** Performance**

**Report**

**1800 951 822**

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| Name: | Lyndoch Community Options |
| Commission ID: | 300082 |
| Address: | Hopkins Road, WARRNAMBOOL, Victoria, 3280 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | 17 December 2024 |
| Performance report date: | 29 January 2025 |

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.

# Services included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8339 Lyndoch Living Incorporated  
Service: 23704 Lyndoch Living Incorporated - Care Relationships and Carer Support  
Service: 25867 Lyndoch Living Incorporated - Community and Home Support

**This performance report**

This performance report 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 services it operates, 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 Assessment contact (performance assessment) – non-site report was informed by review of documents and interviews with staff, consumers/representatives and others.

The provider did not submit a response to the Assessment Team’s non-site report for the Assessment Contact.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 8 Organisational governance | Not Applicable |

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 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. | Not Applicable | Not Applicable |
| 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. | Not Applicable | Not Applicable |
| 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. | Not Applicable | 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. | Not Applicable | Not Applicable |
| 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. | Not Applicable | Not Applicable |

Findings

The organisation has a documented governance framework, which defines the rules, relationships, systems and processes by which authority is exercised and controlled within the organisation.

The organisation’s consumer management system was reconfigured for accessibility to consumer profiles, leading to greater transparency across consumer information. A plan for continuous improvement, feedback and complaints register, risk management plans and monthly reporting ensure the ease of access of this information by management and conveying of this information to the board.

The organisation’s plan for continuous improvement has established processes to gather information from a range of sources to improve care and services, such as reviewing compliance documentation, feedback and complaints mechanisms, incident data, staff and consumer feedback, and management discussions.

The organisation monitors and reviews financial performance, income, and expenditures and delegate authority to different levels of management. Systems and processes are in place to ensure ongoing financial viability, reducing the risk of misappropriation of funds, including independent financial audits. The Board release a monthly financial report to the wider group and documentation showed consistent financial discussions meetings occurring.

Workforce governance processes and a suite of policies and procedures guide staff and provide parameters for performance management, skills assessment, and training. Position descriptions and processes are in place to monitor performance and scope of practice. The organisation demonstrated digitalisation of employee records for streamlined oversight of staff qualifications and compliance checks.

Changes in aged care legislation and regulations are monitored by maintaining subscriptions to legislative update services, and memberships of peak bodies and associations, with reporting responsibilities to ensure changes are conveyed and actioned throughout the organisation.

Established feedback and complaints mechanisms support the capture and analysis of feedback data, with reporting lines ensuring communication of any trending complaints or themes to the board. The organisation demonstrated feedback opportunities through the consumer advisory board, consumer experience surveys and the establishment of a campaign to educate consumers and staff about the Respect feedback and complaints process.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)