**Performance**

**Report**

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| Name: | Parramatta City Council |
| Commission ID: | 200747 |
| Address: | 126 Church Street, PARRAMATTA, New South Wales, 2150 |
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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

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7593 Parramatta City Council  
Service: 24101 Parramatta City Council - Care Relationships and Carer Support  
Service: 24102 Parramatta City Council - Community and Home Support

**This performance report**

This performance report for Parramatta City Council (**the service**) has been prepared by L. Malone, 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
* the provider’s response to the assessment team’s report received 21 February 2024

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not applicable** |
| **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 and representatives provided positive feedback on the way consumers are respected and how their identity, individuality or culture is valued. Staff, volunteers and management demonstrated knowledge of what is important to consumers’, their background and identity, and spoke of individual consumers respectfully.

Consumers and representatives were satisfied care and services are culturally safe; that staff and volunteers providing care respect consumer’s cultural background and understand how this is reflected in their needs and preferences. Staff, volunteers and management demonstrated familiarity with individual consumer’s cultural and language identity and how this is supported in care and service delivery. Evidence presented under Standard 1 and Requirement 6(3)(b) in the Quality Audit report refers to ensuring consumers have access to interpreters when required.

The Assessment Team received positive feedback from consumers and representatives about the way they can exercise choice and involve the people they wish in decision making. Positive feedback from a consumer presented under Requirement 2(3)(c) of the Quality Audit report better reflects this requirement in that it described how the service involves the consumer’s family member in decision making in a way that aligns with the consumer’s wishes. Management and staff described how they support consumers to make and communicate their decision and involve the people the consumer wishes.

Consumers and representatives provided positive feedback about the way consumers are supported to live their best life. Staff and management described how they support consumers to participate in ways consumers choose.

Consumers and representatives provided examples of the types of written and verbal information they receive such as the Aged Care Charter of Rights and regular newsletter. Consumers and representatives said the information is easy to understand and enables consumers to make choices such as which community activities they would like to participate in. Evidence presented under Requirement 2(3)(d) describes consumer and representatives having regular contact with their coordinator who explains information related to their services to them. Staff and management described how they make information accessible to consumers of diverse cultural and language backgrounds.

The service has systems in place to ensure personal information is kept confidential such as password protected electronic information system, and policies and procedures which guide staff in information sharing, consent and protection of privacy. Staff, volunteers and management were able to describe their responsibilities in relation to privacy and seeking consumer consent to information sharing. Consumers and representatives were satisfied consumers’ privacy is respected.

I have considered the evidence, as summarised above, and I find Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f) to be 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

Requirements 2(3)(a) and 2(3)(b):

The Assessment Team recommended Requirement 2(3)(a) to be Not Met as although care documentation included home safety risk assessments, the Assessment Team did not find evidence of the use of other validated assessment tools for risks related to falls, nutrition or behaviour, and information related to mobility or medical background was not found to be documented on consumers’ support plan. However, staff could describe how they consider risk and the strategies they use to support safety, and consumers and representative were satisfied the assessment and care planning meet their needs and goals.

The provider submitted a response to the Quality Audit report in which they provide further information related to assessment and care planning processes including how a consumer’s medical background or mobility support needs are identified and considered, and how staff have access to this information. The provider submits evidence in the form of assessment tools which considers risks related to mobility, falls, meal preparation, medical background and how this impacts the consumer, and evidence related to the identification and prevention of risks for vulnerable consumers in extreme heat or flooding. I find risks considered to be relevant to the type of care and services being delivered.

I am satisfied by the evidence submitted by the provider that assessment and care planning processes effectively consider risks to the consumer’s wellbeing.

In relation to Requirement 2(3)(b) the Assessment Team found while the current needs, goals and preferences of consumers were effectively identified and care planning addressed these, the service did not include advance care planning or discussions about end of life wishes.

In the provider’s response they submit evidence which demonstrates changes to assessment and care planning and documentation processes to include discussions about Advance Care Planning and end of life wishes, commencement of these discussions with consumers, explanation of how information is being provided to consumers and state plans to implement staff training. I am satisfied the evidence in the Quality Audit report and the further information submitted by the provider demonstrates consumer’s current needs goals and preferences, including at end of life wishes, are identified and addressed in assessment and care planning.

I have also considered evidence under other requirements in Standard 2 which describe documentation written in the consumer’s voice and which is individualised to their needs, goals and preferences and finding s from the Assessment Team that documentation demonstrates how services planned aligned with the consumer’s goals.

I have considered the evidence, as summarised above, and I find Requirements 2(3)(a) and 2(3)(b) to be Compliant.

Requirements 2(3)(c), 2(3)(d) and 2(3)(e):

Consumers and representatives described assessment and care planning occurring in partnership with consumers and those they wish to involve in their care. Care documentation includes individualised goals in the consumer voice and demonstrated a person-centred approach to ongoing assessment and care planning. The Assessment Team viewed the service’s Community Care Services Principles of Service Delivery in draft form during the Quality Audit which provides guidance in assessment and care planning.

The Assessment Team found the outcomes of assessment and care planning are effectively documented in the consumer support plans which is available to the consumer and the staff and volunteers providing care and services. Consumers provided positive feedback about the verbal communication they receive in relation to assessment, care planning or their current and future services. Staff and volunteers said assessment and care planning information they receive allows them to provide safe and effective care, and they can access this information when required through a mobile application.

Consumer and representatives were satisfied consumer’s care and services are reviewed regularly or in response to changing needs. Management advised the Assessment Team reviews occur annually and in response to a change in condition. Over the first month of admission the service has a schedule of more frequent review to evaluate effectiveness and support any changes required. The Assessment Team viewed care documentation and found reviews to be up-to-date or for those due, a review was scheduled.

I have considered the evidence, as summarised above, and I find Requirements 2(3)(c), 2(3)(d) and 2(3)(e) to be 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. | Not Applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not Applicable |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Not Applicable |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Not Applicable |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Not Applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Not Applicable |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Not Applicable |

Findings

This Standard is Not Applicable as the service does not provide personal and clinical care.

# 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

Requirement 4(3)(g)

The Assessment Team recommended Requirement 4(3)(g) to be Not Met as while the service does not provide equipment to consumers, they have a fleet of vehicles, and the Assessment Team did not sight documentation related to registration, insurance or the maintenance of vehicles at time of the Quality Audit.

In the provider’s response they submit evidence relevant documentation such as registration, insurance and maintenance records, and further information related to systems and processes which satisfies me the fleet vehicles are safe, suitable and well maintained. I have considered the evidence available at the time of coming to my decision and find Requirement 4(3)(g) to be Compliant.

Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e) and 4(3)(f):

Consumers and representatives provided examples to the Assessment Team about the way their care and services meet their needs, goals and preferences, and optimises independence or quality of life. Some described how they are supported to attend groups they are interested and how this has assisted them to connect socially and prevent isolation, or how services enable them to remain independent in their homes. Staff and volunteers could describe how they services to meet the social support needs of individual consumers. Care documentation demonstrated how the services and support delivered aligned with consumer needs, goals and preferences.

Consumers and representatives were confident staff know consumers well and would recognise a change in mood. Staff and volunteers could describe how they identify and respond when a consumer is feeling low, and how they would escalate concerns.

Consumers and representatives provided examples to the Assessment Team of the ways in which the service supports them to participate in the community, do things or interest or maintain social connections. The Assessment Team found a range of social supports offered including regular groups, cultural celebrations and special events. Staff described how consumers are engaged in choices about the type and location of activities they are interested in. Evidence presented throughout report presents positive feedback from consumers about how the services they receive support independence to remain in home or maintain connections with the community.

Consumers and representatives were satisfied their needs, goals and preferences are effectively communicated with some consumers saying staff and volunteers arrive at their scheduled time, know consumers’ needs and how services are to be provided. Staff described how information is communicated between community workers, coordinators and management, and how other written communication such as care documentation, emails and reports effectively support shared care.

Care documentation demonstrated referrals made to other providers of care and services are timely and appropriate, and a range of programs and other providers are utilised to meet the needs, goals and preferences of consumers such as transport, social, meal services, home library services and other supports.

The service provides a meal delivery service run by two staff and multiple volunteers. Staff described how they review consumer assessment information such as allergies, preferences and dietary and food texture requirements to plan meal services which are safe and suitable for consumers. Consumers and representatives were satisfied with the quality of meals and said they are offered choice. The Assessment Team viewed menus and other information which included ingredients, nutritional information and preparation instructions for the meals provided.

# 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. | Not Applicable |
| 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. | Not Applicable |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Applicable |

Findings

This Standard is Not Applicable as the service provides care in the consumer’s home and community.

# 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

Requirements 6(3)(c) and 6(3)(d):

The Assessment Team recommended Requirement 6(3)(c) as Not Met as the service’s policy related to feedback and complaints did not reference open disclosure and specific training was not provided. The Assessment Team found 4 complaints on the service’s registers where actions taken in response were not documented or described at the time of the Quality Audit. However, staff described how they respond when things go wrong including the use of open disclosure; staff described offering an apology and engaging with the consumer to plan strategies to ensure it does not happen again. Consumers interviewed by the Assessment Team said they had not raised a complaint but felt confident it would be responded to appropriately.

In their response the provider states actions have been undertaken in response to the complaints identified in the Quality Audit report and provides further supporting evidence on the Quality Assurance process which includes the management of feedback, complaints and compliments and evidence of updated procedures which include mandatory documentation of actions and open disclosure. I am satisfied the evidence submitted by the provider addresses the findings presented in the Quality Audit report.

The Assessment Team recommended Requirement 6(3)(d) as the service did not review complaints and feedback for trends, did not have a documented plan for continuous improvement (PCI), and although the service described reporting feedback and complaints at management meetings the Assessment Team did not sight evidence of this at the time of Quality Audit.

In their response, the provider stated feedback is regularly reviewed at meetings attended by relevant key personnel and is considered in quarterly Quality Assurance planning but acknowledged there had not been documented PCI in place. The provider submitted evidence of an implemented plan for continuous improvement and updated the Quality Assurance process to include analysis and trending of feedback and complaints and regular review of improvement opportunities as well as other supporting evidence related to the review of feedback and complaints to improve the quality of services delivered. I am satisfied that at the time of coming to my decision, feedback is effectively reviewed for improvements to care and services.

I have considered the evidence, as summarised above, and I find Requirements 6(3)(c) and 6(3)(d) to be Compliant.

Requirements 6(3)(a) and 6(3)(b):

Consumers and representatives said they knew how to provide feedback and that they felt comfortable to do so. Staff, volunteers and management described how they would encourage a consumer to provide feedback and describe the various methods available such as directly to staff, by phone, email or online feedback form.

While consumers and representatives could not recall accessing language or advocacy services they said they have received information about them in consumer brochures and the services ‘welcome pack’. Some staff and volunteers described connecting consumers to interpreting services or translating information to support them to provide feedback and one staff member demonstrated how they would complete the service’s process to the Assessment Team. The Assessment Team viewed written information available to consumers which included contact details for advocacy and other external services.

I have considered the evidence, as summarised above, and I find Requirements 6(3)(a) and 6(3)(b) to be 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

Consumers and representatives were satisfied that consumers receive safe and quality care and services, with some describing how staff arrive at the schedule time and communicate any changes to services effectively. Members of the workforce provided feedback to the Assessment Team they have adequate time to complete tasks. The service demonstrated how they effectively manage planned and unplanned leave.

Consumers and representatives said the workforce are kind and respectful. Staff and volunteers described how they show kindness and respect such us learning about a consumer’s culture of interests and communicating in a way which effective for the consumer.

The service demonstrated the workforce is competent with positive feedback from consumers and representatives. Position descriptions and other documentation were found to provide clear guidance on the qualifications, skills and competencies required for each role, and systems are in place to ensure that the workforce meets these requirements. The Assessment Team reviewed documentation which demonstrated staff had relevant qualifications such as a Certificate in Aged Care, first aid or CPR competencies.

The Assessment Team found the workforce is recruited and supported to deliver outcomes required by the Quality Standards including clear recruitment and onboarding guidelines and on the job support such as buddy shifts to support development of skills and knowledge. Although the workforce completed a schedule of mandatory training, the topics delivered were not found to be specific to Aged Care at the time of the Quality Audit. The service had a planned training matrix in draft form which included reference to relevant topics such as understanding dementia and infection control practices.

In their response the provider presents evidence of the planned training schedule which contains topics relevant to the Quality Standards, and clarifying information about how current training needs of the workforce are met whilst the training schedule is in development and awaiting review.

The service has an effective process in place to assess, review and monitor the performance of the workforce; annual performance reviews include an initial, mid-cycle and end of cycle assessment point and individual staff members document a performance and supervision plan. The service demonstrated processes to monitor and ensure staff and management participation in reviews of workforce performance.

I have considered the evidence, as summarised above, and I find Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e) to be 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. | Not applicable |

Findings

Requirements 8(3)(b) and 8(3)(c):

The Assessment Team recommended Requirement 8(3)(b) to be Not Met. The Quality Audit report describes the organisations’ process of quarterly reporting to the council’s management and how information such as complaints and feedback, incidents, finances and specific service delivery outcomes (for example social support and meal services) are communicated. However, the Assessment Team found evidence of communications between levels of management was not demonstrated during the Quality Audit. Evidence related to the management of complaints is presented under this Requirement, but I have considered this more relevant to Requirements 6(3)(c), 6(3)(d) and 8(3)(c).

In their response, the provider refutes some evidence presented under Requirement 8(3)(b) and provides clarifying information including explanation of delegation of responsibilities of levels of management, how the governing body is accountable and evidence of communications and reporting between the service and governing body related work health and safety, service delivery and financial reports. I am satisfied the evidence submitted by the provider demonstrates the governing body is accountable for safe, quality and inclusive care and service delivery.

The Assessment Team recommended Requirement 8(3)(c) to be Not Met. While effective systems of information and workforce governance were demonstrated, the service did not have a continuous improvement plan, did not identify trends in complaints and feedback to inform improvement opportunities and staff were not trained in the Serious Incident Response Scheme (SIRS) and did not demonstrate and understanding of SIRS.

In their response, the provider acknowledged they did not have a documented PCI at the time of Quality Audit but did present a business plan during the Quality Audit and have since implemented a PCI which was provided in their response and includes relevant actions with some progressed and some planned. Additional evidence included a procedure for managing incidents which considers reportable incidents and SIRS and describes how management has oversight. The provider’s response included additional supporting evidence related to feedback and complaints, financial governance, workforce governance, and evidence of improvement actions planned and implemented since the time of the Quality Audit. I am satisfied the evidence submitted by the provider demonstrates effective systems of organisation wide governance.

I have considered the evidence, as summarised above, and I find Requirements 8(3)(b) and 8(3)(c) to be Compliant.

Requirements 8(3)(a) and 8(3)(d):

The Assessment Team found consumers are engaged in design and delivery through surveys, regular quality assurance phone calls, and staff and management described how consumer satisfaction is monitored and changes are implemented.

I have considered further information submitted by the provider which includes information as to how members of the governing body provide formal and informal opportunities for engagement between the governing body and consumers, and positive feedback presented from consumers and representatives about care and service delivery presented throughout the Quality Audit report.

The Assessment Team found the service has a risk management framework which includes policies and procedures related to the management of high-impact, high-prevalence risk, preventing abuse and neglect and supporting consumers to live their best life. The service maintains an incident register which demonstrated evidence of trending and management advised the Assessment Team of the levels of delegation of oversight of incidents between the service and the broader whole of council organisation. In the provider’s response they submit evidence of their incident reporting processes including link to guidance on reportable incidents under the Serious Incident Response Scheme (SIRS).

I have considered the evidence, as summarised above, and I find Requirements 8(3)(a) and 8(3)(d) to be Compliant.

Requirement (3)(e) is not applicable as clinical care is not delivered through the program.

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)