**Performance**

**Report**

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| Name: | Lutheran Church of Australia - Queensland District |
| Commission ID: | 700021 |
| Address: | 2/1456 Brisbane Valley Highway, FERNVALE, Queensland, 4306 |
| Activity type: | Quality Audit |
| Activity date: | 25 June 2024 to 28 June 2024 |
| Performance report date: | 15 August 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: 393 Lutheran Church of Australia - Queensland District  
Service: 18220 Immanuel Gardens  
Service: 19392 Orana  
Service: 19368 Salem  
Service: 28100 St Andrews Home Care  
Service: 28101 Tabeel Home Care  
Service: 28107 Teviot Home Care  
Service: 28102 Trinder Park Home Care  
Service: 28105 Zion Gympie Home Care  
Service: 28104 Zion Home Care  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7493 Lutheran Church of Australia Queensland District  
Service: 24114 Lutheran Church of Australia Queensland District - Care Relationships and Carer Support  
Service: 24113 Lutheran Church of Australia Queensland District - Community and Home Support

**This performance report**

This performance report for Lutheran Church of Australia - Queensland District (**the service**) has been prepared by A Cachia, 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)

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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 and their representatives said staff treat them with dignity and respect, with consumers sharing in different ways how they feel treated well by staff across all services. Staff explained how they treat consumers with dignity and respect, sharing how they understand what is important to consumers and respect consumers’ identity, background and preferences. Documentation showed that organisational policies and procedures, including code of conduct and person-centred care, which guides staff in the provision of inclusive, safe and consumer led services.

Consumers said they are satisfied that consumers’ cultural needs and background are understood by staff, which reflects culturally safe care and services. Staff explained how they deliver culturally safe care and tailored services to consumers’ individual needs, with staff advising they complete mandatory training on delivering culturally safe services. Documentation showed training records confirming staff training completion and policies and procedures, including a diversity action plan demonstrating practical actions in progress.

Consumers said they are informed about their care and service options available and are encouraged to actively make decisions about their care and delivery of services. Staff and management were knowledgeable and explained how they support consumer decisions and provide options when undertaking services. Sampled consumer documentation showed staff are actively working with and involving consumers in the planning of their care and services, including examples of preferences outlined aligning with scheduled services.

Consumers and their representatives said each consumer is supported to take risks to enable them to live the best life they can. Staff explained how they inform and assess consumers are safe and supported when they choose to take risks. Staff were knowledgeable about the dignity of risk procedure and explained how risk summary forms are utilised. Documentation showed policies and procedures that guide staff in understanding the consumer, their capacity and activity of risk they wish to undertake.

Consumers said they are satisfied with the information they receive, which is clear and easy to understand. One consumer said, and staff confirmed, consumers receive copies of their care plans, upcoming social support activities and monthly statements which are explained to them to ensure they understand the information provided. Sampled consumer documentation showed consumers are provided with information at the commencement of services, including the Charter of Aged Care Rights, newsletter and information pack.

Consumers said they felt their privacy was respected, and personal information remained confidential, advising they had no concerns across all services. Staff were knowledgeable and provided examples of how they ensure a consumer’s privacy is maintained, by ensuring consent and privacy documentation are up to date. Staff and management said they only share consumer information directly with consumers or their nominated representatives and are aware of the need to maintain confidentiality. Training records sighted by the Assessment Team demonstrated staff completion of relevant training, including privacy and dignity, and reporting.

Based on the information summarised above, I find the provider, in relation to each 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 are satisfied with how services support their needs, which was captured through the services assessment and planning process. Staff and management explained the assessment and care planning process considers individual risk and informs the delivery of consumers’ care and services. Each service demonstrated current assessment and care planning, including consideration of risks to consumers’ health and well-being. Sampled care plans showed comprehensive detail to guide the delivery of services, including the use of validated assessments, risks are identified and non-response instructions are documented.

Sampled care plans captured sufficient detail of consumers' needs, goals and preferences to enable staff to provide effective services. Consumers and representatives said care and services meet consumers’ needs and goals, including outings they wish to attend and participate in. Staff were knowledgeable and explained how they undertake assessments which consider consumer’s needs, goals and preferences and plan services accordingly. Staff and management explained the organisation’s process across all services, for advance care planning and end of life wishes. They described how they assess details during care plan reviews or when a significant change occurs.

Consumers and representatives said they are actively involved in the decision-making process when developing or reviewing a care plan to ensure that it meets consumers’ needs. One consumer receiving external palliative care support, has multiple people and services working in partnership to best support their needs. Care planning documentation was reflective of the consumer and inclusive of those involved in the care of the consumer, including their local hospital and other identified family members.

Consumers and representatives described the care and services they receive, with all consumers recalling being provided with a copy of the consumer care plan. Staff described how they provide services and support in alignment with the consumers care plans available on an electronic system, where all information is available to staff. Sampled consumer files evidenced demonstrated care planning and assessment documentation available for all consumers.

Consumers and representatives said they are satisfied with the regular reviews of care and services, confirming that staff make changes to meet consumers’ current needs. Staff and management said consumers’ care and services are reassessed annually, with the involvement of consumers and their representatives or when a change in circumstances occurs. Management described how the organisation utilises the clinical risk register across each service to monitor assessment and care planning, including conducting reviews.

Based on the evidence summarised above, I find the provider, in relation to each 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

The service has process and guidelines to guide staff to ensure each consumer gets safe and effective personal, and clinical care, that is best practice, tailored to their needs, and optimises their health and well-being. Consumers said they were satisfied with the care they receive and provided examples of tailored care, including receiving well-being checks due to ongoing health issues. Staff were able to describe the care needs and preferences of consumers and identified consumer preferences. Management said they know care is safe and effective because the organisation monitor consumer’s conditions, refers consumers to external health providers when required, and receives regular feedback from consumers and care staff.

Processes and policies are in place to manage high impact or high prevalence risks associated with the care of consumers. Staff were knowledgeable of consumers’ risks and interventions used to manage or minimise risk of harm. Sampled consumer files and interviews with staff demonstrate effective management of high impact or high prevalence risks, including wounds, falls and skin integrity.

Recent improvements have been implemented to ensure the goals and preference of consumers nearing end of life are addressed, their comfort maximised, and their dignity preserved. Staff said they are guided by the consumer and respect their wishes, and the goal of care in the end stage is to be comfortable and free from pain. Management explained how customised training is provided to staff supporting consumers to ensure best practice end of life care for consumers.

Staff were knowledgeable and understood their responsibilities when responding to consumer deterioration and change, providing examples of significant changes that occurred in consumers personal or clinical care needs. Documentation showed, and management said deterioration in consumers’ health, cognition or physical function is recognised and responded to, in line with the organisation’s policies and procedures. Sampled care documentation identified staff recognised, reported and responded to consumer condition changes.

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. Staff said they communicate information about consumer’s conditions by submitting updated information on the mobile application and update the consumer’s home folder.

There are processes in place to ensure appropriate and timely referrals to individuals or other care and service providers. Consumers and representatives said they are satisfied with the timeliness of referral processes to allied health professionals and the care and services received. Staff said in the instance where services could not provide suitable support internally to meet the consumer’s needs, they are supported to access external support services, including health providers. Documentation showed referrals are made in an appropriate and timely manner.

Consumers and representatives said they felt assured by the organisation’s commitment to take measures to protect consumers from infection. Staff said, and management confirmed, they are vigilant in their adherence to hygiene practices, including use of personal protective equipment. Documentation outlined each service has effective processes in place for the prevention and control of infection including management of an infectious outbreak, particularly services delivering social activities.

Based on this evidence, I find the provider, in relation to each service, compliant with 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. Documentation evidenced showed detailed information regarding consumer’s emotional, spiritual and psychological well-being. 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 and attending and participating in activities. Staff demonstrated knowledge of consumers, including their social connections and being flexible to consumer preferences.

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. Staff described how to access, update and share consumer information with providers involved in consumers’ care. Sampled care documentation showed progress notes and communication with representatives and other service providers.

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 provided positive feedback about the food and stated the food is of suitable quality and quantity, with consumer information reflecting nutritional and hydration needs and capacity to maintain overall health and well-being. 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.

Consumers said they are satisfied with equipment provided, describing equipment as safe, suitable, and maintained to assist consumers in their daily lives. Staff were knowledgeable of the processes in place to ensure equipment is clean, safe and well-maintained and provided examples of how they monitor the safety of equipment.

Based on the information summarised above, I find the provider, in relation to each 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 and their representatives said they are satisfied and always feel welcome, sharing how they find it easy to navigate and understand the social support group service environment. Staff and management described ways they ensure the environment is welcoming and supports consumers to have a sense of belonging, with varying independence levels. The Assessment Team observed the service environment to be welcoming, with consumer artwork and photographs displayed, supporting consumers’ diverse and changing needs.

The service environment was observed to be clean, safe and well-maintained. The environment was well laid out and provided spacious areas wide enough for consumers to move freely. Consumers said, and documentation showed that consumers are briefed on the emergency evacuation procedures, shown fire exits, and familiarised with the location of toilets during a tour of the service environment. Staff and management described their responsibilities for minimising and escalating risks by reporting any environmental maintenance issues promptly, reporting hazards and incidences to rectify issues as a priority.

Consumers and representatives said they were satisfied with the range, suitability and safety of furniture and equipment provided by each service, describing them as clean, safe and well-maintained. Staff and management explained processes in place to ensure furniture, fixtures and equipment remains clean and well maintained. The Assessment Team observed the service environment’s furniture, fittings and equipment were safe, clean and well maintained, with a variety of equipment available to suit the diverse range and needs of consumers.

Based on this evidence, I find the provider, in relation to each 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 said they feel supported, comfortable and know how to provide feedback and make complaints. Staff and management were knowledgeable of the feedback and complaints process, and said they encourage consumers and representatives by providing information to assist with providing feedback or to make a complaint. Documentation showed information about the organisation’s complaints and feedback processes available, and policies and procedures are in place to guide staff on how to support consumers.

Consumers and representatives across each service said they were aware of and have access to advocacy and language services, including external supports such as the Commission. Staff provided examples of consumers utilising external advocacy support services during the intake and onboarding process. Management was knowledgeable and said they support consumers and representatives by providing advocacy service and complaints information in their information pack. Documentation showed consumer representatives involved in the complaints process and registers where representatives have been involved in resolving complaints on behalf of consumers.

Consumers and representatives said they are satisfied that concerns raised are actioned to their satisfaction in a timely manner, explaining how each service keeps consumers informed throughout the process. Staff described how they escalate and record complaints regarding care and services and were knowledgeable and provided examples of how they demonstrate open disclosure. Management described the organisation’s complaints process, management systems and demonstrated appropriate action, including open disclosure of complaints. Furthermore, management explained, and documentation showed how targeted open disclosure education was provided to staff across some home care services.

Consumers and representatives said they are satisfied the service listens to their feedback and makes necessary changes to ensure feedback is actioned promptly. Management described how service-wide improvements were made as a result of feedback and complaints, which are recorded in the organisation’s continuous improvement plan. Documentation showed the organisation’s complaints and feedback register is tracked against sampled consumers evidenced, with trend data analysed and reported to the Council by management.

Based on the information summarised above, I find the provider, in relation to each 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 were satisfied with the number of staff available, advising that staff arrive on time and have enough time to complete their duties. Some consumers shared that in the instance a regular staff member is not available, the provider will consult with the consumer and offer alternate options. Staff said in different ways that they have sufficient time to complete their work effectively. Management discussed workforce planning and analysis of workforce needs, by using internal staff and subcontractors to ensure scheduling sufficient resources and a mix of members are deployed to deliver safe and quality care and services.

Consumers and representatives said staff are kind, respectful and caring and are responsive to consumers’ needs. Staff were knowledgeable and provided examples, demonstrating how they treat each consumer respectfully and have an awareness of individual preferences and diverse needs. Management said the organisation monitors staff interactions through meetings, performance reviews and consumer and representative feedback. The Assessment Team observed interactions between staff and consumers as kind and respectful.

Consumers and representatives provided positive feedback that staff understood consumers’ needs and effectively performed their roles. Staff said they work within their responsibilities, skills and scope of practice, and receive education and training across all services including mandatory training. Management explained how the selection criteria and knowledge requirements for each role guides the recruitment process. Human resources said they undertake staff compliance checks prior to appointment of new employees, including requests of relevant qualifications, licenses and registrations.

Consumers and representatives said they are satisfied with staff training and feel they are equipped to deliver quality care and services. Staff said the organisation provides an orientation on commencement along with ongoing training opportunities and support. Management described the opportunity for further training needs are generally identified by reviewing incident and complaints reports. The Assessment Team evidenced meeting minutes for one of the services, demonstrating how staff were encouraged to complete a survey and provide input to training they would like to receive.

Consumers and their representatives said each service is in regular contact with consumers and they feel comfortable providing feedback on staff performance. Staff said they are regularly engaged in their professional development, including opportunities to request specific training. Staff and management said systems are in place to regularly assess, monitor and review staff performance. Management described the process for monitoring and reviewing staff performance through annual performance reviews and explained each service use feedback from consumers and staff appraisals to inform training needs. The Assessment Team sighted performance appraisals are regularly completed with staff.

Based on the information summarised above, I find the provider, in relation to each 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 said they are with the quality of services and are encouraged to participate in the development, delivery and evaluation of care and services, including having the opportunity to provide feedback via surveys and other mechanisms. Management explained how they engage consumers through various mechanisms, including monthly meetings held at one of the centres, to regularly seek input and feedback from consumers to improve care and services. Documentation showed meeting minutes from the community advisory committee, outlining consumer engagement in service improvements to address continuous improvement actions.

The provider’s governing body (the Council) promotes a safe, inclusive, and quality care and are accountable for its delivery of services. Consumers and staff said they are satisfied that each service promotes a culture of safe, inclusive and quality care, with consumers complimenting staff responsiveness. Documentation showed regular meeting agendas and minutes from management and clinical governance meetings, along with an organisational framework, outlining the roles and responsibilities of executive leadership, governance committees and service management.

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 in place to ensure effective regulatory compliance including information reviewed by management to inform and distribute to staff, including sub-contracted staff and consumers and/or representatives when appropriate. Documentation evidenced demonstrated the organisation’s understanding of reporting incidents requiring notification of SIRS correctly, in line with required timeframes.

There are systems and practices in place to ensure effective management of high impact or high prevalence risks. Staff were knowledgeable and said they completed training on identifying abuse and neglect of consumers and understood the services’ reporting processes, including incident escalation. Management described how consumer risks are identified during the onboarding and care planning and assessment process. The Assessment Team sighted evidence of clinical risk registers for each service, with documentation and staff demonstrating how consumers are referred to clinical staff for assessment and mitigation of risks.

The organisation’s clinical governance framework guides staff in relation to minimising the use of restraint, open disclosure, and antimicrobial stewardship. Management said across all services there are no consumers who are subject to restrictive practices. Staff and management were knowledgeable and described what processes, including completing a risk assessment and involving the consumer and/or representative, in the event restraint was necessary. Monitoring of clinical data and incidents, and feedback and complaints are undertaken to ensure consumer care is delivered in line with organisational policies and procedures and opportunities for improvement are identified.

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