**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Kogarah Community Services |
| Commission ID: | 200465 |
| Address: | 49 English Street, KOGARAH, New South Wales, 2217 |
| Activity type: | Quality Audit |
| Activity date: | 20 November 2023 to 21 November 2023 |
| Performance report date: | 12 January 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: 2542 Kogarah Community Services Incorporated  
Service: 27319 Kogarah Community Services Inc.  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7867 Kogarah Community Services Incorporated  
Service: 24607 Kogarah Community Services Incorporated - Community and Home Support

**This performance report**

This performance report for Kogarah Community Services (**the service**) has been prepared by M Abjorensen, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# Assessment summary for Home Care Packages (HCP)

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

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives provided feedback that they are treated with dignity and respect. Staff demonstrated knowledge of what is important to consumers and how this informs the delivery of services. 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 assessment and planning is used to identify the cultural needs and preference of consumers, including life history, psychological, spiritual and emotional support requirements.

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 they encourage consumers, and involved family members, to make connections and access supports through information provided. 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 and representatives described how supports and services help consumers to maintain their independence and encourage consumers to continue to live an active lifestyle. Staff described how dignity of risk principles apply to the supports provided and the strategies in place to support consumers in the way they choose to live. The Assessment Team provided an example where a consumer declined home modifications in favour of preserving their home as is. Documentation showed a discussion regarding alternative options, monitoring and evaluation of the plan in addition to a dignity of risk assessment form.

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 all Requirements in Standard 1 Consumer dignity and choice.

# Standard 2

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

Findings

Assessment and planning captures risks to consumer health and wellbeing, including, falls, skin integrity, pressure care requirements and home safety risks, in addition to, medical history, medications, allergies, emergency contact details and details on external services. Staff care directives are based on the needs and risks identified through assessment and planning to guide staff at the point of care. For example, care directives guide staff to check whether a consumer experiencing cognitive decline has taken their medication.

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. Management explained the service supplements services offered through referrals to other organisations, where the service is unable to meet the current needs, goals and preferences of a consumer.

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.

The service involves consumers, and their representatives, in assessment and planning discussions, where the outcomes are explained and care plans are provided via the post. Consumers and representatives confirmed receiving a care plan copy in the mail. Care workers advised care plans, including shift notes and other communications, are accessed through the mobile application on electronic devices.

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. Care documentation showed adjustments to care and services occur every 12 months or in response to a changed care need, for example, following hospitalisation.

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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 expressed satisfaction with the quality of the personal care and clinical care delivered. Personal care and clinical care is overseen by a registered nurse, where assessments inform the brokered allied health clinicians of the clinical care requirements, such as wound care and catheter care. Staff were knowledgeable about each consumer’s needs and preferences. Staff advised they refer to the coordinator and team leader for guidance regarding consumer care delivery, where needed. Information and evidence under Requirement (3)(g) in this Standard shows brokered services delivering wound care provide photographs and measurements following each scheduled service.

The service identifies high impact and high prevalence risks during the initial and ongoing care planning process. Consumer input is sought to understand current management strategies and assessments inform interventions or strategies. The service has established a risk management system, inclusive of a vulnerable consumer register. The incident management system is used to adjust care and services in response to consumer incidents, with oversight from management. Staff were knowledgeable about risk management interventions which was reflective of the information recorded in care documentation.

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. The service has policies regarding end of life planning and referral networks to palliative care organisations.

Interviews with consumers and representatives and support workers and review of care plans identified the service has processes in place to support staff to identify and notify others of changes in a consumer’s condition. The roster coordinator provides daily reports of service notes to identify possible deterioration or concerns to the care coordinator for further action.

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. The Assessment Team provided an example where medication management was coordinated through discussions with a consumer’s family, pharmacist and general practitioner.

Care planning documents showed timely and appropriate referral to other services and organisations for additional review and treatment of consumers’ health care needs. The coordinator explained referrals are made with the consumer's consent in response to consumer requests and/or as an outcome of assessment and planning. The Assessment Team provided an example of a timely and appropriate referral to a medical practitioner and allied health clinician in response to a consumer’s weight loss.

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 and the service maintains a register of staff vaccinations.

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

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

Findings

Consumers and representatives said they were satisfied with the services and support for daily living they receive, and the services and supports help them do the things they want to do. Staff demonstrated an understanding of what is important to consumers and described how they help the consumer to maintain independence. Care planning information showed consumer needs, goals and preferences recorded with interventions regarding actions to achieve each goal.

Consumers and representatives advised their services and support promote their spiritual, emotional, and psychological well-being. Staff demonstrated sound knowledge of consumers and strategies to ensure they are appropriately supported. The Assessment Team provided an example of actions taken by the service to identify, and address, a consumer’s decline in psychological wellbeing through relevant referrals and scheduled increased social interactions.

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. Support workers and brokered providers advised they were satisfied with the information they received, as it helps them identify consumers who may need additional support, such as mobility help while in the community. Care documentation contained evidence of communications to coordinate external services.

There are policies and procedures in place to coordinate referrals within the service and to other organisations through established referral networks. 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.

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.

While the Assessment Team deemed Requirement (3)(g) as not applicable as the service does not provide equipment this conflicts with equipment provision funded through home care packages. Throughout the report I have found evidence to demonstrate equipment is provided to consumers based on the assessment and recommendations of allied heath clinicians to improve mobility and prevent falls. For example, information and evidence under Requirement (3)(d) in Standard 1 shows two consumers assessed by an occupational therapist regarding equipment, with one consumer receiving a lift/recline chair. Information and evidence under Requirement (3)(e) in Standard 2 indicates reassessment, and mobility equipment provision, occurred to support a consumer following a fall. Requirement (3)(d) in this Standard shows consumers are referred for equipment provision, coordinated by the service.

I find Requirement (3)(g) does not apply to consumers receiving services through CHSP subsidised services.

Information and evidence shows Requirement (3)(g) is not applicable as the service does not provide meals for consumers receiving HCP subsidised care and services. However, information and evidence under Requirement (3)(a) in Standard 5 shows meals are provided to consumers in the service environment of the social support group. Consumer feedback described satisfaction with the meals provided.

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

|  |  |  |  |
| --- | --- | --- | --- |
| 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 welcoming, safe and allows them to move around independently. Observations showed the environment has a suitable layout to support free movement, suitable lighting with access to bathrooms and refreshments, such as water, tea and coffee. Systems and processes are in place to ensure the environment is clean and well maintained, with any issues promptly addressed.

Consumers were observed to be moving freely around the hub, outdoors and to the amenities provided. Furniture, fittings and equipment appeared safe, clean and well maintained. Consumers said equipment is appropriate for their needs.

Staff explained processes to report and escalate any hazards within the service environment to ensure consumer, and staff, safety. 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

|  |  |  |  |
| --- | --- | --- | --- |
| 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 said they are supported to provide feedback on the care and services they receive. While most consumers said they prefer to ring the service to provide feedback, other mechanism to provide feedback include through completion of a feedback form, speaking to staff at social support groups or via email. Staff described actions they would take if a consumer raised feedback or complaints, including encouraging them to inform their care coordinators of concerns. The service has policies and procedures relating to feedback and complaints.

The service has information regarding advocacy, language and external complaints services, easily accessible to consumers and representatives. Management advised that while they have not had a consumer that needed to connect to an advocacy service, their service policy stipulates that the organisation is to assist consumers to connect to advocacy services and interpreting services. On entry to the service, consumers are provided with a consumer handbook which outlines internal and external feedback avenues, and advocacy services.

Consumers and representatives described actions taken by the service to resolve complaints consistent with the actions described by staff which reflect the principles of open disclosure. The Feedback register showed feedback and complaints recorded were responded to and closed, as per policies and procedures.

Consumers discussed improvements made by the service as a result of their complaints. Management showed, through documentation provided, how the service records, acts and analyses complaints to inform systemic improvements such as review of policy and workforce training.

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

# Standard 7

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

Findings

Consumers and representatives described consistent services delivered by staff with enough time to deliver their services without rushing. Management showed how the skill mix and staffing numbers are considered when developing rosters to meet the needs of consumers.

Consumers said they are treated with dignity and respect by staff, and described a number of positive interactions they have with staff. Observations showed staff treating consumers with dignity and respect, sharing jokes and engaging in discussions. Policies and procedures outline staff code of conduct and inclusion and diversity in the organisation.

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. Brokered service providers are required to have the same competencies as internal staff and regular feedback on services is sought from consumers and the brokered agency to evaluate the quality of services delivered.

The service has policies and procedures to guide staff in recruitment and induction. New staff complete an induction process which includes mandatory training based on job role. Volunteers and staff are offered buddy shifts until they are confident to deliver the care and services on their own in line with best practice. Staff reported they regular training relevant to their role.

The service has annual performance appraisals with existing staff and new staff are required to undertake a probationary period review. Management advised the service has a workforce recruitment guide, online orientation checklist that records onboarding requirements including training completed.

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

# Standard 8

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

Findings

The service demonstrated that consumers are engaged in developing, delivering, and evaluating their care and services by seeking input from consumers through feedback surveys, consumer focus groups, weekly staff meetings, annual client satisfaction surveys, and the complaints register.

The organisation's corporate governance responsibilities are made up of financial governance, clinical governance, risk governance and other governance leadership teams such as legal and human resources. The Chief Executive Officer is responsible for managing the governance systems and ensuring appropriate reporting to the Board. The organisation's key personnel, including the Board, hold annual planning days to review consumer data, financial data, continuous improvement information, risk management information and issues facing the service.

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. For example:

* Staff and consumers advised they can readily access information when needed
* Opportunities for continuous improvement at a board and operational level are identified through a range of mechanisms such as consumer complaints, incidents, and risk information
* An annual audit is undertaken each year by a qualified Auditor approved and appointed by the Board.
* All HCP consumers receive a monthly statement that provides a breakdown of the services received in the previous month, the number of spent funds and the balance of their package
* Management receives regular updates from government bodies on regulatory information, which is monitored by the leadership team, and information is fed down to relevant management staff, who disseminate the information to staff through emails and/or regular meeting mechanisms.

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. For example:

* The organisation responds to consumer risk incidents, and near misses in a timely manner and investigates them, and when made aware of or witnessing consumers involved
* Management and staff identified vulnerable consumers, including those with special needs, cognitive and functional difficulties, and limited support
* The organisation's policies and procedures included effective management of high-impact or high-prevalence risk, handling elder abuse and neglect, managing and preventing incidents, and ensuring support is provided to the consumer to live their best life to their capabilities

The organisation’s clinical governance framework outlines the roles and responsibilities for staff within the organisation. The workforce is supported with training on clinical care, infection control, antimicrobial stewardship, and use of restraint which they access through online training.

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)