**Performance**

**Report**

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| Name: | Nyabalee House |
| Commission ID: | 500204 |
| Address: | 702 Les Tutt Drive, NEWMAN, Western Australia, 6753 |
| Activity type: | Quality Audit |
| Activity date: | 14 February 2024 to 15 February 2024 |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:

Provider: 8899 EPIS Incorporated  
Service: 26339 East Pilbara Independence Support  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8433 EPIS Incorporated  
Service: 25201 EAST PILBARA INDEPENDENCE SUPPORT INC - Care Relationships and Carer Support  
Service: 27148 EAST PILBARA INDEPENDENCE SUPPORT INC - Community and Home Support

**This performance report**

This performance report for Nyabalee House (**the service**) has been prepared by J Renna, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The provider did not submit a response to the Assessment Team’s report for the Quality Audit.

# 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

Consumers said staff treat them with respect and they are provided with dignity when care and services are delivered. Staff spoke respectfully about consumers and could speak knowledgeably about each consumer’s background and preferences. Documentation showed respect is provided in how communication, choice and preferences are recorded in care documentation. The service has policy and processes that promotes the individuality and independence for each consumer.

Consumers said their preferences including their cultural considerations are discussed and understood. Support workers said it was important to get to know each consumer and understand why care is provided in a particular way. Staff confirmed they complete cultural competency training as part of induction training. Care documentation records preferences to guide staff. Policy and procedures guide staff on considering each consumer’s cultural safety when planning and delivering care.

Consumers confirmed the service involves them in making decisions. Staff demonstrated awareness of how they can support consumers to exercise choice about their care and services. Documentation reflected individual consumer’s choices about who should be involved when decisions are made about the services the consumer receives.

Consumers said they are encouraged to do things independently and staff support them and respect the decisions they make. Management described how they discuss risk with consumers and how they encourage consumers to consider the risks they wish to take. Documentation showed information about risks taken by consumers are recorded and includes strategies agreed to manage the risks.

Consumers said they can have copies of their care plan if they wish. Consumers said they get a statement each month and staff will go through the statement with the consumer if required. Staff confirmed most consumers prefer to be provided with an outline of their statement through a conversation. Documentation showed an information pack is provided to each consumer and HCP consumer statements clearly provide information about the services provided and the amounts coming into and out of the package each month.

Consumers did not raise any concerns that staff do not provide them with privacy during the delivery of their care and services or how they maintain their information confidentiality. Staff were observed and could describe what it means to maintain confidentiality and provide privacy. The service has policy and procedures to guide staff on privacy and confidentiality.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 1, Consumer dignity and choice.

# 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

Consumers advised they are aware of the care and services available to them prior to commencement of services. Staff described how consumers’ needs, preferences and risks and mitigation strategies are recorded in support plans. Management demonstrated support plans are developed using a range of validated assessment tools, to identify consumer needs, preferences and risks. Documentation showed the service’s policy and procedures to guide staff in the initial and ongoing assessment to ensure risk is identified is under development.

Staff described how they identify specific goals and preferences for consumers, and these are recorded in support plans. Staff advised they only discuss advance care planning with consumers and representatives if culturally acceptable by the consumer and representatives. Documentation confirmed goals are developed in consultation with each consumer. Management advised further training for staff on how to develop consumer specific goals in line with the individual needs and preferences will be delivered.

Consumers confirmed they discuss their specific needs and preferences with senior staff. Staff stated while support plans are available, there is always ongoing discussion with the consumer to determine their specific preferences at the time of each service. Management discussed how the service involves other organisations to meet consumer needs and preferences. Documentation showed ongoing involvement with other organisations to support consumers.

Consumers confirmed they are provided with access to their support plan, staff discuss the plan with the consumers and consumers are asked to sign the plan. Staff stated they record when and what services have been provided for each consumer. Documentation showed each support plan includes the type of services to be provided, the frequency and duration of the service and the assistance the consumer needs. The service has policies and procedures in place to guide staff in reporting and managing incidents, including the need to review the support plan and make changes as necessary and to discuss these changes with the consumer or representative.

Consumers confirmed services are regularly reviewed. Staff described how they identify change and report to senior staff. Senior staff stated, and documentation confirmed, the service has a regular review process in place, with changes in consumers health and well-being also triggering a review. All policies and procedures are under review, including a regular review process.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 2, Ongoing assessment and planning with consumers.

# 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

Consumers confirmed they receive the care they need and provided examples of where it is tailored to their needs and optimises their well-being. Staff described the clinical and personal care they provide for consumers, including examples of tailored care for individual consumers. Documentation showed support plans provide specific instructions to guide staff where specific issues are identified for individual consumers.

Staff demonstrated knowledge of consumers who have high prevalence or high impact risks, describing how they monitor identified risks. Documentation showed risks such as falls, weight loss, behaviours, wounds and pressure injuries are recorded and identified as alerts in support plans. The service responds to high impact and high prevalence risks by reporting each incident and completing an analysis, with information discussed at regular clinical meetings.

Staff described how they would support consumers at end of life under the guidance of an external provider, to ensure care was provided in a culturally appropriate way. Management advised in line with consumer cultural beliefs, completion of advance health care directives or other documents related to end of life are generally completed prior to the consumer’s imminent death if at all. The service has an end of life care planning policy and procedure to guide staff practice in supporting consumers nearing end of life.

Staff described how they would identify a change in a consumer’s condition and report it for further action. Staff advised support plans contain information about consumer conditions so staff can respond appropriately. Management advised staff are provided with education on observing and reporting deterioration. The service has policies and procedures related to clinical deterioration, including guidelines to support early recognition and follow up assessments to ensure appropriate response to the clinical deterioration of consumers.

Consumers stated they feel their needs and preferences are effectively communicated between staff. Staff advised information about consumer care and service needs and preferences is available to them through an electronic system, with all staff having access. The service has policies and procedures about consent and the sharing of information.

Staff and management described the process to refer consumers for additional services. Management described how the service works with other organisations to connect consumers with other service providers as needed. Documentation showed referrals are made to health services when deterioration or change of a consumer’s health is identified. The service has processes in place to guide staff when referring consumers to other health professionals.

Staff advised personal protective equipment is available to all staff and they have completed training including hand hygiene and standard and additional precautions for infection control. Management described how the service is working together with a local pharmacy to monitor the use of antibiotics for the consumers and to ensure specimens are collected prior to the commencement of antibiotics if possible. The service has an outbreak management plan which is reviewed regularly and is available to all staff.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 3, Personal care and clinical care.

# 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 confirmed they receive services and supports they need which help them to continue to do things independently. Staff demonstrated an understanding of consumer needs, providing examples of how consumer preferences are known by staff. Staff stated they discuss interests with consumers and get to know them so they can provide the services which meet the consumer’s preferences. Documentation showed consumers are provided with services and supports to maintain the individual consumer’s independence and quality of life in line with the consumer's goals.

Consumers confirmed staff know them well and provide them with appropriate support where required and recognise when the consumer is feeling low or where they have specific spiritual and psychological well-being needs. Staff stated they get to know their consumers, build relationships with them and notice when a consumer is feeling low. Management described how they work with other organisations to support consumers with ongoing mental health concerns.

Consumers confirmed the service provides them with supports to maintain social and personal relationships. Staff described what is important to consumers regarding lifestyle and social activities, with interests recorded in support plans. Documentation showed consumer interests, and preferences to be involved in the community are recorded in support plans, including information on how to support the consumer to meet those interests and preferences.

Consumers stated they are comfortable to talk with staff if they want any changes made to their services. Staff said changes to consumer conditions and needs/preferences are discussed with staff and recorded in support plans. Staff confirmed the importance of keeping consumer information private and confidential. All staff undergo training in privacy and confidentiality.

Consumers expressed confidence the service would refer them to another service if required, in a timely manner. Management advised CHSP consumers are encouraged to contact My Aged Care should they wish to be referred for additional services and staff can assist consumers to do this. Documentation showed the service has policy and procedure to guide staff in making and supporting each consumer with referrals and how the information is to be recorded.

Consumers stated they are receiving meals which are to their liking and the menu is changing to include more traditional items. Staff demonstrated knowledge of consumer meal requirements, preferences and dietary needs and described how they seek feedback from consumers about the meals provided. Observations confirmed staff prepare, handle and store food in accordance with food handling requirements.

Consumers advised they are satisfied with the equipment they use and confirmed it is fit for purpose. Staff said they have access to suitable equipment to support consumers both in the consumers’ homes and in the service environments. Management advised equipment and modifications are purchased based on an occupational therapy review and assessment with maintenance of the equipment is completed in line with the manufacturer’s recommendations. Documentation showed work health and safety audits are completed in line with the service’s audit schedule.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 4, Services and supports for daily living.

# 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

Consumers confirmed they feel welcome in the service environment and there are plenty of activities to join should they choose, and consumers can use the service environment to suit their needs. Observations confirmed consumers are welcome in the service environment and it optimises each consumer’s sense of belonging, independence, interaction and function. Transport is available to ensure consumers can attend the service centres.

Consumers said they enjoy attending the centres and they are happy with the rooms available to them. The centres were observed to be safe, clean and well maintained. Management stated the service has processes in place to ensure maintenance and cleaning takes place regularly. Consumers were observed moving freely around the centre and accessing different areas.

Consumers stated they can independently access the vehicles that bring them to the centre. Furniture, fittings and equipment were observed to be safe, well maintained and suitable for the consumers’ use. Staff were observed following correct hand sanitising procedures.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 5, Organisation’s service environment.

# 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 stated staff check with them to find out if there is anything they are not happy about and consumers stated they feel comfortable raising concerns or suggesting changes. Staff demonstrated ways they support consumers to talk about any concerns or suggestions and they confirmed they have received training about capturing feedback and complaints. Management explained how the service captures feedback and concerns including through the service feedback form, surveys, chats with consumers and assessment processes. Documentation showed the service receives feedback and records in on its feedback and complaints electronic system. Procedures and processes are in place to guide staff on how to support consumers to give feedback or raise a complaint.

Consumers stated they were aware of others who can support them when they wish to make a complaint, with some consumers saying they have others who can translate into their language if required. Staff confirmed there are staff and community members who can support translation to ensure consumer concerns are understood. Management discussed processes to ensure consumers have access to advocates, others who speak the consumer’s language and information of external services to support the consumer. The service provides an information pack for consumers which includes information about external supports with the service considering having some information translated into the local languages for consumers where English is not their first or second language.

Consumers expressed satisfaction with how the service responded to concerns and how the service informs the consumer about what happened. Management described an open disclosure and timely approach to responding to complaints. Documentation confirmed the service uses an open disclosure approach and consumers are kept informed of progress. The service has a policy and procedure to guide staff on actions to be taken when things go wrong or in response to a complaint.

Consumers confirmed changes are made in response to feedback provided. Management demonstrated how they receive and analyse feedback, complaints and incidents with the information used to make improvements to service delivery. Documentation showed meeting agenda for all level of staff and the governing body include feedback and complaints information. The service has implemented an auditing tool to help to identify gaps and evaluate improvements.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 6, Feedback and complaints.

# 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

Consumers stated although there are new staff, this has not changed how the consumers receive their care and services. Staff confirmed the service has rostering processes and they receive information about their rostered shifts through emails. Management advised they have been reviewing the staffing model and have implemented accountabilities for roles, with recruitment processes ongoing to fill identified required roles. The majority of staff being recruited are commencing with the agreement they will completed relevant qualifications and some staff confirmed they have enrolled to complete a Certificate 3 in Aged Care.

Consumers stated staff are kind and if this was not the case the consumers would speak up. Staff were observed to consider each consumer’s identity and culture, providing care tailored to each consumer. The service engages with a local Aboriginal group to provide cultural diversity training for staff. Documentation showed some staff have completed this training and others are scheduled to complete it.

Consumers did not raise any concerns about the competency of staff. Staff confirmed they have commenced enrolling in an online course to complete their Certificate 3 in individual support in aged care. Management demonstrated how the service tracks staff competencies, including monitoring of required qualifications and certifications. Management advised the governing body has acknowledged the need for all support staff to have a Certificate 3 in aged or disability care as a minimum requirement. Documentation showed each role has designated accountabilities and responsibilities, including mandatory or desired qualifications.

Management advised the service has developed an onboarding and training program to encompass all the Requirements of the Quality Standards. Mandatory training has been identified and staff complete all necessary training. Management demonstrated how the service monitors and tracks the completion of training and reports on progress. Documentation showed staff have completed a module on the Serious Incident Response Scheme, along with sessions on using the service’s electronic online incident platform to record incidents, hazards, near misses and feedback and complaints.

Consumers expressed satisfaction with staff performance. Management advised, and documentation showed, the service uses process to manage staff performance and tracks staff performance through training and feedback. Management described how they are supporting staff to upskill to deliver care and services required by consumers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 7, Human resources.

# 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

Consumers confirmed they are consulted in how they would like to receive their care and services. The service uses surveys to identify improvements which could be made to care and services. The service has implemented a consumer advisory meeting process to engage consumers in the development and delivery of care and services. Documentation showed discussion at the consumer advisory meeting led to changes to service delivery.

The governing body comprises member with experience in governance, remote health services, women’s health and well-being services, risk management and local government. The chief executive officer is a registered nurse and has experience in the aged care sector. The service is in the process of implementing a quality care advisory body. Documentation showed the governing body considers reports from the chief executive officer about the care and services provided by the service. The governing body is receiving updates to upcoming changes to the Quality Standards and completing education on aged care governance.

The service demonstrated it has effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff confirmed they have access to the information they require and demonstrated where to find the information. Management described how the service identifies continuous improvement opportunities and provided examples of improvements made to services. The service is a member of aged care peak bodies and receives regular information to maintain currency in regulatory compliance.

There are systems and practices in place to ensure effective management of high impact or high prevalence risks, with an incident management system in place which is reviewed. Documentation showed incidents are escalated for investigation and actions are put in place as appropriate. Staff have completed education on the use of the electronic risk management system. Staff described what risks impact individual consumers and how they are managed and demonstrated an understanding of how to recognise and report elder abuse. Documentation showed dignity of risk procedures are in place to assist consumers to make informed choices.

The service demonstrated its clinical governance framework guides staff in relation to antimicrobial stewardship, restrictive practices and open disclosure. The framework supports the service to provide safe, quality clinical care as part of an holistic, consumer-centred approach based on the needs, goals and preferences of each consumer. Management advised staff have received training in the use of restrictive practices. Documentation showed staff have received training in open disclosure and the complaints and incidents registers evidenced open disclosure used when things go wrong.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 8, Organisational governance.

1. The preparation of the performance report is in accordance with section 57of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)