

I have considered the intent of this Requirement, which expects organisations to help consumers understand risk associated with activities of choice and involve them in developing solutions that are the least restrictive of their choice and independence. I find this did not occur, as three consumers were not safely supported to undertake, and did not have risks discussed with them regarding, activities of choice.

I acknowledge actions taken by the provider to address identified deficits, however, at the time of my finding, all actions have not yet been implemented.

In relation to HCP, I therefore find the provider, in relation to the service, non-compliant with Requirement (3)(d) in Standard 1 Consumer dignity and choice.

In relation to CHSP, I therefore find the provider, in relation to the service, non-compliant with Requirement (3)(d) in Standard 1 Consumer dignity and choice.

Requirements (3)(a), (3)(b), (3)(c), (3)(e) and (3)(f)

Consumers said, and compliments data showed, staff are friendly and respectful. Staff were observed to engage with consumers in a respectful manner. Documentation showed the service has a consumer-centred approach to care and service delivery.

Consumers said the service caters to their cultural needs and spoke of the advantages with having staff of a similar cultural background. Staff explained how social supports are curated to respect cultural nuances. Management provided examples of how they deliver information in a culturally appropriate manner, and explained how the service’s cultural framework is embedded into everyday practice.

Consumers said they can make decisions about what care and services they want and how they receive it. Staff were knowledgeable about consumers choices and preferences and described how it influences the day-to-day delivery of care and services. Documentation showed consumers are involved in decisions about their care and services. Management described how assessment and planning processes support consumers to exercise choice.

Consumers said they are provided information via various mechanisms, such as social activities, statements, invoices and the consumer handbook, which enables them to exercise choice. Documentation provided to consumers was observed to be clear, easy to read and current.

The service maintains consumers’ privacy, which was corroborated from sampled consumers’ feedback, by educating staff on the importance of privacy and confidentiality on engagement. Consumers are notified of how their information is used and were confident their personal data is kept private. Consumer information is stored in a secure electronic database, which is password protected and access is limited to specific personnel.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c), (3)(e) and (3)(f) in Standard 1 Consumer dignity and choice.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant | Compliant |

Findings

Care planning documentation showed assessment and planning that included consumer needs, goals and preferences, advance care and end of life planning, risks to consumer health and well-being, and risk mitigation strategies. Assessment tools are used to identify risk and guide staff in the delivery of safe and effective care and services. These include, but are not limited to, falls, pain, medication, continence, psychogeriatric, nutrition and hydration, and skin integrity. Staff said care plans included sufficient information to guide safe and effective care and service delivery.

Consumers’ needs, goals and preferences relating to advance and end of life care are captured during initial assessments or when they experience a change in condition. Staff were knowledgeable about consumers’ needs, goals and preferences. Staff were observed actively engaging with consumers about end-of-life planning and personal preferences.

Care plans were reflective of the consumer and inclusive of those involved in the care of the consumer, including relevant health specialists. The organisation has processes to inform staff of the process of completing assessments in partnership with consumers and representatives.

Consumers said they received a comprehensive care plan on joining the service and receive regular updates as needed. Consumers demonstrated a clear understanding of the types and frequency of services they receive. Care files and progress notes show information is regularly communicated to consumers and documented in a way that allows easy access.

There are processes to ensure 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. Annual care plan review processes are in place to ensure all aspects of consumers’ care are aligned to their changing needs and preferences. Consumers said staff consult with them in relation to their care plan and the care and services they receive.

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

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

Care files sampled demonstrated effective management weight loss, wounds, alleged domestic abuse and falls. Staff and management were knowledgeable of each consumers’ unique needs and preferences, including high impact or high prevalence risks associated with their care. The service maintains policies and procedures to guide staff in best practice care delivery and management of high impact or high prevalence risks.

There are processes in place to ensure needs, goals and preferences of consumers nearing the end of life are recognised and addressed, with their comfort maximised and dignity preserved. End of life wishes are documented to guide staff on consumers’ needs, goals and preferences when nearing the end of life. Staff provided examples of additional support and monitoring provided to consumers when clinically deteriorating.

Documentation and interviews with staff showed deterioration in consumers’ health, cognition or physical function is recognised and responded to in a timely manner, including escalation, initiating appropriate referrals, conducting assessments and monitoring, and implementing additional clinical care congruent to changed needs.

Information regarding consumers’ condition, needs and preferences is documented on a care plan and readily available to staff and others where responsibility for care is shared. Consumers, representatives and staff considered consumers’ needs and preferences are effectively communicated between staff.

Care planning documents showed timely and appropriate referral to other services and organisations for additional review and treatment of consumers’ health care needs. The organisation has policies and procedures to guide staff in the referral process.

The service has a number of policies and procedures to guide staff in minimisation of infection related risks, including in relation to screening processes and use of personal protective equipment. Staff are provided with infection prevention and control training.

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

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

Consumers said the services and supports they receive help them to maintain quality of life and independence. Staff demonstrated an understanding of what is important to consumers and described how they help the consumer to maintain independence. Processes are in place to identify and build services to meet consumers’ preferences.

Consumers said services and supports for daily living promotes their emotional well-being. Staff demonstrated sound knowledge of consumers and strategies to ensure they are appropriately supported. Staff were observed providing comfort to a consumer who was emotional during a group social support program. Processes are in place to ensure staff escalate concerns about consumers’ emotional well-being to management for action.

Consumers described how they are supported to participate in their community within and outside the organisation’s service environment, have social and personal relationships and do things of interest to them, including meeting friends for coffee and connecting with family. Staff demonstrated good knowledge of consumers, including their social connections.

There are processes in place to ensure information about the consumer’s condition, needs and preferences are communicated within the organisation, and with others where responsibility for care is shared. These include by accessing care plans and ensuring the same staff attend to consumers’ care and services. Consumers said staff knew them well.

Interviews with staff and documentation showed consumers are referred to other individuals, organisations and providers of other care and services as needed. Staff were knowledgeable of the referral process.

Consumers gave positive feedback about the food and stated the food is of suitable quality and quantity. Staff said they continually seek feedback from consumers on food satisfaction. Dietary requirements and preferences are documented and accommodated.

Processes are in place to ensure equipment used to support daily living is safe, suitable, clean and well maintained. Staff were knowledgeable of these processes and provided examples of how they monitor the safety of equipment.

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

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

Consumers said the environment is clean and they move comfortably throughout. The two service environments observed were found to be welcoming, with a layout that enabled free movement. Consumers were observed mobilising without obstruction throughout different areas of the environment. Systems and processes are in place to ensure the environment is clean and well maintained, with any issues promptly addressed.

Furniture, fittings and equipment appeared safe, clean and well maintained. Consumers said equipment is appropriate for their needs. Staff were knowledgeable of processes to escalate concerns about the safety of equipment. Scheduled cleaning, maintenance and safety inspection regimes are in place.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 5 Organisation’s service environment.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Non-compliant | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Requirement (3)(c)

The Assessment Team was not satisfied the service demonstrated appropriate action is taken in response to complaints or that an open disclosure process is used when things go wrong. The Assessment Team provided the following evidence relevant to my finding:

* Complaints records for two complaints lodged by two consumers during March 2023 showed action taken to address concerns raised. However, there was no evidence demonstrating the consumers were informed of actions taken or that an apology was offered by the service.
* Complaints records for one consumer who provided feedback during March 2023, shows there has been no follow up contact and their complaint has not yet been resolved.
* Management acknowledged any follow up or apology has not been appropriately documented.

The provider acknowledged the Assessment Team’s findings, however, maintains the deficit relates to poor documentation rather than a failure to act on complaints. The provider’s response detailed actions taken to address identified deficits, which include, but are not limited to, improvements to complaints handling processes and governance, formulation of guidance material for staff, provision of staff training and education, and introduction of processes for quality oversite of complaints.

In coming to my finding, I have considered information and evidence in the Assessment Team’s report and provider’s response, which demonstrates that appropriate action is not consistently taken in response to complaints and an open disclosure process is not used when things go wrong.

I have considered that for two sampled complaints, appropriate action was taken by the service, however, there was no evidence demonstrating outcomes had been communicated to the complainant or that open disclosure was used. I have also considered that one open complaint had not been actioned, despite being received two months prior.

I acknowledge actions taken by the provider to address identified deficits, however, there was no evidence demonstrating these deficits have been effectively embedded.

In relation to both HCP and CHSP, I therefore find the provider, in relation to the service, non-compliant with Requirement (3)(c) in Standard 6 Feedback and complaints.

Requirements (3)(a), (3)(b) and (3)(d)

Consumers said they are supported to provide feedback on the care and services they receive. Management said feedback and complaints are obtained through various mechanisms, including surveys, online (via email or through their website), verbally and via feedback forms. Staff said they have received training on how to handle feedback and complaints.

The service has information regarding advocacy, language and external complaints services, easily accessible to consumers and representatives. The welcome pack provided to consumers on commencement, includes contact information for external complaints mechanisms, translation services, aged and disability advocacy services.

Complaints and suggestions are used to improve the quality of care and services. The service demonstrated how it reviews feedback and provided examples of how services were improved, primarily in relation to improvement to communication and assessment and planning processes.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b) and (3)(d) in Standard 6 Feedback and complaints.

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

As demonstrated throughout the Assessment Team’s report consumers were generally satisfied their care and services needs are met, indicating the number of staff are sufficient. The service has implemented strategies to manage workforce shortages, which staff said have been successful.

Consumers said they are treated with dignity and respect by staff, and could not recall any instances where they were treated improperly. Staff undertake mandatory training on professional roles and boundaries and positive approaches to behaviour.

Staff were able to demonstrate they have the knowledge to effectively perform their roles. Consumers expressed confidence in staff competency and said their needs are met. The service ensures staff are recruited with the appropriate qualifications and are continued to be supported to improve their knowledge and skills through ongoing training.

On commencement of employment, staff are required to complete a corporate orientation program that contains a number of mandatory training modules and includes a buddy system. This buddy system involves oversight of staff competency to ensure they are suited to the role and identifies any additional training needed. Training is provided to staff continually throughout the year, covering topics such as food safety, abuse, missing consumers, the Serious Incident Response Scheme, professional roles and boundaries, confidentiality and information handling, and positive approaches to behaviour.

Staff are required to undertake performance appraisals annually. Further support is provided to staff when there is a need for improvement.

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

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

Findings

Feedback from consumers and representatives is sought via feedback and complaints processes and surveys. The most recent survey results indicated consumers had an overall positive view of the care and services they receive. Consumers also provided suggestions for additional activities that could be run through the day respite program, evidencing their involvement in the evaluation and development of the organisation.

The organisation’s corporate governance framework promotes a culture of safe, inclusive and quality care and services through oversight of leadership and reporting, feedback and complaints, and incidents. The organisation has a strategic plan that seeks to ensure the continuation of safe and effective care and services, an strive for continuous improvement.

Interviews with consumers and staff, and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance and feedback and complaints. There are systems and practices are in place to ensure effective management of high impact or high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can.

The organisation’s clinical governance framework guides staff in relation to education and training, internal clinical audits, clinical effectiveness, research and development, open disclosure, restrictive practices, and risk management.

Based on the above evidence, 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 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)