**Performance**

**Report**

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| Name: | MYASSIST-A PTY. LTD. |
| Commission ID: | 701104 |
| Address: | Unit 11101 Smith18, 15 Clarke Street,, SOUTHPORT, Queensland, 4215 |
| Activity type: | Quality Audit |
| Activity date: | 30 April 2024 to 2 May 2024 |
| Performance report date: | 3 June 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

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9991 MYASSIST-A PTY. LTD.  
Service: 27986 MYASSIST-A PTY. LTD. - Care Relationships and Carer Support

**This performance report**

This performance report for MYASSIST-A PTY. LTD. (**the service**) has been prepared by Kimberley Reed, 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
* other information and intelligence held by the Commission in relation to the service.

# 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 | | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | 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 |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | 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 |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers were treated with dignity and respect by staff and their identity, culture and diversity was acknowledged and valued. Consumers confirmed the service asked questions regarding their background, culture and their individual identity which shaped the way they wished to live. Documentation evidenced consumers were referred to respectfully and the service offered a consumer-centred approach to service delivery. The service had a code of conduct, policies and procedures on treating consumers with dignity and respect. Staff interactions with consumers were monitored through the feedback and complaints process and observations, in which the service sought feedback on staff behaviour and conduct.

Consumers stated staff understood their culture and how this influenced the way their care was delivered. Care planning documentation demonstrated the understanding of the varied needs of each consumer enabling delivery of care in a culturally safe way. Staff involved the consumer on a continuous basis in the delivery of care and services they provided during their stay at the cottage, ensuring delivery was respectful and culturally safe. The service had policies and procedures which ensured staff provided services in a culturally safe manner and to linguistically diverse consumers.

Consumers were supported to make their own decisions about the care and services they received based on discussion and assessment with the service and whom they wished to be involved in these decisions. Consumers communicated their decisions daily with staff and maintained relationships with persons of their choice. Staff supported consumers to make decisions and evidenced an understanding of each consumer in their care during their respite stays. Management ascertained consumers’ care and service choices and preferences prior to commencement of services, in consultation with their representative if needed and reviewed their requests and decisions during their stay if required, again in consultation with the consumer.

Consumers were supported to live the life they choose whilst at the cottage, management discussed risks with each consumer and came to an agreement as to how risk would be supported. Consumers staying at the service had various levels of risk associated with their stay from consumers who wished to smoke, mobilise with the assistance of staff on walks outside the apartment, to consumers who were prone to seizures and wanted to go out into the community with staff. Staff knew of consumers who were taking risks such as smoking or mobilising on their own or going out in public when they suffer from vertigo at times and that strategies were in place for each consumer, and they knew how to ensure consumers were safe during these activities.

Consumers were provided with information they could understand when they needed it and could make informed decisions as to their care and service delivery. Management and staff assisted consumers who may have communication difficulties to ensure they can provide accurate and timely care for consumers. Consumers and representatives were provided information on commencement with the service including care planning documentation, complaint procedures, advocacy numbers, an agreement, and the Charter of Aged Care Rights. Consumers confirmed billing and prices were easy to understand and billing was accurate and as agreed with additional support available from the service as required.

Consumers were informed on how their personal information would be used and this was also outlined in the service agreement. Consumer information was stored in a secure electronic database and hard copy information was in a locked filing cabinet. The service had policies and procedures relating to privacy and storage of information. Consumers said staff were respectful of their personal privacy. Staff described how they maintained privacy and confidentiality of consumer information.

Based on the above information, this Standard is Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | 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 |
| 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 |
| 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 |
| 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 |
| 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 |

Findings

Assessment and planning for consumers were completed by Care co-ordinators and, where required, consultation from a registered nurse. Management maintained oversight of assessment and planning in consultation with relevant staff when consumers enter the service and when changes occur. Documentation demonstrates assessments consider specific risks impacting individuals, such as mobility, changed behaviours and personal and clinical care needs. Care planning documentation provided sufficient detail to guide staff on how to deliver care and services that were safe. Consumers and representatives confirmed being involved in the assessment process.

Consumers’ current needs, goals, and preferences, were assessed and planned for, including end of life care if the consumer wished. Advance care planning and end of life planning was discussed with consumers and representatives when consumers commenced with the service. Where consumers had documented their end of life wishes this information was included in care planning documents. Care and service plans described the care and services the consumer had requested in sufficient detail to inform staff practice.

Consumers and representatives confirmed they were involved in the planning and review of the services consumers received. Care and service provision were flexible to enable consumers to attend appointments or do things of interest to them. Care documentation demonstrated input from consumers, representatives, and others the consumers wished to be included in the planning of services. The service utilised an electronic messaging system where a consumer’s representative could be included to keep them informed and allow input if required.

The service documented the outcomes of assessment and planning in an electronic care system, an electronic messaging system, and hard copy files were kept onsite at the cottage. Consumers and representatives confirmed consumers received a copy of their care and services plan. Draft care plans were emailed to consumers and representatives for consideration and if any changes were required, care plans were updated, and a copy was provided. Support workers had access to care documentation which provided sufficient information to guide care and services required by the consumer.

Care documentation confirmed care and services were reviewed when consumers’ circumstances change, incidents occur or when a consumer returned to the service for a subsequent stay at the cottage. Management undertook a full re-assessment of the consumer’s needs and preferences if they returned to the service. The service monitored clinical needs using the service’s Registered nurse as they arose.

Based on the above information, this Standard is Compliant.

# Standard 3

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| Personal care and clinical care | | 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 |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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 |
| 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 |
| 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 |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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 |

Findings

Consumers requiring personal care received care and services that were safe and effective and met their assessed needs. The service did not provide clinical care services however for those consumers requiring clinical care, and assessed as suitable for entering the cottage, the service collaborates with external health providers arranged by the consumer. In the event a clinical need arose whilst a consumer was residing at the cottage, the service had access to a Registered nurse for consultation. Care staff had knowledge of individual consumer’s needs, goals and preferences and care was tailored to the consumer’s needs. Care planning documentation was consistent with information provided by consumers and representatives.

Consumers and representatives were satisfied that risks associated with the care of the consumers were effectively managed. Care documentation confirmed high-impact and high-prevalence risks were documented in the electronic care system and effective strategies were in place to manage those risks. Support workers received training on how to report an incident. Support workers referred to information provided on an electronic device and hard copy documentation onsite at the cottage or contact the care coordinator if they required support to manage consumers’ risks. Management had oversight of consumers entering the service which ensured consumers with high-impact high-prevalence risks were suitable for entering the cottage.

Consumers and representatives discussed consumers’ advance care planning and end of life wishes on entry to the service. Care documentation reflected an advanced care directive was included in the care planning documentation for those consumers who chose to have one in place, and palliative care plans were in place where appropriate. Staff confirmed their processes if a consumer was to enter these stages and how they would advise management and follow documented preferences.

Deterioration in a consumer’s capacity or condition was recognised and responded to in a timely manner. Management, support workers and consumers confirmed the service provided consistency of support workers. Staff provided examples of change or deterioration in a consumer’s condition and what actions they took, including escalating their concerns to management. Consumer care planning documentation confirmed the service responded in a timely manner when deterioration in a consumer’s capacity was identified.

Consumers and representatives were satisfied information about the consumer’s care needs and preferences was documented and communicated within the service. A hard copy of the care and service plan was held onsite at the cottage, in the electronic care system, and through an electronic messaging system. Consumers and representatives confirmed support workers knew the consumer’s needs and consumers generally had the same support worker. Documentation demonstrated care and service plans provided adequate information to support the delivery of safe and effective care.

Management stated if they received any enquiries for services unable to be provided, they would refer the consumer back to My Aged Care, or to another organisation if known. Staff had a good understanding of other organisations in the area. Support workers confirmed if they were asked or felt a consumer could benefit from additional professional services, they would advise management who would follow up the request.

Consumers and representatives were satisfied the service implements strategies to minimise infections to consumers. Management and support workers understand practical ways to minimise the transmission of infections including the risks associated with influenza and COVID-19. Support workers received infection control training and had access to sufficient supplies of personal protective equipment. The service had policies relevant to outbreak management and maintains records of staff vaccination status.

Based on the above information, this Standard is Compliant.

# Standard 4

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| Services and supports for daily living | | 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 |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | 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 |
| 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 |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers were satisfied with the services and supports consumers received to help them maintain their quality of life and independence. Support workers confirmed social and community activities were tailored to support the individual consumer. Services and supports for daily living were documented in consumer care planning documentation. Consumers and representatives stated the service was flexible and accommodated consumers’ needs and preferences and allowed them to continue to do the things of interest to them and maintain their independence.

Support workers provided emotional support by listening to the consumer and designing activities to meet consumer needs. Staff understood what was important to the consumer and how the delivery of a flexible service promoted the well-being of the consumer. Consumers’ care and service plans guide the delivery of care and services and these plans included how to promote emotional well-being.

Consumers and representatives confirmed the organisation was flexible in the delivery of services, enabling consumers to maintain their social networks and do the things that were important to them. Service delivery was adjusted daily based on the consumers’ individual preferences, to ensure goals and preferences were met. Consumer care planning documentation confirmed consumers had input to the services they received.

Consumers were satisfied information about their needs and preferences was shared within the service and with others involved in their care. The service kept support workers informed of consumers’ needs, preferences, and any changes to the consumer’s condition. Information was shared within the organisation, including on the support workers’ mobile device application, in the electronic care system, on the electronic messaging application and verbally via handovers and pre-entry briefings. Real time information about the consumer was captured in the hard copy progress note entries completed by support workers who then used this information to inform the incoming support worker during handover.

While consumers had not been referred to other organisations, management confirmed if they identified other services consumers may benefit from, they provide information and contact details to the consumer or representatives to follow up if they wished. Management stated staff had a good understanding of organisations in the area to whom they could refer if required.

Consumers expressed satisfaction with the quality and quantity of the meals provided. Care documentation outlined consumers’ food preferences. In the planning and assessment process, meal preferences were discussed and included in care planning documentation. Upon entering the cottage, support workers accompanied consumers to the supermarket or undertake grocery shopping on the consumer’s behalf according to the consumer’s individual preferences. Consumers were then offered various meal choices which was reflected throughout the care documentation. Consumers identified with special meal requirements, including textured meals and dietary requirements confirmed their needs and preferences were adhered to. Support workers monitored the temperature of the refrigerator and freezer and record during each shift and support workers received training in safe food handling practices.

Where equipment had been provided for consumers to use in the respite cottage, consumers and representatives reported the equipment was suitable and met the consumers’ needs. Practices for monitoring all aspects of the cottage included carpets, washing machines, curtains, and the outdoor areas ensured the cleanliness of the cottage was maintained.

Based on the above information, this Standard is Compliant.

# Standard 5

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| Organisation’s service environment | | 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 |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service provided a respite cottage service which consisted of a ground floor apartment in a high-rise apartment building, located close to a hospital, recreational parks and a supermarket. Parking was located in the basement of the building with lift access to the apartment level. The apartment had 2 bedrooms and 2 bathrooms (one each for consumers and support workers), heating and cooling, a fully equipped kitchen, laundry, lounge and dining area and outside courtyard. The apartment light- filled and set out in such a way which enabled consumers to mobilise independently. Furniture could be adjusted to accommodate consumers’ equipment such as motorised scooters. Consumers and representatives provided feedback the apartment felt like a homely environment.

The service’s indoor and outdoor environments were safe, comfortable, clean and well maintained. Consumers could move freely around the apartment and access outdoor areas if they chose and were satisfied the service was clean and well maintained. The front door of the apartment was able to be unlocked without a key and the front door of the apartment building had an automatic door. Consumers were able leave the apartment and building at any time.

Furniture, fittings, and equipment in the apartment were clean and suitable for consumers to use. Staff described the cleaning processes in place and confirmed there was sufficient furniture and equipment to meet the needs of consumers. There was a preventative maintenance program for equipment and processes for accessing tradespeople and building supervisors for unscheduled maintenance. Support workers utilised their own vehicles to transport consumers and were required to provide evidence of insurance, ensure their vehicles were clean and well maintained and were stocked with personal protective equipment.

Based on the above information, this Standard is Compliant.

# Standard 6

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| Feedback and complaints | | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | 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 |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives were supported and encouraged to provide feedback and complaints. Consumers confirmed they could raise concerns and provide feedback to their support worker or management if they wanted to make a complaint. Staff stated if a consumer raised a complaint they would try and resolve it immediately. If not, they would raise it with the Operations manager or Director through their electronic application on their phone and record the details in the hard copy progress notes folder held at the cottage.

Consumers and representatives were aware of external complaints processes and advocacy services. Information relating to advocacy and language services and how to raise a complaint was explained during initial consultation and detailed in the cottage respite information handbook and agreement. Consumers were provided with the Charter of Aged Care Rights, advocacy and the complaints and feedback policies and procedures.

Consumers and representatives confirmed staff and management were responsive when concerns were raised. Management and staff explained the use of open disclosure and how they used this in managing complaints. The service had policies and procedures in place, guiding staff on complaints handling which was part of both ongoing training and during their onboarding process.

The service demonstrated that when consumers or representatives provided feedback or complaints the service had been able to document the feedback and make changes to improve care and services. Management recorded complaints, investigate the complaint, and use outcomes to improve their processes and inform the service’s improvement process.

Based on the above information, this Standard is Compliant.

# Standard 7

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| Human resources | | 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 |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | 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 |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The workforce at the cottage was planned and had the mix of staff to enable the delivery of safe care and services. Consumers reported that staff were supportive, they received quality and consistency of care, providing them with the care and services they required. Consumers and representatives commented positively on staffing at the cottage. Consumers received 24-hour care and services provided by one staff member at a time and each staff member hands over to the next staff member when their shift changes and they all provided care in a consistent manner. Staff confirmed they received in advance a roster indicating they will be working at the cottage and that generally the service was able to supply consistent staff and they always received a handover prior to commencing their shift from the previous staff member.

Consumers and representatives confirmed staff were kind and caring and were respectful to consumers. Staff described consumers’ backgrounds, culture, and identity and those things of importance to the consumer. Management monitored staff interactions with consumers using various methods. Management sought feedback from consumers at the cottage on a daily basis to ensure they felt supported by the current staff and if anything could be done to make their stay better.

The workforce was competent, and members of the workforce had the qualifications to perform their roles effectively. Staff confirmed they had the necessary skills to perform their role and were supported by management. Consumers and representatives provided feedback that staff were well trained and met the needs of consumers in a friendly and helpful manner. Staff had relevant qualifications, received onboarding which included mandatory education fields and had the knowledge to perform their roles in line with each consumer residing at the cottage. Management had monitoring processes to ensure education, mandatory training and police checks were maintained. Management also maintained registers to ensure staff had current drivers’ licences, insurance on their cars and provided any additional training that may be relevant for consumers residing at the cottage.

The service had process for the recruitment, induction, and onboarding of staff. Education and training for staff was completed face to face and via online programs. Staff were able to request training and they had access to both equipment and supplies as needed in performing their roles. Management provided evidence to support development programs for staff members and appropriate checks had been undertaken including police and reference checks. Staff received ongoing education and training, were reminded when mandatory training and or registration needed to be renewed and felt supported to be able to deliver the care and services consumers required.

The service had systems and processes in place to regularly monitor staff performance. Staff confirmed management provided yearly performance reviews and discussed their professional development needs and provided opportunities for additional education relevant to their role. Management sought feedback from staff at staff meetings and discussed performance and development at meetings.

Based on the above information, this Standard is Compliant.

# Standard 8

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| Organisational governance | | 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 |
| 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 |
| 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 |
| 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 |
| 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 |

Findings

Consumers and representatives were engaged in the development, delivery and evaluation of care and services. Consumers confirmed the service sought their input into care and services they received, including the feedback and complaints process, daily verbal feedback to staff and management. Management sought feedback during regular visits to the consumer residing in the cottage. Consumers expressed satisfaction with the quality of the service. Policies and procedures of care planning, feedback and complaints, daily progress notes and staff interviews identified consumer participation and evaluation.

The organisation’s governing body comprises the Director and Operations manager who promoted a culture of safe, inclusive, and quality care through their senior staff and interactions with their support workers at their cottage. The governing body ensured the service’s compliance with the Quality Standards through their ongoing monitoring of feedback, complaints, incidents, risk, and regulatory changes within the aged care sector.

The service detailed an effective organisation governance system relating to information management, continuous improvement, financial governance, workforce governance, feedback and complaints, and regulatory compliance.

The service developed an effective risk management system in line with their risk management practices in the cottage respite service and care delivery. The system identified high-prevalence and high-impact risks, including abuse and neglect. The incident management system ensured incidents were recorded, actioned, and mitigated through the monitoring of staff roles and responsibilities in support of consumers at the cottage.

The service established a set of responsibilities and relationships between the consumer who was staying at the cottage, the registered nurse and the external clinical provider who supported the consumer independently from the organisation. Through this relationship process a consumer with clinical needs could reside at the cottage and be supported by individual support professionals in conjunction with the support given by the support worker for the organisation. Management understood open disclosure, whereby they listened to the complaint, empathised, and apologised for what occurred, acknowledged, and responded to the complaint and then notified all parties including staff involved of the outcome. The service did not access or prescribe antibiotics and did not engage in restrictive practices for consumers but did work with the independent clinical provider to ensure a clinical governance approach was taken in supporting consumers who resided at the cottage.

Based on the above information, this Standard is Compliant.

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)