**Performance**

**Report**

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| Name: | Rozelle Neighbourhood Centre Inc |
| Commission ID: | 200599 |
| Address: | 754 Darling Street, ROZELLE, New South Wales, 2039 |
| Activity type: | Quality Audit |
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| Performance report date: | 21 November 2024 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Services included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7990 Rozelle Neighbourhood Centre Inc  
Service: 24946 Rozelle Neighbourhood Centre Inc - Care Relationships and Carer Support  
Service: 24945 Rozelle Neighbourhood Centre Inc - Community and Home Support

**This performance report**

This performance report has been prepared by K Jarvie, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the services it operates, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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 service outlets, 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 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 | **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

This Quality Standard has been assessed as compliant as 6 of the 6 specific requirements are compliant for each service.

Consumers and their representatives in each service advised consumers felt respected by staff and valued as individuals. Staff and management demonstrated they are familiar with the identity and culture of each consumer and spoke about consumers respectfully. The organisation has a code of conduct in place that includes dignity and respect towards consumers. Staff interviewed confirmed they have received information and training on the code of conduct and receive regular reminders regarding meeting the needs and preferences of consumers.

Consumers and their representatives in each service confirmed staff understand and respect consumer culture and services received are reflective of cultural needs and preferences. This includes services delivered by staff from the same cultural background with the ability to speak in consumers’ native languages. Management advised, and documentation reviewed confirm, staff induction processes include modules on working with culturally and linguistically diverse consumers. Care planning documentation reviewed included information on consumer cultural backgrounds and language preferences.

Consumers and their representatives in each service confirmed consumers are involved and offered opportunities to involve others of their choice in decision making discussions regarding consumer care and services. Management explained, and documentation reviewed confirmed, supporting decision making and maintaining consumer connections are part of the care planning process. This includes documentation of key representatives in consumer care planning documentation. Policies and procedures in place outline staff practice to involve advocates and representatives in assessment and review processes as required.

Consumers and their representatives in each service advised consumers felt well supported to make choices about their services that maximised their wellbeing. Management advised, and documentation reviewed confirm, dignity of risk policies and procedures are in place which address consumer rights to take risks and make choices about their care. In addition, operational processes include the monitoring and maintenance of a risk register documenting individual consumer risks.

Consumers and their representatives in each service confirmed receipt of sufficient information to make informed choices around consumer care and services. This includes information on services available, fees and charges, how to make a complaint or provide feedback and the Charter of Aged Care Rights. Management advised, and documentation reviewed confirm, all consumers and representatives are provided with an information pack upon entry to the service. In addition, management advised consumers are invited to attend a range of information sessions delivered by the clinical team, allied health professionals and senior rights services.

Consumers and their representatives in each service expressed satisfaction with staff ability to maintain consumers’ privacy and keep their information confidential. Staff confirmed receipt of privacy and confidentiality training during induction and provided practical examples of how it is practiced during service delivery. Signed staff contracts reviewed include clauses regarding keeping consumer information confidential. The electronic consumer database in place was observed to be password protected. In addition, hard copy documentation was observed to be kept in locked cabinets in secure office premises.

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

# 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

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for each service.

Consumers and their representatives in each service confirmed consumer services received support them to remain independent and meet their current needs. Management advised, and documentation reviewed confirm, assessment and planning processes include the identification of consumer risks, such as mobility issues, chronic conditions, mental health concerns, or social isolation. Assessment and care planning policies and procedures in place provide best practice guidance for staff.

Consumers and their representatives in each service expressed satisfaction with services received based on identified consumer needs, goals and preferences. Management advised, and documentation reviewed confirm, personalised care plans include individualised goals tailored to consumers’ individual needs and preferences, such as improving mobility or enhancing social connections. Documentation reviewed confirm advanced care planning is discussed with consumers in line with assessment and care planning policies and procedures in place.

Consumers and their representatives in each service confirmed ongoing involvement in assessment and care planning processes. Consumers advised that staff seek permission before involving others. Staff and management advised input and collaboration of others involved in the care of consumers provides valuable insights into consumer experiences and preferences. This includes information, and evidence in Requirement (3)(e) of Standard 3 which show incorporation of recommendations from medical professionals, hospital discharge staff and allied health professionals in consumer care plans. Policies and procedures reviewed describe how assessment and planning is to be undertaken in partnership with consumers and others of their choice.

Consumers and their representatives in each service reported they discuss consumer care plans and service goals with staff and are satisfied they are supported to understand the information they are provided. Staff confirmed care plans are available at point of care, which include person-centred planning and assessment of how support will be delivered. Management advised consumers and representatives receive information about the assessment process, including its purpose and possible outcome.

Consumers and their representatives in each service confirmed participation in reviews of consumer services. Staff described timeframes and certain factors, such as hospital discharge, that may trigger a reassessment or review of consumer care and services. Management explained care planning requires ongoing evaluation and adaption to ensure effectiveness of care delivered. Staff and management interviewed, and a sample of care plans reviewed confirm reassessment and review occur at least every twelve months for consumers.

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

# Standard 3

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| Personal care and clinical care | | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | 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. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | 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. | Compliant |

Findings

This Quality Standard has been assessed as compliant as 5 of the 5 applicable requirements are compliant for Service: 24946 Rozelle Neighbourhood Centre Inc - Care Relationships and Carer Support.

Requirements 3(3)(c) and 3(3)(f) are not applicable for Service: 24946 Rozelle Neighbourhood Centre Inc - Care Relationships and Carer Support as only low-level personal care services are provided.

Quality Standard 3 has not been assessed for Service: 24945 Rozelle Neighbourhood Centre Inc - Community and Home Support as it is not funded to deliver personal or clinical care.

Consumers and their representatives in Service: 24946 Rozelle Neighbourhood Centre Inc - Care Relationships and Carer Support expressed satisfaction with the level of personal care provided by staff. Staff advised they tailor personal care based on individualised consumer needs and are respectful of consumer preferences. Care planning and assessment tools include a comprehensive clinical assessment, which is completed for all consumers regardless of the level of services they are accessing. A registered nurse and other clinicians are available if staff feel it is appropriate for a consumer to receive clinical care.

Staff interviewed were knowledgeable of high-impact or high-prevalence consumer risks, such as falls and described access and use of documented mitigating strategies used to manage risks. Management advised they have regular meetings with staff to review consumer outcomes and analyse incidents to identify emerging concerns or care needs.

Consumers and their representatives in Service: 24946 Rozelle Neighbourhood Centre Inc - Care Relationships and Carer Support confirmed staff promptly identify and respond to consumer deterioration. Consumer representatives expressed satisfaction with regular reports received by staff on consumer mood and energy levels. All staff interviewed demonstrated an understanding of recognising, reporting, and responding to consumer deterioration or changes in consumer health and wellbeing. Staff advised they observe consumers for signs they may be unwell, including changes in behaviour, and use the stop and watch early warning tool. Staff advised, and management confirmed, staff receive training on recognising and responding to deterioration in consumers.

Consumers and their representatives in Service: 24946 Rozelle Neighbourhood Centre Inc - Care Relationships and Carer Support said they are satisfied staff know consumer needs and preferences and confirmed when regular staff are unable to attend this does not impact service delivery. Management advised upon finalisation of reviews consumer care plans are updated and documented in the electronic consumer database. Management confirmed all staff have access to relevant consumer care plans via the electronic consumer database and are notified of changes via team leaders and managers.

Consumers and their representatives in Service: 24946 Rozelle Neighbourhood Centre Inc - Care Relationships and Carer Support described the practices staff adopt to limit possible infection, including hand hygiene and the appropriate use of personal protective equipment. Staff and management interviewed confirmed adherence to infection prevention practices observed by consumers. Training records reviewed confirm staff receive infection control training.

Based on the information summarised above, I find the provider, in relation to Service: 24946 Rozelle Neighbourhood Centre Inc - Care Relationships and Carer Support, compliant with all applicable Requirements in Standard 3, Personal care 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. | Not Applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Not Applicable |

Findings

This Quality Standard has been assessed as compliant as 5 of the 5 applicable requirements are compliant for each service.

Requirements 4(3)(f) and 4(3)(g) are not applicable for each CHSP service, as the provider is not funded to provide meals or equipment for CHSP consumers.

Consumers and their representatives in each service described ways supports for daily living received enhanced consumers’ well-being and quality of life. Staff interviewed demonstrated an understanding of what is important to each consumer and how they incorporate consumer needs, goals and preferences into the care and services delivered. Management provided examples of how service activities are targeted to ensure each consumer receives safe and effective services and supports that optimise independence, health, well-being and quality of life.

Consumers and their representatives in each service reported feeling confident that staff would support consumers if they were feeling low. Consumer representatives described practical measures staff enact in response to consumer emotional or psychological distress, such as taking consumers out for a walk. Staff interviewed, and documentation reviewed confirm, consumer care plans incorporate information related to consumers’ spiritual, emotional and psychological well-being needs. These include documentation of religious preferences and preferred social activities. The person-centred care and care planning policy contains questions designed to aid identification of each consumer’s unique emotional, spiritual and psychological needs.

Consumers and their representatives in each service were satisfied that consumers were assisted to participate in the community, have social and personal relationships, and participate in activities they enjoy. Staff interviewed demonstrated an understanding of consumer relationships and activities of import. Staff interviewed described supporting consumers to meet their social daily living needs by assisting consumers to attend shopping centres and local church community groups.

Consumers and their representatives in each service stated that staff know consumers care needs and do not have to repeat information or direct staff in what to do during service delivery. Staff described receiving updated information on consumer condition changes via telephone or updates that appear on their mobile application. Coordination staff confirmed awareness of consumer changes via regular communication with consumers, representatives and ongoing feedback received by internal and external staff.

Consumers and their representatives in each service confirmed consumers have been referred to appropriate individuals, organisations, or providers to meet changing daily living service and support needs. Staff described the referral process to other organisations, such as external community social support groups, that involved obtaining consent from the consumer prior to sharing their details. Documentation reviewed confirm there is a network of individuals and other organisations whom staff refer consumers to as required.

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

# 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

Standard 5, Organisation’s service environment is not applicable, as the organisation does not provide a physical service environment.

# 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

This Quality Standard has been assessed as compliant as 4 of the 4 specific requirements are compliant for each service.

Consumers and their representatives in each service confirmed they are encouraged to provide feedback, raise any complaints and feel safe to do so. Most consumers and representatives advised they had not needed to raise any issues but were confident they would be listened to, and complaints would be handled to their satisfaction. Staff explained how they encourage consumers and their representatives to provide feedback or make complaints via use of physical forms, surveys, phone or email. Management advised, and documentation reviewed confirm, consumers and their representatives receive an information pack and service agreement that includes information on how to make a complaint or provide feedback.

Consumers and their representatives in each service said they have been informed of their right to use an advocate or advocacy service verbally and through written information provided. Consumers advised they were also aware of interpreter services available but preferred to rely on family members at this stage. Staff advised they have received training and information on consumer’s rights regarding advocacy and external complaint services available, including the older persons advocacy network, senior rights services and the Commission. Management stated consumers with communication barriers such as culture or language, vision, hearing loss, or cognitive impairment are provided with information in a format that enables them to understand processes on how to access support. These include the use of translated versions of the charter of aged care rights, senior rights service and the Commission’s complaints processes.

Consumers and their representatives in each service confirmed staff are always doing their best to resolve any issues raised to the best of their ability. Consumer representatives expressed satisfaction with resolution of complaints raised and stated management were apologetic and proactive throughout the process. Staff demonstrated an understanding of open disclosure principles and described how they apply these principles when addressing consumer feedback. Management could explain how complaint policy and procedures establish a standard approach to compliant handling to support timely, efficient and fair management of complaints.

Consumers and their representatives in each service confirmed completion of regular surveys and request for feedback with a view to pursue continuous improvement. Staff interviewed were aware of how consumer feedback informs continuous improvement activities. Management advised, and documentation reviewed confirm, how consumer feedback had been used to improve overall service delivery. This included a change in office premises to better accommodate consumer access due to mobility issues.

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

# 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

This Quality Standard has been assessed as compliant as 5 of the 5 specific requirements are compliant for each service.

Consumers and their representatives in each service said they felt there were enough staff available to provide consumer services and staff were always on time. Consumers and their representatives’ also advised services are usually provided at preferred times even if regular staff are on leave. Staff expressed satisfaction with processes to fill vacant shifts and sufficiency of time allocated to complete consumer services. Management advised workforce numbers are based on current consumer numbers and hours of service provided, which is regularly reviewed for recruitment needs. Management reported systems in place, including the use of casual staff or trained office-based staff, to complete unfilled consumer services due to unplanned staff leave.

Consumers and their representatives in each service described all interactions with staff as kind, caring and respectful. Staff interviewed confirmed they have received relevant training including the code of conduct, elder abuse and neglect, dementia and cultural awareness. Staff interviewed demonstrated an awareness of individualised consumer circumstances and spoke respectfully about consumers. Care planning documentation reviewed confirm respectful language is used to describe individualised person-centred care in place.

Consumers and their representatives in each service confirmed staff competently perform their roles and consumers feel safe in their care. Staff confirmed receipt of job descriptions, a staff handbook and relevant induction training and participation in buddy shifts upon onboarding. Management confirmed recruited staff must have relevant qualifications specific to their roles or be willing to undertake any necessary training. Documentation reviewed confirm all relevant staff qualifications are requested and recorded.

Consumers and their representatives in each service provided positive feedback about support worker skills. Staff interviewed expressed satisfaction with access to ongoing training relevant to the aged care standards and their specific roles. Management advised all staff complete mandatory training during onboarding and every 12 months thereafter. Training records reviewed confirm all staff have completed relevant role specific training. In addition, monthly staff meeting minutes reviewed demonstrate a dedicated training component is incorporated ongoing in team meetings. This included staff advising of their participation in monthly staff meetings that include elements of training.

The organisation regularly seeks feedback from consumers and representatives about the performance of their staff. Staff interviewed advised they feel supported in their performance appraisal process and were supported ongoing by regular team meetings and one-on-one discussions as needed. Management advised following completion of a probationary period all staff undergo an annual performance appraisal. In addition, skill audits are completed on a regular basis. Samples of appraisals for staff at various levels of the organisation confirm completion within the last 12 months.

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

# 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

This Quality Standard has been assessed as compliant as 4 of the 4 specific requirements are compliant for each service.

Requirement 8(3)(e) is not applicable for each CHSP service, as the provider is not funded to provide clinical care to CHSP consumers.

Consumers and their representatives in each service confirmed they were offered the opportunity to provide feedback through a variety of verbal and written avenues, such as contact with direct line workers and coordination staff and completion of annual satisfaction surveys. Management advised, and documentation reviewed confirm, consumer feedback is collated and trended to inform the continuous improvement system. Information is primarily gathered from consumer satisfaction surveys, informal feedback from care reviews and ad hoc telephone contacts. The organisation is in the process of establishing a consumer advisory group and is currently gauging consumer and representative interest.

The organisation is governed by a board comprising of 9 members with relevant skills and expertise, including clinical experience. The board currently convenes every 2 months to discuss reports received by the chief operation officer. Reports reviewed include information on the statistics and nature of any incidents, including serious incident response scheme notifications. Documentation reviewed confirm strategic planning processes are in place that ensure inclusive, safe and quality care is delivered.

Effective organisation wide governance systems are in place including:

Information management

* The organisation uses an electronic password protected consumer information database to share relevant consumer information based on staff positions.

Continuous improvement

* The organisation has continuous improvement processes in place, which are sought from evaluation of consumer and staff feedback. Continuous improvement plans are overseen by the aged care and clinical manager and align with the aged care quality standards.

Financial governance

* Regular financial audits are conducted of the organisation with CHSP budgets regularly monitored and reported on to the board.

Workforce governance

* Regular management meetings held include discussion on personnel requirements, recruitment and mandatory training completion. Staff appraisals are also monitored through these meetings.

Regulatory compliance

* The organisation receives updates regarding regulatory and legislative changes through subscriptions to relevant industry or government notifications.

Feedback and complaints

* Complaints and feedback sought from both consumers and staff are used to inform continuous improvement activities. Complaints information is reviewed through regular internal meetings to ensure improvements are tracked.

Effective risk management practices and systems were demonstrated, for example:

* Overall, consumers reported they are supported to live the best life they can, undertake activities which are meaningful to them and staff support them to retain independence and exercise choice despite risks involved.
* Staff confirmed they receive training in relation to elder abuse, incident management, code of conduct and the serious incident reporting scheme.
* Staff interviewed could describe incident management processes including how to escalate risks. This included calling or texting coordination staff to alert them of lodged incidents.
* Management advised, and documentation reviewed confirm, a risk register in place provides oversight on high-impact or high-prevalence consumer risks, such as falls or social isolation.
* Policies and procedures are in place to guide staff practice in risk management and consumer care risk.

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

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)