**Performance**

**Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Milang & District Community Association |
| Commission ID: | 600034 |
| Address: | 24 Daranda Terrace, MILANG, South Australia, 5256 |
| Activity type: | Assessment contact (performance assessment) – non-site |
| Activity date: | 8 August 2024 |
| Performance report date: | 29 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.

# Services included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 7167 MILANG AND DISTRICT COMMUNITY ASSOCIATION INCORPORATED  
Service: 26477 Lower Lakes Home Care  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7357 Milang & District Community Association Incorporated  
Service: 23901 Milang & District Community Association Incorporated - Community and Home Support

**This performance report**

This performance report has been prepared by M Glenn, 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.

# 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, which was informed by review of documents and interviews with consumers, staff, management and others; and
* a performance report dated 21 December 2023 for an assessment contact – site undertaken from 1 November 2023 to 2 November 2023.

The provider did not submit a response to the assessment team’s report.

# Assessment summary for Home Care Packages (HCP)

|  |  |
| --- | --- |
| Standard 8 Organisational governance | Not fully assessed |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

|  |  |
| --- | --- |
| Standard 8 Organisational governance | Not fully assessed |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Organisational governance | | HCP | CHSP |
| 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

**Requirements (3)(b), (3)(c), (3)(d) and (3)(e)** were found non-compliant following an assessment contact undertaken in November 2023 as the governing body did not receive relevant information to assure themselves that the services delivered were safe; governance systems were not fully operationalised or effective; risk management systems and practices for managing high impact or high prevalence risks were not effective; and the effectiveness of the clinical governance framework in supporting best practice clinical care was not evident. In response to the non-compliance, the provider has implemented a range of improvement actions, including, but not limited to, a monthly clinical report on clinical indicators and an overview of information on high risk consumers which is presented to the chief executive officer (CEO) and committee; a regulatory compliance process to ensure providers of subcontracted services have appropriate qualifications, clearances and working rights; updated the plan for continuous improvement (PCI) to include outcomes of actions; monthly feedback and complaints trending which is included in the CEO’s report to the committee; staff training on antimicrobial stewardship, minimising use of restraint and open disclosure; and monthly clinical governance meetings.

At the assessment contact in August 2024, the organisation’s governing body was found to promote a culture of safe, inclusive, and quality care and services and be accountable for their delivery. The organisation is governed by a committee, with a range of organisational related matters discussed at committee meetings, including feedback and complaints, incidents, compliance with mandatory training, continuous improvement, financial performance, and human resources. The CEO prepares a report for the committee, which is informed by attendance at various organisational meetings, as well as information prepared by the care coordinator, compliance officer and finance officer. The care coordinator’s monthly clinical report includes incidents, complaints and compliments data and trending, and forms part of the CEO’s report. Regular meetings are held with service staff to share organisational updates from the committee and obtain updates from staff on consumers’ care and services.

There are established, documented and effective organisation-wide governance systems. Policies and procedures are current, and available online for ease of staff reference. An information management policy guides staff practice in relation to collecting, keeping, and disposing of consumer records to protect privacy. A current PCI includes improvement actions across the eight Quality Standards. The PCI is monitored, with regular updates provided to the CEO. A finance officer prepares various financial reports which are provided monthly to the CEO ahead of committee meetings. The CEO’s monthly report to the committee incorporates updates on the organisation’s financial position. The organisation has policies and procedures relating to workforce governance, position descriptions for all roles in the organisation, and the committee undertake discussions relating to recruitment and staffing updates. There are systems and processes to identify, implement and monitor legislative requirements. Feedback and complaints are a standing agenda item at committee meetings.

The are effective risk management systems and practices, supported by policies and procedures. A high risk register is maintained and identifies consumers who are high risk, the nature of the risk, and strategies to mitigate the risk. The register is discussed at various meetings, including clinical governance meetings, and an overview of high risk consumer information is provided to the committee. The risk management framework includes reference to the serious incidents response scheme (SIRS), with monitoring of feedback, complaints and incidents used to identify risks and opportunities for improvement. Recognising and responding to elder abuse forms part of the organisation’s emergency management plan which describes the SIRS and actions staff should take to ensure SIRS incidents are managed and reported appropriately. Staff said they have received training on elder abuse and know what to look for and how to report it. Consumers are supported to take risks to support their independence. Risk screening tools are completed to identify and document consumer risks and mitigation strategies. There are processes to record, analyse and investigate consumer incidents which are reflected on an incident register. This information is presented to the committee.

The organisation has a clinical governance framework, supported by policies and procedures, and includes, but is not limited to, antimicrobial stewardship, minimising use of restraint, and open disclosure. Monthly clinical governance meetings ensure effective clinical governance oversight. Restrictive practices are not used, however, management said any incidences of restraint would be reported to the care coordinator who would ensure this is reported to the CEO and committee. The organisation’s SIRS policy and procedure includes reference to inappropriate use of use of restraints (and open disclosure). Open disclosure is discussed at committee meetings and is a mandatory training module staff are required to complete annually. Staff interviewed are aware of and understand open disclosure principles and where to find policies and procedures for further guidance.

Based on the assessment team’s report, I find requirements (3)(b), (3)(c), (3)(d) and (3)(e) in Standard 8 Organisational governance compliant.

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)