**Performance**

**Report**

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| Name of service: | Narrogin Regional Homecare |
| Service address: | Jessie House, 30 Clayton Road NARROGIN WA 6312 |
| Commission ID: | 500051 |
| Home Service Provider: | Shire of Narrogin |
| Activity type: | Quality Audit |
| Activity date: | 22 June 2023 to 28 June 2023 |
| Performance report date: | 8 September 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 Narrogin Regional Homecare (**the service**) has been prepared by J ZHOU, 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:**

* Narrogin Community Aged Care Packages, 19170, Jessie House, 30 Clayton Road, NARROGIN WA 6312

**CHSP:**

* Shire of Narrogin -1, 25194, Jessie House, 30 Clayton Road, NARROGIN WA 6312
* Shire of Narrogin 2, 27146, Jessie House, 30 Clayton Road, NARROGIN WA 6312

# 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 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 14 July 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 | **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 | | 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 hold the view that the service has demonstrated sufficient evidence that it meets the Requirements of this standard, predominately for the following reasons:

* Consumers said staff treat them with respect and they are provided with dignity when care and services are delivered. Consumers and their representatives spoke about the kindness and approachability of staff and their willingness to address their concerns. Staff spoke respectfully about consumers and could speak about their backgrounds and preferences. The service has policies and processes that promote a person-centred and respectful approach.
* Consumers and representatives interviewed said support workers know them well and know what is important to them. For example, a CHSP consumer said they prefer to be called by their first name and wants support workers to wear shoe covers when entering her home. This is respected and detailed in her care plan.
* The service demonstrated that each consumer is supported to exercise choice and decision around their care, including when others should be involved, and in maintaining relationships. Consumers said the service supports them to have choices and helps them with tasks that are important to them. Staff discussed promoting choice and independence to consumers and evidence showed consumers had been consulted in making decisions about their care and services.
* Management said they encourage and support consumer choices to take risks. For example, a consumer is a high falls risk who wants to stay at home if possible. The Assessment Team sighted evidence in this consumers care plan that states an enrolled nurse has developed strategies to assist this consumer in reducing the risk of falls while undertaking everyday activities.
* The Assessment Team viewed two monthly statements that were noted to contain information about the HCP funds available to spend, an itemised list of fees for the previous month, and the balance in credit or owed by the consumer.

Through these examples and more as detailed in the Assessment Team’s report, I am satisfied the service is complaint with this Standard.

# 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

2(3)(e) complaint

I do not agree with the Assessment Team’s recommendation that the service was ‘not met’ against this Requirement simply because it had not been reviewing every one of its care plans within 12 months.

The intent of this Requirement does not prescribe that reviews must occur every 12 months. Rather, the focus is on whether the provider can demonstrate its staff are conducting regular reviews to ensure they are abreast of their consumers changing needs so that services can be adjusted for better effectiveness. There is evidence to support this is occurring.

For instance, both the Assessment Team and the service agree that sampled consumers, representatives and staff stated they regularly review the care needs of consumers on an informal basis. That consumers and representatives interviewed reported the service supports them when their needs change. The Assessment Team states a review of documentation noted care plans are reviewed when a consumer’s condition or situation changes, or an incident occurs. Consumers said staff are very good and always respond when they want changes to services provided. I also note data from the Assessment Team shows the service for the most part is conducting its reviews within 12 month, and certainly as the consumers needs evolve as discussed above.

I must balance this evidence against the fact that the service’s own requirement is that each consumer’s care plan is reviewed at least annually. While this is ideal, this should not be at the expense of the service knowing its consumers well enough that it can be flexible in its approach and adjust itself according to the changing environment such as when there are staffing shortages, COVID or other external factors that means it must reprioritise based on risk.

Furthermore, of the three consumers presented whose care plans had not been updated, there was no evidence to show whether or not these consumers health and wellbeing had deteriorated nor did I see discussion of any incidents pertaining to their lack of recent documentary review.

Given the Assessment Team’s audit had not uncovered any consumers who were adversely impacted as a result of the minor irregularly of some reviews, and as the service submitted in its response to the team’s report, it has undertaken subsequent actions to improve its review processes, I believe the service is compliant with this Requirement.

Remaining requirements – complaint

I hold the view that the service has demonstrated sufficient evidence that it meets the remaining Requirements of this standard, predominately for the following reasons:

* The service has a comprehensive assessment and care planning process. Assessment information is used to develop a plan of care in partnership with the consumer and/or their representative. The information outlined in the plan of care, guides staff in the provision of safe and effective care and services to the consumer. The service considers the risk for consumers when completing assessments. Following a discussion with the consumer, strategies to reduce the risk are included in the partnership care plan.
* The service has processes in place to support consumers to identify their specific goals and preferences with the information outlined in the care plan. The coordinator’s stated consumers are provided an opportunity to identify their end-of-life preferences in an advanced care directive if they have not already done so.
* All consumers and representatives interviewed reported they have had an opportunity to meet with their coordinator to discuss their specific needs and preferences. Support workers interviewed said while partnership care plans are there to guide the care being provided there is ongoing discussion with the consumer to determine their specific preferences to be considered at the time of each service attended.
* Consumers stated prior to the commencement of the services, they are provided with a copy of their care plan which is discussed with the coordinator confirming the provision of services in line with their identified preferences. Support workers stated prior to the commencement of services, the coordinator will discuss with them any specific requirements a consumer may have. Staff stated if the consumer or their representative requests changes to the care plan, they contact the coordinator immediately. A review of care documentation indicates that each care plan includes the services provided, the day and time of the service and the assistance the consumer needs.

Through these examples and more as detailed in the Assessment Team’s report, I am satisfied the service is complaint with this Standard.

# 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 hold the view that the service has demonstrated sufficient evidence that it meets the Requirements of this standard, predominately for the following reasons:

* The service is able to demonstrate personal and clinical care is individually tailored to the needs, goals and preferences of each consumer. All consumers interviewed reported satisfaction with the personal and clinical care they receive. An enrolled nurse is available to assesses the clinical and personal care needs of all consumers once they have been admitted to the service. They will then consult with consumers and refer to allied health staff as appropriate to seek recommendations for the provision of best practice strategies as issues are identified. Consumers interviewed said they get the care they need and provided examples of where it is tailored to their needs and optimises their well-being. Staff interviewed were able to describe what clinical and personal care they provide to the consumers. The clinical care coordinator confirmed an assessment is completed on admission, or if a consumer’s needs or preferences change. Specific and validated assessment tools are available for the staff to use as appropriate with a specific care plan developed.
* Staff interviewed demonstrated knowledge of consumers who have high prevalence/high impact risks. For example, staff described consumers at high risks of falling who require ongoing monitoring. For instance, staff demonstrated awareness of a consumer who is a high falls risk who will often forget or refuse to use their mobility aid when they are ambulating out of their home. Staff could discuss how they monitor this consumer’s mobility when out of the home and ensure they take all mobility equipment when going on outings with this consumer.
* Consumers confirmed that, as part of the initial care planning discussion, advance care planning and end of life planning are discussed. One consumer advised they are involved with the palliative care team as they have a life limiting illness. This consumer stated they have completed an advanced care directive and included a ‘not for resuscitation’ request which is known to staff.
* The service was able to demonstrate deterioration or change to a consumer’s cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Systems and processes are available to support the workforce to recognise and respond to a consumer whose function, capacity or health condition changes or deteriorates. Staff are clear about their roles and responsibilities including identifying and reporting signs of deterioration.
* Consumers said they feel that their needs, and preferences are effectively communicated between staff. Consumers advised as they have consistent and regular staff, the staff get to know them very well. Support workers advised information regarding consumers’ care and service needs and preferences including changes that may occur, is communicated to them prior to the scheduled client visit. Support workers advised they share information with the staff that visit the consumer on a regular basis through the electronic system and changes made to the care plans by the coordinators. Documentation review of allied health staff demonstrated there is information communicated to ensure changes and recommendations are followed up and staff informed.

# 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 hold the view that the service has demonstrated sufficient evidence that it meets the Requirements of this standard, predominately for the following reasons:

* Consumers interviewed said that the service listens to them and provides them with the services and supports they need, in a way that helps them to continue to do things independently. For example, a consumer said that they like to do things as independently as possible. However, they acknowledges that their family and medical professionals are concerned they are not able to manage their medication administration independently. They have agreed to allow the staff to do a twice daily welfare check to make sure they have taken their medication. However, they are clear that staff are to only mention medication if they are noted not to have taken it as prescribed. Staff demonstrated an understanding of this consumer’s needs. Staff were able to give examples of taking consumers out to activities they enjoy, where they may have specific preferences to domestic tasks being completed or spending time with them to socialise. For example, one support worker said a consumer is blind so it is very important that when cleaning their home all equipment or furniture used or moved is replaced so they are aware of the layout of their own home.
* Support workers said that they get to know their consumers and build relationships with them. They said they would notice if a consumer was behaving differently than usual or appeared down, they would talk to the consumer and report any concerns to the coordinator. Staff demonstrated an understanding of consumers spiritual needs and preferences and gave examples of how consumers are encouraged to maintain their independence and to assist in activities that support their spiritual needs and general well-being.
* Staff could describe what is important to consumers regarding their lifestyle and social activities. A support worker said a consumer enjoys connecting with other members of the community as well as doing craft activities. This consumer attends the day centre twice a week where they have an opportunity to meet with their friends and participate in a variety of craft activities.
* Consumers and representatives interviewed said that they are comfortable to talk to staff if they want any changes to their services. They said their support workers do not change often so they build relationships and can talk to them about what they want to change.
* The service demonstrated that timely referrals are made to other organisations involved in providing care and services. This includes when consumers have requested equipment or if they need services that cannot be arranged or provided by the service.
* The service was able to demonstrate that meals provided are varied and of suitable quality and quantity. Consumers interviewed described how they are satisfied and involved in the choice of meals being provided, and how they are of good quality and quantity. Staff and volunteers demonstrated they know consumer’s dietary needs and preferences relating to consumer’s nutritional and hydration status. Documentation showed that consumers’ dietary needs and preferences are communicated within the service
* Consumers and representatives said that they are satisfied with the equipment they use, it is suitable for their needs and is recommended by allied health professionals. Staff advised they report any faults to the coordinators. Allied health staff complete an initial and ongoing check of equipment used by the consumer when they visit the home. Consultation with consumers and representatives occur regarding additional information for equipment purchased.

# 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 hold the view that the service has demonstrated sufficient evidence that it meets the Requirements of this standard, predominately for the following reasons:

* The service was able to demonstrate the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction, and function. Consumers confirmed they feel welcome when they attend Jessie House. Staff described how they ensure consumers feel welcomed and observations confirmed the social group environment was easy to understand, welcoming and functional.
* The service was able to demonstrate the service environment is well maintained, safe, clean and enable consumers to move freely. Outdoor areas have level pathways for access and sitting areas that are well-maintained. Consumers were observed freely moving around the centre and had access to different areas. Management and staff described the processes of cleaning schedules and maintenance.
* The service was able to demonstrate furniture, fittings and equipment are safe, clean, well maintained, and suitable for the consumer. Staff described processes to ensure equipment is safe, clean, and well maintained. This was confirmed through observations.

# 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

I hold the view that the service has demonstrated sufficient evidence that it meets the Requirements of this standard, predominately for the following reasons:

* Consumers and representatives interviewed said they felt comfortable to provide feedback and make complaints either by talking to their coordinator or contacting the service. For example, Mrs Dawn Davey (CHSP) said her care and quality coordinator showed her the feedback form in her home folder and helped her make a complaint. Support workers interviewed said they discussed and encouraged consumers to call their coordinator or the office to raise any issues or concerns. Support workers said they would also direct consumers to the feedback form in their home folder.
* The representative for a consumer said the service is very good at communicating and have given their loved ones and the family contact numbers if they needed to raise any issues or concerns. The services information pack contained information for consumers regarding complaints and feedback, how to access advocacy services and make an external complaint.
* When asked management provided an example of where an open disclosure process was used. For instance, a consumer raised a complaint about the services delivered by a new support worker. The service apologised and asked for additional information to investigate the matter. Management said they worked with the consumer and discussed not sending that support worker again. This consumer was interviewed and confirmed the actions that management took and said they were satisfied with the outcome.
* Management said they received feedback from consumers that they were not aware of the Aged Care Quality Standards or how they related to them or the services they receive. As part of their continuous improvement plan their newsletters would focus on one standard at a time which was evidenced by the Assessment Team.

# 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

I hold the view that the service has demonstrated sufficient evidence that it meets the Requirements of this standard, predominately for the following reasons:

* The service demonstrated that the organisation’s systems allow for regular monitoring and planning of staff, with the result that consumers receive services that are aligned with their assessed needs and preferences. Consumers and representatives interviewed stated care and services are delivered as planned.
* Consumers and representatives interviewed said staff engage with them respectfully while delivering care and services and were always kind and caring. For example, a consumer said the staff are always gentle when washing their hair. Staff interviewed demonstrated care, kindness, and respect when they spoke about consumers. They described how important providing care and services to consumers was to them.
* Consumers and representatives interviewed described staff as being confident and well trained to perform their tasks and completed their work well. Review of position descriptions outlined the role, qualifications, mandatory checks, or other requirements. Staff records, and status were documented and are monitored on an electronic alert management system that included details such as qualifications, competencies, police checks, vaccination status and mandatory training records.
* The service was able to demonstrate the workforce is recruited, trained, equipped, and supported to effectively deliver the outcomes required by these standards. Management described the organisational recruitment and onboarding processes including that all staff must complete mandatory training requirements relevant to the role.
* Management confirmed that all new staff must go through the usual selection processes as required under their policies, including reference checks. Management confirmed that all staff undergo regular performance reviews. All staff interviewed confirmed that induction processes are in place, and they have regular training. One support worker said she asked for additional training and the service organised it for her. A training matrix was viewed that showed when each staff member had completed mandatory training and included alerts and follow up information relevant to any staff member with outstanding training requirements.

# 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 | Compliant |

Findings

I hold the view that the service has demonstrated sufficient evidence that it meets the Requirements of this standard, predominately for the following reasons:

* The manager of community care services advised they are currently engaging consumers and representatives to form a consumer advisory committee. The purpose of which is to provide improvement opportunities and strategic direction for the organisation. Consumers and representatives interviewed said they felt comfortable making suggestions about how the delivery of their care and services could be improved.
* The Shire of Narrogin has an organisational structure in place that shows there is delegation of roles, responsibilities and accountabilities for the service that offers a range of services to eligible consumers of the Shire of Narrogin.
* Management described its electronic system, which is used by all staff to assist with delivering safe and quality care and services. The system is available to staff via desktop computers, laptops or mobile app where staff can access consumer information, care plans and updates. A review of the service’s systems showed that consumer information is stored securely, is password protected and only relevant staff can access and update.
* The organisation has an established continuous improvement process including documentation of improvements in the service’s continuous improvement plan which included improvements informed by consumer feedback, policy and processes review, improvements contributed by all area of the service.
* Management explained the register that is used to track unspent home care package funds, and the processes that are in place to monitor and manage funds. Coordinators have discussions with consumers to encourage them to access the services they have been assessed as needing. Monthly statements and budgets viewed by the Assessment Team appeared to be clear and easy to understand.
* The service was able to demonstrate effective workforce planning recruitment, induction, and performance management to enable delivery and management of safe and quality services to consumers.
* Management said they subscribe to alerts on changes to legislation compliance and subscription to various government departments and disseminate information to the team as required. In line with recent Code of Conduct, SIRS in home care and the required changes to the home care agreements, the manager of community care services demonstrated how policies processes and documents have been updated to reflect these changes.
* The service has a system in place which provides monitoring and overview of feedback and complaints, including encouraging and supporting consumers to provide feedback and make complaints.
* The service demonstrated that consumer risk is monitored, and the organisation acts quickly to mitigate risk. Harm is prevented through assessment, review and follow-up actions. Support workers demonstrated awareness of elder abuse and their responsibilities in reporting any suspected or actual incident of abuse. The service has policies and procedures to support consumers to live their best life. Staff were able to demonstrate what elder abuse and neglect can look like and said they would report it to the service. Documentation reviewed noted elder abuse training is incorporated into orientation for all staff. The training outlines the identification and responding to abuse/alleged abuse of a consumer.
* The organisation has a clinical governance framework in place that describes the service’s approach to supporting consumers who receive care and services including the need for the aged care services to support the continued independence and provision of health care services for older people living within the community.
* The clinical care coordinator said where they are supporting consumers with taking antibiotics through their medication assistance services, they ensure the medication is taken and the course of antibiotics are finished. The clinical care coordinator said they will also discuss with the medical officer if further reassessment are required. An information brochure on medication choices for consumers is provided to consumer and the information is provided to the consumers on a regular basis through the consumers newsletter.
* The service has a restrictive practices policy in place whereby the organisation outlines promoting an environment for the consumers that fosters no or minimal use of restraint/restrictive practices thereby enabling the consumers to live their life in full, with dignity and opportunity. The organisation has an open disclosure policy and staff were able to describe what this means when something goes wrong and in their approach to resolving complaints.

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)