**Performance**

**Report**

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| Name: | Mallacoota District Health & Support Service CACP Project |
| Commission ID: | 300100 |
| Address: | Cnr Mattsson Street & Genoa Road, Mallacoota, Victoria, 3892 |
| Activity type: | Quality Audit |
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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: 1329 Mallacoota District Health & Support Service Inc  
Service: 18858 Mallacoota District Health & Support Service CACP Project  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8202 Mallacoota District Health & Support Service Inc  
Service: 24845 Mallacoota District Health & Support Service Inc - Care Relationships and Carer Support  
Service: 25237 Mallacoota District Health & Support Service Inc - Community and Home Support

**This performance report**

This performance report for Mallacoota District Health & Support Service CACP Project (**the service**) has been prepared by Nicola Eastwood, 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.
* the provider’s response to the assessment team’s report received 15 April 2024.

# 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 | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not 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 | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 6**

* Requirement 6(3)(a) review and improve feedback and complaints processes to ensure consumers feel safe and are encouraged to share feedback.
* Requirement 6(3)(d) capture, maintain and formally review submitted feedback and complaints.

**Standard 7**

* Requirement 7(3)(e) formalise and maintain a plan for regular performance review.

**Standard 8**

* Requirement 8(3)(c) ensure adequate oversight, trending and analysis of feedback and complaints.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers described how they are respected and valued as individuals, staff provided examples of how they take time, consult with consumers, listen and treat consumers with respect. Staff demonstrated awareness of cultural backgrounds for individual consumers and attendance at cultural awareness training.

The consumer information packs for HCP or CHSP funded programs, include further information outlining the rights and choices of consumers in planning their services and include a copy of the Charter of Aged Care rights. Staff described support and assistance measures to ensure consumers are as safe as possible while living their best life. Care documentation reflected individual consumer risks and vulnerabilities with individual strategies to support consumers and mitigate identified risks.

Consumers confirmed they receive timely and clear information from the service including hard copies of care plans and monthly financial statements detailing services provided.

Staff orientation and induction training includes privacy and confidentiality obligations. Management confirmed this is also reiterated at fortnightly staff meetings and the service also has an information security policy.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard. I note the Quality Audit report indicates no process related to schedule review for CHSP consumers and encourage the Approved Provider to consider formalising a future review process.

Management described the HCP assessment and planning process which combines information from the consumer’s Aged Care Assessment Service (ACAS) and use of validated assessments. Clinical risks are identified through a nursing assessment and assessment processes are in place for consumers of CHSP funding relevant to the services provided. Consumers and representatives were satisfied with the outcome of the service’s assessment and planning approach. Allied health services are utilised to assess the home environment related to safety, home modifications and equipment when required.

Consumers and representatives confirmed consumer needs are being met through current care and services. Information provided to consumers on commencement with the service included information regarding advance care planning and a review of care file documentation reflected discussion regarding advance care planning.

Management and clinical staff described liaising with other service providers when planning consumer care, examples of which were seen in consumer files. Service delivery reflected the consumer’s preference for the types of care provided, frequency of visits, preferred times and days, and gender of the support worker. Staff described how they include existing relationships with other health providers such as general practitioners, geriatricians, allied health providers, and specialist services in assessment and planning processes.

HCP consumer care and services are reviewed annually or earlier if there is a change in health status or function. Regular reviews are not scheduled for CHSP consumers although they are provided with contact details for the service and advised to contact with any needs or concerns; staff also escalate any concerns regarding deterioration or unmet needs.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives were satisfied they receive safe and effective personal clinical care. Clinical staff described how they ensure interventions are consistent with best practice, and management outlined relevant mandatory training to support staff practice. Management explained they review progress notes and encourage staff to report any concerns or identified changes. This was supported by a representative account confirming interventions have maintained consumer ability to remain at home and adjust care delivery depending on consumer condition and needs.

A review of consumer files showed high-impact, high-prevalence risks are identified and effective management strategies are implemented. Where appropriate, these are informed by allied health assessment. Management identified social isolation due to remote location and falls as the main risks for consumers of the service.

Consumers are encouraged to share advance care plans with the service which is stored electronically and noted on the care plan. Referrals to palliative care services are made in consultation with the consumer and representative. The service works alongside palliative care teams for consumers who choose to remain at home to ensure continuity of care throughout the palliation period.

Staff described the processes to identify, report and respond to deterioration or change in consumer health. A review of care file documentation demonstrated staff are responsive to changes in consumer health and wellbeing and take appropriate action. Consumers and representatives confirmed they were satisfied with communication within the service and the service’s communication with external providers who share care.

Consumers described referral to a range of allied health professionals, for assistance with equipment and clinical care. Management and staff demonstrated an understanding of referral networks and described internal and external referral processes, provided examples of referrals made and information provided consistent with consumer file information.

Policies and procedures are in place to guide staff practice and training in infection prevention and control is provided at the service and undertaken during orientation and annually. The service provided evidence of staff infection prevention and control training, relevant vaccination information and access to Personal Protective Equipment (PPE).

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Care planning documentation confirmed the service has identified and documented consumer needs, preferences, and goals. Management explained the service ensures supports provided optimise consumer independence and quality of life by providing supports determined by the consumer.

Staff explained they know consumers well and described how they support consumers when they are feeling low. Care planning documentation confirmed the service identifies consumer emotional, spiritual, and psychological well-being. Management described their planned activities groups provide social connection and recreational programs for consumers including those who can otherwise feel lonely and isolated. These activities include bus trips, men’s and women’s exercise classes, walking groups, and are designed to provide consumers with physical, social, intellectual, and emotional stimulation.

Where consumers were not participating in social activities, they were aware they were available if they wished to access them. Staff described how they support consumers participation in and outside the service environment maintaining social relationships.

Management explained that clinical management, key personnel and visiting allied health professionals attend regular clinical meetings to discuss clinical incidents and changes to consumer condition, needs and preferences. Those in attendance communicate the matters discussed at the meeting with other relevant staff.

The service demonstrated appropriate referrals to individuals, other organisations, and service providers occur in a timely manner. Consumers and representatives confirmed referrals occurred promptly and a review of documentation demonstrated a range of services and organisations available for referral.

Consumers and representatives provided positive feedback about the meals provided at the centre-based meal service and to their homes through the meal delivery service. Staff explained consumer dietary needs and preferences are considered to inform appropriate meal provision.

Care documentation confirmed consumer needs for equipment are assessed to inform suitable equipment and evaluation of equipment occurs through the service’s allied health professionals.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives were satisfied with the day centre, reporting the environment welcoming. The service demonstrated the day centre building environment is easy to navigate, facilitating interactions and participation for consumers. Clear signage was observed in the physiotherapy clinic, dining hall, and other common areas.

The centre’s garden was well-maintained, with outdoor areas with level pathways and accessibility for consumers. Consumers attending centre-based activities reported a safe and comfortable environment. Observations of the day centre building confirm it to be safe, clean, and well-maintained. The building had appropriate access, temperature control and signage, including infection control signage and equipment.

Consumers confirmed there was access to suitable and safe equipment when they need it. Staff described the processes for monitoring and maintaining clean, safe, and suitable equipment, furniture, and fittings, including identifying maintenance issues. Observations showed that furniture, fittings, and equipment were safe, clean, and well maintained. Cleaning and maintenance processes are in place, and safety equipment is up to date with regular testing.

# 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. | Not Compliant | Not 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. | Not Compliant | Not Compliant |

Findings

I am satisfied based on the Assessment Team’s report and the Approved Provider’s response that the service does not comply with Requirement 6(3)(a) and 6(3)(d) and as a result does not comply with Standard 6.

Requirement 6(3)(a):

Consumers had varied responses about feeling encouraged and supported to provide feedback and make complaints. Management explained consumers receive information on how to provide feedback from the consumer information pack, which includes contact details for the Commission. Staff provide consumers the Consumer Handbook, with complaints and feedback information, along with a complaint and feedback form during the intake process. They also maintain regular contact with consumers for informal feedback. Management also explained they request feedback from consumers and representatives during the assessment phase and they had requested feedback on meals but was unable to provide evidence of other formal requests for feedback. Consumers and staff could not recall any other formal feedback being requested.

The Approved Provider submitted a response (the response) acknowledging that some consumers fear negative impacts of providing feedback and attributes this to the close familial relationships within the local region. The provider describes rotating support workers and offering surveys to address this.

I note in response to Requirement 8(3)(c) (listed as Requirement 8(3)(e) in the Approved Provider response) a completed feedback form dated October 2023 was submitted which requests the consumer to return it by email or in person with an accompanying statement that consumers are encouraged by the opportunity to contribute and provide feedback without hesitation’ which is contrary to the feedback provided to the Assessment Team. I note that neither email nor delivery in person supports the consumer to be anonymous if they wish to be.

I am not satisfied the provider’s response sufficiently addresses fear of negative impacts in response to raising feedback as is expressed by consumers in the Quality Audit report; it does not demonstrate how anonymity is supported, or how the service evaluates and ensures the comfort of consumers raising feedback. As a result, this Requirement is non-compliant.

Requirement 6(3)(d):

Staff confirmed they address feedback and complaints from consumers promptly. However, the last entry on the feedback register was in January 2023. While management explained the service has a policy regarding feedback and complaints, there was no evidence of effective capture and documentation of consumer feedback. The service provided one example of improvements made as a result of consumer feedback, however, it was unclear how regularly feedback is reviewed and used to improve service delivery for all consumers.

The response included a copy of undated meeting minutes with a statement indicating feedback and complaints are reviewed, however I do not agree that the evidence presented, demonstrates this. The information indicated to by the provider describes standard assessment and care delivery, and a response to an incident of reported aggression.

The approved provider also submitted a list of electronic registers but no further detail as to what is contained within the registers, along with a statement that feedback information is stored in paper-based folders. I am not satisfied the evidence submitted by the provider demonstrates that feedback is reviewed and informs improvements in care and services. As a result, this Requirement is non-compliant.

In relation to compliance with the remaining Requirements:

While not all consumers were familiar with advocacy services and other complaints resolution methods, observations confirmed the consumer information pack included the aged care rights, complaints procedure and advocacy resource contact information. Staff guide consumers to the consumer information pack for relevant resources. The Assessment Team observed posters in the service for advocacy services, including the Older Persons Advocacy Network, the Charter of Aged Care Rights and the Aged Care Quality and Safety Commission. The service is in the process of establishing a consumer advisory network.

There were mixed responses from consumers regarding how complaints are managed at the service. The service has a feedback and complaints policy and procedure including open disclosure. Management described the service’s complaint management process, including open disclosure. This was demonstrated by a consumer who reported being charged for a service not received; the service apologised and reversed the charge.

# 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. | Not Compliant | Not Compliant |

Findings

I am satisfied based on the Assessment Team’s report and the Approved Provider’s response that the service does not comply with Requirement 7(3)(e) and as a result does not comply with Standard 7.

Requirement 7(3)(e):

Management provided evidence of one staff member completing their section of the performance review and development form in January 2024. However, the service did not provide evidence of regular assessment, monitoring, or review of staff performance, and no schedule of performance reviews was provided.

The response describes a process for performance review. Management conducts regular assessment, monitoring and reviews of workplace performance; however, it is unclear at which frequency or method this monitoring and review takes place.

The evidence submitted by the providers indicates to me that a workforce review occurred and is comprehensive in its scope, however the limited supporting evidence does not sufficiently demonstrate that these reviews are regular, recent or how the service monitors completion for all staff members. As a result, this Requirement is non-compliant.

Compliance with remaining Requirements:

Staff confirmed being allocated regular consumers with adequate time to complete required tasks. Management identified unplanned leave resulting in unfilled shifts the previous month, however, care coordinators explained consumers are notified by phone about staffing or appointment changes. Shift planning indicated scheduled days and times for regular staff to consumer allocation.

Consumers and representatives described staff as kind, caring and respectful. Management and staff discussed consumers with kindness, demonstrating understanding of individual consumer history and needs. The Assessment Team observed staff interacting with consumers with kindness, care, and respect.

Consumers and representatives confirmed staff as skilled and competent in the performance of their roles, with management explaining the qualifications, skills and knowledge required of staff. Coordinators described regular communication with consumers to determine their satisfaction with staff care provision. Consumers were satisfied staff deliver quality care and services. Staff confirm completing requisite learning packages to maintain clinical registration with mandatory learning identified relevant to these 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. | 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. | Not Compliant | Not 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

I am satisfied based on the Assessment Team’s report and the Approved Provider’s response that the service does not comply with Requirement 8(3)(c) and as a result does not comply with Standard 8.

Requirement 8(3)(c):

The service has a feedback and complaints procedure, which includes open disclosure. However, it did not demonstrate how consumer feedback is effectively captured, analysed, and utilised for organisational wide improvements. In addition, there was no indication of how complaints are reviewed by the governing body.

The response in relation to the Quality Audit findings is presented as Requirement 8(3)(e) and includes statements that feedback is analysed for trends and that the governing body is pivotal in this process. Supporting evidence of this or any example of feedback provided by a consumer or identified trend which has been reviewed or communicated to the governing body was not provided.

The service states ‘complaints, associated risks and mitigation strategies’ are discussed weekly by the clinical team and an example of meeting minutes as noted in Requirement 6(3)(d) is submitted, however this does not indicate the discussion of feedback or that it occurs at the level of the governing body. The provider has also submitted a PCI and while I acknowledge 2 current improvement actions are documented, these relate to the utilisation of virtual medical consultations and the implementation of a staff communications dashboards and do not address the deficits described in the Quality Audit report.

I am not satisfied the service has an effective organisation wide system for the management of feedback or that feedback is effectively communicated to the governing body.

The service’s information management systems include a consumer management system, website, email, newsletter, face-to-face meetings, and virtual platforms for information sharing. Staff have access to the care plan folder at the consumer’s home, and coordinators utilise text messages and phone calls to communicate changes.

The service has a continuous improvement register which is used for service improvement. The service has identified areas for improvement including information technology and infection prevention and control.

Financial governance is overseen by the Board, with the CEO reporting to the Board concerning the service’s financial position. Management described the process for identifying and tracking unspent funds and communicating with consumers.

Workforce governance systems ensure sufficient and competent staff are employed to provide services for consumers. A review of documentation confirmed the service has processes in place for monitoring regulatory compliance.

With consideration to the available information and Approved Provider response I find this Requirement, specifically related to governance of feedback and complaints, non-compliant.

In relation to compliance with the remaining Requirements:

Consumers had mixed opinions about whether they felt supported in providing input on how the service runs. While consumers reported that staff regularly inquire about their satisfaction with the care provided, and coordinators solicit feedback during routine calls, there was no evidence of formal consumer involvement in developing, delivering, and evaluating care and services. The service is establishing a consumer advisory network to engage consumers in the development, delivery and evaluation of care and services.

A review of documentation demonstrated the Governing Body’s role in promoting quality care and services and being accountable for their delivery. Management and staff described weekly clinical meetings to address vulnerable consumer care needs and services, including package-level funding discussions. This information is reported to the board as needed. The service has emergency plans for fire and flood risks.

The organisation maintains a risk management framework with a risk register and quality and risk management procedures. Documentation reviewed confirmed incident reporting to the governing body and a risk management system. A risk management plan and a vulnerable person register guide staff in managing high impact and high prevalence risks.

The organisation balances risk management with consumer safety, choice, and enjoyment to support consumers to live their best lives. The training register demonstrated completion of Serious Incident Response Scheme (SIRS) training and records confirmed staff training in identifying neglect and abuse in consumers.

The service has a clinical governance framework incorporating various clinical care considerations, as well as policies and procedures relating to the use of restraint and open disclosure. Minutes of the clinical governance meetings, policies and procedures pertaining to antimicrobial stewardship, SIRS, open disclosure, and restrictive practices were reviewed.

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