**Performance**

**Report**

**1800 951 822**

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| --- | --- |
| Name of service: | May Shaw Health Centre |
| Service address: | 37 Wellington Street SWANSEA TAS 7190 |
| Commission ID: | 300290 |
| Home Service Provider: | May Shaw Health Centre Inc |
| Activity type: | Quality Audit |
| Activity date: | 14 August 2023 to 17 August 2023 |
| Performance report date: | 23 October 2023 |

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.

**This performance report**

This performance report for May Shaw Health Centre (**the service**) has been prepared by M Murray 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.

# Services included in this assessment

**Home Care:**

* May Shaw Health Centre Community Aged Care Packages, 17173, 37 Wellington Street, SWANSEA TAS 7190
* May Shaw Health Centre, 17230, 37 Wellington Street, SWANSEA TAS 7190

**CHSP:**

* Community and Home Support, 25780, 37 Wellington Street, SWANSEA TAS 7190

# Material relied on

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

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by 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 11 September 2023.

# 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 | **Not applicable as not all requirements were assessed** |
| **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 gave consistent feedback of support workers treating them with dignity and respect during their interactions. Additionally, consumers stated that support workers made them feel valued as an individual by way of getting to know them and knowing what is important to them.

Care plan documentation was written in a respectful manner and office staff were observed speaking to consumers in a kind and caring manner over the phone. All consumer files reviewed included a signed copy of the Charter of Aged Care Rights.

All staff undertake cultural diversity training each year as part of the mandatory training schedule.

Consumers described making their own decisions and are satisfied their choices are respected. Individual consumers described the activities they attend and how these maintain a sense of connectedness and support new friendships.

Care plans contained information around specific needs and goals of consumers including details of the consumer’s wishes to maintain their independence and complete tasks for themselves. Preferences for the involvement of family and others in their decisions was also documented. Consent forms specify individuals and organisations consumer information can be shared with.

Consumers and representatives described how the service supports consumers be as independent as possible, understand any risks the consumer wishes to take and how it has worked through various approaches to balance risk with the consumer’s well-being.

Information provided to consumers is relevant and easy to understand. Monthly statements include details of itemised services, costs and a balance of the consumer’s unspent funds.

Consumers described their confidence that their personal information is kept confidential by the staff and the service. The service has a policy to guide staff in the event that an information breach occurs, it also outlines the service’s commitment to upholding consumers’ rights to privacy and protecting the privacy of personal and sensitive information.

# 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

Risks to consumers and staff associated with the delivery of services are captured during the assessment process. Consumers described the care and services they receive and these are consistent with their care plans.

Care plans detail strategies to support the consumer’s physical and mental wellbeing. Planning documents detailed communication with consumers and their representatives in the care planning process to identify the consumer’s needs, goals and preferences and staff demonstrated a commitment to deliver services with these as a focal point.

Files demonstrated that advance care planning and end of life planning is discussed in line with each consumer’s preference for engaging in the discussion.

Management and care co-ordination staff spoke of ongoing partnerships with other care providers outside the service.

The Assessment Team reviewed several consumer files which confirmed ongoing partnerships with others involved in the consumer’s care.

Consumers and representatives confirmed that a copy of the consumer’s care plan is held in a folder at the consumer’s home and the care plan is updated regularly and following formal reviews.

Consumers said that information provided by the service is easy to follow and understand.

A care planning policy details the timeframes for routine assessments and situations where additional assessments or re-assessments are required.

The Assessment Team found assessments reviewed to be up to date.

# 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 | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |
| 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 | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not applicable |
| 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 | Not applicable |

Findings

Management advised that clinical care is undertaken by registered or enrolled nurses.

Consumers and representatives gave examples of how care is tailored to the needs and abilities of the consumer and how personal care is undertaken in line the consumer’s preferences.

High impact risks are managed to the satisfaction of the consumer, for example following a fall and subsequent reduction in mobility, a consumer was satisfied that they had an occupational therapist assessment and a home risk assessment and was provided with suitable mobility equipment.

Management advised that consumers receive specialist palliative care nursing and treatment provided by the service in partnership with GPs and other medical providers as required.

Staff are alert to consumers who deteriorate clinically and take appropriate actions. Care plan reviews note a staff member’s escalation of the deterioration of a consumer which led to consultation with the consumer’s family member and a transfer to hospital.

The Assessment Team reviewed several consumer files that evidenced regular communication between staff within the service and others where responsibility for care is shared in relation to consumer condition, needs and preferences.

Referrals occur as required, including to allied health professionals and specialist clinics.

Care staff interviewed were all able to demonstrate an understanding of infection related risks, and advised that this is part of their mandatory training and confirmed that information relating to appropriate infection control practices are available at all times at the point of care.

The Assessment Team sighted the service’s outbreak management plan and policy documents in relation to infection control and the use of antimicrobials.

# 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 interviewed all advised that services provided supports their daily living and that their needs, goals and preferences are met.

Management and staff spoke of the emotional support provided by service, advising that support workers will often contact co-ordination staff if they are concerned about a consumer’s mental wellbeing and that a follow up call will be made to family to see if any additional support is required. Representatives confirmed they have been contacted by the service when staff felt a consumer was under stress or they were worried about the consumer’s wellbeing.

Consumers noted that they had made new friends through the social support program and the programs are engaging and they attend regularly.

Staff interviewed at the service included support workers, co-ordination staff and nursing staff were all able to describe the processes for sharing information with others providing care.

The Assessment Team identified various referrals had been made in line with consumer’s changing or emerging needs, staff spoke about referrals to a community yoga class.

Consumers and representatives advised that meals provided by, or co-ordinated by, the service are of suitable quality and quantity. Consumers said staff know about their allergies and meal preferences.

The service has a system for assessing the consumer’s equipment needs, trialling equipment and maintaining its safety. Scheduled reassessments include a review of equipment in use and its ongoing suitability.

# 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

The service runs a day club several days a week in Scottsdale. Consumers said the service is welcoming and the Assessment Team observed the service to be well lit and open with views over the water.

Management advised that consumers at both sites are encouraged to use both indoor and outdoor spaces and that both have easy, level access to move between these spaces.

Management advised that staff overseeing the service ensure that all furniture, fittings and equipment are checked and maintained to a suitable standard and work with site owners if anything requires attention.

External venues are assessed for their suitability to host events and for the comfort and accessibility of the environment for consumers.

# 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/or representatives reported knowing how to provide feedback and make complaints. They stated that the coordinators provided information on avenues for feedback during the admission process further feedback is sought during re-assessments.

Staff said they encourage consumers to call the office with feedback in the first instance and offer the feedback form to the consumer if required. One support worker said they offered to provide the complaint to management on behalf of the consumer.

While consumers said they had not had the need to approach an advocate or language service, information on how to do so is provided to them. Care coordinators were able to demonstrate how they would engage an interpreter or advocate if one was required.

A consumer who made a complaint discussed the process the service took and was satisfied with the outcome achieved.

The service maintains a feedback register which records complaints and compliments, details of the issue, person responsible for actioning the issue, action taken, outcomes and risk rating in relation to each feedback.

All support workers interviewed demonstrated an awareness of open disclosure and advised they would always apologise to consumers if things had gone wrong. Staff training records show recent completion of open disclosure training for all staff.

The service has a plan for continuous improvement that is informed by staff and consumer feedback, regular audits and management meetings. The continuous improvement plan notes a specific survey of home care consumers should be undertaken.

The Assessment Team noted only 3 items on the feedback register in a 12 month period, which indicates that feedback is not always being recorded. I would encourage the service to focus on seeking feedback directly from home care consumers, as continuous improvements driven from other arms of its business may not be relevant to the experience of home care consumers.

# 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

All consumers and/or representatives interviewed said staff arrive on time, and there is sufficient time allocated to complete the service.

Rostering staff demonstrated the service undertakes workforce planning and understands the number and mix of staff they need. There are discussions on any short falls in staffing and consideration of whether new clients can be accommodated within the existing staff pool before they are accepted. Where unexpected leave occurs, there is a prioritisation system for ensuring vulnerable consumers do not miss out on services.

Consumers said in various ways that staff are kind, caring, respectful and helpful and described how staff have time to engage with them on a personal level.

At the time of the assessment, all care staff held a minimum of a certificate III in aged care. All clinical care is undertaken by a registered nurse or an enrolled nurse.

Position descriptions included roles and responsibilities, accountabilities, qualifications, skills, behaviours and the services’ values. All staff are provided with a copy of their position description on commencement with the service.

The Assessment Team sighted the mandatory training matrix for support workers which includes manual handling, infection control, emergency and fire, cultural diversity, food handling, basic life support, consumer dignity, dementia, falls prevention, palliative care, COVID-19 outbreak, dysphagia, workplace bully & harassment and elder abuse. The service’s training register showed all staff are up to date with their mandatory training. In addition, all staff have recently completed training in open disclosure, serious incident response scheme and the code of conduct.

There is a system for regular performance reviews with management and staff.

# 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 | Not applicable |

Findings

Requirement 8(3)(b)

The Assessment Team reported the governing body does not promote a culture of safe, inclusive and quality care and services. Based on all the available evidence I have formed a different view.

The Assessment Team’s evidence that is relevant to my decision is:

* Minutes from board meetings from the previous three months demonstrated that the board has oversight of most care and services and is accountable for their delivery. The service has four subcommittees which includes members from the board: clinical governance, finance, governance and strategy. All committees provide comprehensive reports to the board monthly.
* The Assessment noted the data the board receives is residential focussed. The home service manager is a member of the clinical governance committee, however, clinical data regarding home services is not discussed. The board member interviewed said they communicate regularly with the home services team and noted the board is across any issues, however acknowledged that clinical data is not formally captured and provided to the board.
* The quality and risk committee chaired by the quality and risk manager provide reports to the board through the Chief Executive Officer. The reports include details and statistics on incidents; feedback and complaints; staff education and training; and organisational data such as policy updates and continuous improvements.
* The service is not capturing clinical data such as wounds – including pressure injuries, falls, catheter care, etc to identify trends and improvements. Although the board has regular contact with home services management, clinical data is not formally provided to the board for oversight.

The approved provider’s evidence that is relevant to my decision is:

* May Shaw Health Centre does collect clinical data for the Home Care Services and the board have formal oversight of the clinical care for the Home Care Services.
* The Home Care team consist of a Registered Nurse in Swansea and an Enrolled Nurse in the Scottsdale region. When clinical incidents occur, the staff are able to report on these and these incidents would then be reported up into the Clinical Governance sub-Committee.
* The Home Care Manager attends all the Clinical Governance sub-Committee meetings, and the agenda items are based on the whole of the organisation including Home Care.
* Home Care have also expanded their reporting with the introduction of Moving on Audits commencing September 2023. The Audits will also be included in the Clinical governance subcommittee reporting.
* Additional evidence submitted included the July 2023 incident report from the August board meeting.

I have considered the evidence above, and the evidence throughout Standard 3 of the Assessment Team’s report which does not demonstrate that consumers have experienced poor quality or unsafe care.

The evidence of the Assessment Team focuses on a lack of clinical data being provided to the governing body. I am satisfied that this data is provided by the home services side of the organisation as this would ordinarily occur at the clinical governance sub-committee meeting. I am satisfied based on both sets of evidence that the home care manager attends the clinical governance sub-committee. I do not have any evidence that supports the Assessment Team’s view that clinical data regarding home services is not discussed. While the system may not be automated, I am satisfied the process is effective in supporting the governing body to have the relevant information and make decisions about the quality and safety of the clinical care being delivered. I encourage the approved provider to align clinical data reporting more closely between residential and home care.

I am satisfied that the approved provider complies with Requirement 8(3)(b) for both HCP and CHSP.

Requirement 8(3)(d)

The Assessment Team reported the governing body does not have effective risk management systems. Based on all the available evidence I have formed a different view.

The Assessment Team’s evidence that is relevant to my decision is:

* All support workers appropriately described how to manage an incident and confirmed they have received training in the serious incident response scheme and in identifying abuse and neglect. The Assessment Team sighted evidence of completion of the above training in the service’s training records.
* Formal risk assessment tools are not currently being utilised during reviews, however the Assessment Team is satisfied that its risk processes for individual consumers are sufficient to deliver safe and effective care.
* The reporting of serious incidents is incorporated into the services incident management system and is supported by a policy which outlines roles and responsibilities, definitions of serious incidents and the reporting process.
* All consumers are assessed for vulnerabilities and given a rating based on various factors, such as whether the consumer lives alone, has limited access to transport or car, lives in remote location, has limited mobility or lives with a cognitive impairment.
* Important consumer information is compiled into a large register which is kept up to date and is ready to be handed to emergency services in the event of an emergency such as a fires or flood. Information included in the register includes the vulnerability rating, consumer contact details, allergies, medication history, sensory impairments, mobility, home and property assessments etc.
* The service has an incident register and for the previous 6 months, three consumer related incidents were recorded in the register. During consumer interviews, the Assessment Team identified several incidents where consumers had an unwitnessed fall when a support worker was not in the home.
* The service is currently not identifying unwitnessed incidents and falls in their incident management system.

The approved provider’s evidence that is relevant to my decision is:

* May Shaw Home Care are capturing the falls in the Care notes for the Home Care clients and also reviewing these as per the Care Plan.
* The approved provider submitted additional evidence in the form of screen shots of care notes for two consumers demonstrating unwitnessed falls outside of a service being delivered are recorded and follow up action is discussed.
* The approved provider referenced the Aged Care Quality and Safety Commission’s guide on incidents which definition includes “An incident is any act, omission, event or circumstance that occurs in connection with the provision of care or services.”

I have considered the evidence above, the Assessment Team’s evidence is that there is a failure in this Requirement as unwitnessed incidents and falls are not recorded in the service’s incident management system.

An unwitnessed incident that does not occur while a service is being delivered is not required to be recorded on the approved provider’s incident register.

The approved provider is required to consider how the event, such as a consumer falling on a Saturday and reporting this to a care worker at the next scheduled service, for example on the following Tuesday, impacts the needs of the consumer.

I am satisfied based on the additional evidence submitted by the approved provider that staff are reporting incidents as reported to them by consumers after the event, as well as incidents that occur during a service. I encourage management to document more precisely in the care notes how consideration has been undertaken in reference to re-assessments and demonstrate how they have satisfied themselves that the care meets any new support needs the consumer may have as a result.

The approved provider complies with this Requirement for HCP and CHSP.

Requirement 8(3)(e)

The Assessment Team reported the clinical governance framework is ineffective. Based on all the available evidence I have formed a different view.

The Assessment Team’s evidence that is relevant to my decision is:

* The Assessment Team did not identify any risk to consumers in relation to clinical care.
* The governing body does not currently have formal oversight of clinical care data.

I have considered this evidence in my finding of Requirement 8(3)(b).

I am satisfied that the approved provider complies with this Requirement for HCP, the gaps identified by the Assessment Team are not sufficient to demonstrate a systemic failure in this Requirement.

Other Requirements of Standard 8

I am satisfied based on the Assessment Team’s report that the approved provider complies with the other Requirements of this Standard.

The service has a Consumer Engagement Committee which meets bi-monthly. Management said home services consumers are encouraged to join the committee, however the committee does not currently have a home services consumer representative.

The service has effective organisational governance systems across business streams. The workforce is sufficient and individuals understand their responsibilities and accountabilities. Finances are monitored to support the continuation of a quality service. The service understands and is compliant with regulations it needs to meet. Information systems consider how information is protected and how it is stored. Feedback is sought by the governing body through its governance structure and during face to face engagement with consumers.

The Chair of the Board said board members often attend the fortnightly ‘Lunch with Friends’ activity as it is an opportunity to meet with consumers in an informal environment and the feedback they receive during these events is taken back to the board for discussion and consideration.

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)