**Performance**

**Report**

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| Name: | Jewish Community Services Inc - ADELAIDE |
| Commission ID: | 600154 |
| Address: | 433 Magill Road, ST MORRIS, South Australia, 5068 |
| Activity type: | Quality Audit |
| Activity date: | 21 February 2024 to 22 February 2024 |
| Performance report date: | 3 April 2024 |

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

Home Care Packages (**HCP**) included:  
Provider: 8979 Jewish Community Services Incorporated  
Service: 26467 Jewish Community Services

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7918 Jewish Community Services Incorporated  
Service: 24038 Jewish Community Services Incorporated - Care Relationships and Carer Support  
Service: 24037 Jewish Community Services Incorporated - Community and Home Support

**This performance report**

This performance report for Jewish Community Services Inc - ADELAIDE (**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.

# Material relied on

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

* the Assessment Team’s report for the Quality Audit report, which 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 19 March 2024.

The provider’s response included commentary on the comprehensive audit process and valuable feedback during the Quality Audit. The provider’s response also included dedication to the service’s plan for improvement and ongoing efforts to meet the Quality Standards now and into the future. The provider emphasised the importance of sensitivity to communities experiencing stress and significant events and requested consideration of this when planning an audit/assessment visit which may impact a community and the individuals within it.

# Assessment summary for Home Care Packages (HCP)

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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 |

# 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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

Consumers confirmed they are treated with dignity and respect and the service recognises and values their identity and culture. Staff and management spoke respectfully about consumers and demonstrated a kind, caring and respectful culture within the service. Documentation showed consumer information is documented respectfully.

Consumers described how the service meets their needs and deliver a culturally safe service. Staff discussed cultural awareness training which is completed annually and explained how they deliver services that are culturally safe. Management described, and staff confirmed how they are supported to provide culturally safe services. Documentation showed staff have access to each consumer’s cultural information to understand the consumer’s background.

Consumers stated they feel they are supported to make decisions about the care and services they receive, Staff advised consumer choice is embedded into all the care and services provided. Management described, and policies and procedures confirmed, decisions about care and who is involved is completed in partnership with consumers and/or representatives.

Consumers described undertaking activities they enjoy safely and with appropriate supports. Staff and management described dignity of risk and demonstrated how consumers are supported to safely take risks. Documentation showed the service has a self-determination/dignity of risk form and associated procedures to guide staff in the assessment of risk for consumers.

HCP consumers advised they receive information provided by the service including a welcome pack, a budget which is explained to them and monthly statements. Management advised they involve consumer representatives, family and interpreters if required to ensure consumers understand information communicated about the services provided. Documentation confirmed consumers are provided with current, accurate and timely information relevant to the services received.

Consumers and representatives expressed confidence the consumer’s privacy is respected during provision of services. Staff demonstrated an understanding of privacy and the need to protect consumer information unless consent is obtained to share the information with others. Management advised, and observations confirmed, the service has an electronic management system which is password protected, with access limited by role. Hardcopy consumer documentation is stored securely in lockable cabinets.

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

# Standard 2

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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

Consumers and representatives confirmed assessment and care planning is discussed at commencement of services and risks are considered and addressed. Staff described, and documentation confirmed, nursing assessments are undertaken for all consumers with clinical risks, along with the use of validated assessment tools. Management described the service’s assessment and planning which informs how the service delivers safe and effective care and services. Documentation showed assessment and planning occurs, including the consideration of risks.

Consumers and representatives confirmed assessment processes identify and address the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. Staff described how consumer needs, goals and preferences are identified through assessment and planning. Documentation showed detailed information about consumer needs, goals and preferences is recorded and includes advance care directives and end of life planning.

Consumers and representatives confirmed involvement in the initial visit and assessment process and during reviews of consumer care and services. Staff described how consumer preferences for care and service delivery are considered and how the service engages in brokerage agreements with other services when needed. Documentation showed the service has ongoing collaboration with health professionals to ensure care and services enable consumers to meet their goals, needs and preferences.

Most consumers and representatives confirmed the outcomes of assessment and planning were communicated to the consumer and a copy of the consumer’s care plan was provided to them. Staff described how they access the care plan through their phone application and confirmed information within the care plan is current and contains enough information to deliver safe and effective care and services to consumers. Management advised they ensure consumers receive a copy of their care plan and are required to sign it to confirm the information documented. Documentation showed assessment and planning outcomes were documented in care plans in the service’s electronic management system.

Consumers and representatives confirmed consumer care and services are reviewed regularly and as required. Staff described, and care planning documentation confirmed, consumer reviews are undertaken following a change of circumstances and when incidents occur, as per the service’s process. Management confirmed consumers are reviewed at least annually, with consumers identified as high risk reviewed more frequently.

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

# Standard 3

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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

Consumers and representatives confirmed consumers receive the personal and clinical care they need, and consumers are satisfied with the care they receive. Staff stated they know the personal care they provide is safe and effective through feedback from consumers and representatives and consumers are encouraged to discuss any concerns with the care coordinator. Management advised the service has suitably qualified and experienced staff to ensure appropriate clinical oversight. Documentation showed consumers are provided with clinical and personal care tailored to their needs and optimised for their health and wellbeing.

Consumers and representatives described how consumers receive care to maintain their wellbeing and maintain their independence. Staff described processes to identify and mitigate high-impact or high-prevalence risks for consumers. Documentation showed the service maintains a high-risk register and conducts regular meetings to review risk mitigation strategies.

Staff described how consumers’ end of life wishes are discussed with consumers and/or their representatives. Documentation showed advance care directives are discussed with consumers and outcomes are documented within the consumer’s care plan. Management stated processes will be strengthened and additional training will be provided for staff on palliation pathways and supporting consumers with end of life.

Consumers and representatives expressed confidence staff would notice if the consumer’s health changed and that staff would respond appropriately. Staff and management described process to report and respond to changes related to consumers. Documentation showed evidence of identification and actions taken when a consumer’s health changed or deteriorated, including referrals to health professionals and adjustments to the consumer’s clinical care and services.

Consumers and representatives confirmed consumer care is consistent, the consumers have continuity of care and they do not need to repeat the consumer’s needs and preferences to multiple people. Staff described how they access consumer information on the phone application. Management discussed, and documentation confirmed, the service’s communication processes to ensure others with responsibility for care are informed of consumer conditions.

Consumers and representatives confirmed consumers are referred to health professionals when required. Staff and management described processes for referring consumers to other health care professionals, other organisations or My Aged Care. Documentation evidenced timely referrals of consumers to other health care professionals.

Consumers and representatives confirmed staff use personal protective equipment to minimise infection related risks. Staff advised the service monitors government department directives in relation to infections in the community. Management advised, and documentation confirmed, the workforce received infection control training and the service has relevant policies and procedures and monitor staff and subcontractors to ensure mandatory vaccinations are received.

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

# Standard 4

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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 and representatives expressed satisfaction the services received by the consumers support them in their daily living activities. Staff and management demonstrated services provided to consumers are tailored to the consumer’s needs, goals and preferences and optimise the consumer’s independence, well-being and quality of life. Documentation showed goals and strategies to support consumers to remain living independently at home.

Consumers explained they feel confident staff know them well and would recognise if they were feeling low and the staff would respond appropriately. Staff described processes to maintain regular contact with consumers. Management described processes in place and additionally funded to support consumers’ emotional, spiritual and psychological well-being.

Consumers described how the service enables them to stay connected to their community and do things of interest to them. Staff and management described processes to assist consumers to participate in their community, have social relationships and do things of interest to the consumer. Management advised they have consulted with consumers about places of interest they wish to visit through the social outings program. Documentation showed examples of supporting consumers to participate in their community.

Consumers and representatives expressed satisfaction with communication and stated staff usually work well together to meet the consumer’s needs. Staff demonstrated a sound knowledge of consumers and explained they access updated information about consumers through their electronic device and through communication from the care coordinator. Management advised the service requires and receive periodic reports from all external service providers to report on outcomes for consumers.

Consumers and representatives confirmed consumers were timely and appropriately referred as required. Staff described processes to refer consumers internally and externally for other services as required. Management described how they provide information to connect consumers with other services and supports. Documentation showed examples of referrals of consumers to other services and supports for daily living.

Consumers and representatives confirmed consumers enjoy the meals provided through an external meal delivery service. Staff and management described how meal services offered take into consideration the consumer’s cultural and dietary needs and preferences. Management described how they link consumers to multiple meal providers to provide a wider selection of meals. Documentation showed the service engages with meal service providers to provider prepared meals to consumers within a brokerage arrangement.

Consumers and representatives confirmed equipment prescribed and purchased is suitable for the consumer’s needs and is well maintained. Staff described the processes for the purchase of equipment and home modifications, including assessments by allied health professionals. Management advised the service will further develop the assessment, review and maintenance processes related to equipment. Documentation showed assessments for various equipment and home modifications.

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

# Standard 5

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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 confirmed the service environment is welcoming and easy to understand. Staff were observed welcoming consumers on entry to the service environment and interacting with them in a caring and respectful manner. The service environment was bright, well-lit, comfortable, spacious and easy to navigate. Management and staff described how they ensure consumers feel welcome.

Consumers confirmed they feel safe when attending the service environment and confirmed it is clean. Management and staff described the processes to ensure the environment is remains safe, clean and well-maintained. Observations showed adequate lighting and air-conditioning in the service environment, with fire safety and emergency provisions in place.

Staff described processes to ensure equipment is safe, clean and well maintained. Documentation showed there are processes in place for preventative and reactive maintenance, including hazard and incident forms and processes.

Based on this 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. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

Consumers and representatives confirmed they know how to make a complaint or provide feedback. Staff and management described how they support consumers to provide feedback and make complaints. Management described how the service uses the feedback and complaints register to inform the service’s continuous improvement plan. Documentation showed consumers are provided with information about feedback and complaints processes.

Consumers and representatives advised they would feel comfortable providing feedback and raising concerns. Staff described how they identify and assist consumers who may need help to raise a complaint or access advocacy services. Management described various ways the service provides information to consumers about advocacy services. Management advised the service uses a translating service and can translate documents to a consumer’s preferred language as needed. Documentation evidenced various information provided to consumers about access to advocacy services and external complaint mechanisms.

Consumers and representatives stated the service listens to feedback and works hard to resolve any issues. Staff described how they ensure complaints are escalated and followed up with management to ensure they are resolved. Management discussed the service’s processes for managing complaints. Documentation demonstrated the service practices open disclosure principles during the complaint resolution process.

Management and staff described how they service uses consumer feedback to inform continuous improvement. Management explained feedback and complaints are collected and analysed to identify trends and opportunities for improvement. Documentation evidenced the service’s approach to reviewing and using feedback to improve the quality of care and services provided.

Based on this information summarised above, I find the provider, in relation to the service, compliant with all Requirements 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

Consumers and representatives stated staff normally arrive on time and have enough time to provide quality services. Staff described in various ways how the service has enough staff and how they have enough time to ensure delivery of safe care and services. Management described the process used by rostering staff following unplanned staff leave or consumer calls to request cancellation of scheduled services. Documentation showed the service has a cancellation of scheduled services flowchart which details risk management strategies to ensure continuity of service.

Consumers and representatives described in various ways how staff are kind, caring and respectful. Documentation showed compliments from consumers about services and staff, with no complaints about staff conduct towards consumers. Job descriptions include responsibilities including upholding the principles of respect, inclusiveness and diversity.

Consumers and representatives expressed confidence in staff skills, knowledge and ability to deliver care and services. Staff and volunteers advised they complete mandatory requirements and training to effectively perform their roles. Management advised they assess workforce competency during recruitment and monitor this through mandatory training, spot checks, induction, buddy shifts, performance appraisals and incident reviews. Documentation showed the service monitors mandatory requirements including current police checks.

Staff, volunteers and subcontractors described completing relevant training and being supported in their roles through regular meetings and access to senior staff and guidance materials. Management described processes of initial selection and onboarding processes, a mandatory schedule of training and regular communication with staff, including meetings to provide information and support.

Staff and volunteers confirmed they undertake regular performance reviews where they can discuss their performance with management and identify areas for improvement and further training and support requirements. Management described the service’s annual performance management system and process for managing staff. Documentation showed staff performance appraisals occur regularly.

Based on this 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

Consumers and representatives advised the service is well run and they have opportunities to regularly engage with the service through communication with staff and management, surveys and feedback processes. Management and staff described how consumers have input about consumer experiences and services through formal and informal feedback processes, and through the newly formed consumer advisory board. Documentation showed positive results from consumer surveys on satisfaction with services, delivery and evaluation of care and services, with these results reported to the governing body.

Management described the governance structure and reporting process to drive continuous improvement and accountability, with monthly governing body meetings addressing potential risk factors for consumers and clinical information. The governing body consists of members with relevant skills and experience. The service has a range of reporting mechanisms to ensure the service’s governing body is aware and accountable for the delivery of care and services. Documentation showed organisational and financial oversight by the governing body, along with risk discussions and identified actions to mitigate those risks.

There are effective organisation wide governance systems in place to support information management, continuous improvement, financial governance workforce governance, regulatory compliance and feedback and complaints. Management advised staff and subcontractors have access to consumer information relevant to their roles. The service has various mechanisms to identify opportunities for improvement. The organisation has a documented financial governance framework including planning, reporting and monitoring responsibilities and processes. Management described the systems used to manage the workforce, including workforce structure to allow for flexibility in service delivery. Management advised the service actively subscribes to and uses information from peak bodies and government agencies to meets its regulatory requirements. The service demonstrated an effective escalation system for complaints and data reporting to ensure appropriate oversight at all levels of the organisation.

Management described how the service assesses for vulnerable or at-risk consumers during initial onboarding and at reassessments with the use of validated assessment tools. Documentation confirmed the service completes general risk assessments for consumers, with results documented on the high-risk register to allow the service to identify, track, monitor and implement improvements and mitigation strategies for the most at-risk consumers within the service. Documentation showed staff have been provided with training on identifying elder abuse and neglect. Management and staff described how the delivery of services assist consumers to access the services required to live their best life and provide individualised choices and preferences. Management described how the service records, reviews and reports individual incidents in an incident reporting system and demonstrated how incidents are investigated and analysed, with appropriate open disclosure actions undertaken. Documentation showed an effective use of an incident management system.

The service uses the skills and knowledge of members of the governing body within its clinical committee. Documentation showed the organisation has a clinical governance framework detailing clear roles and responsibilities for both staff and governing body members, with detailed procedures to guide staff in clinical care and prevention, treatment and management of illness or injury as well as maintenance of psychological, mental and physical well-being. The service has an organisation wide system for preventing, managing and controlling infections and antimicrobial resistance, including infection prevention and control policies and procedures and mandatory infection control training for staff. Management demonstrated restraint is uses as a last resort, with staff receiving mandatory training to identify and minimise the use of restrictive practices. Documentation showed the services applies an open disclosure approach to responding to incidents and events.

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

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)