**Performance**

**Report**

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| Name: | Seventh-Day Adventist Care (NNSW) Home Care |
| Commission ID: | 201442 |
| Address: | Cnr Freemans Drrive and University Drive, COORANBONG, New South Wales, 2265 |
| Activity type: | Quality Audit |
| Activity date: | 2 February 2024 to 5 February 2024 |
| Performance report date: | 7 March 2024 |

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

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 2514 Seventh-day Adventist Aged Care (North New South Wales) Ltd  
Service: 26166 Seventh-day Adventist Care (NNSW) Home Care

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 9999 SEVENTH-DAY ADVENTIST CHURCH (NORTH NEW SOUTH WALES) CONFERENCE  
Service: 27994 SEVENTH-DAY ADVENTIST CHURCH (NORTH NEW SOUTH WALES) CONFERENCE - Community and Home Support

**This performance report**

This performance report for Seventh-Day Adventist Care (NNSW) Home Care (**the service**) has been prepared by M Abjorensen, 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 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 | **Not applicable** |
| **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/representatives confirmed consumers are treated with respect and staff value what consumers had to say. Staff, management interviews and documentation showed the workforce receive training related to dignity and respect. The service has policies relating to diversity and cultural inclusion.

Consumers/representatives reported staff know consumers’ backgrounds, values and what is important to them. The service has a diversity plan which is incorporated into service provision through workforce training and guidance. Cultural awareness training is delivered to all staff.

Consumers/representatives confirmed consumers make decisions and communicate choices about how services are delivered and who is involved in their care. Staff described how they support consumers to make choices through the information they seek from, and provide to, consumers. Care documentation reviewed included consumer choices and decisions about care and services, including any substitute decision makers.

Consumers/representatives advised the service supports consumers to take identified risks to live the best life they can. The service has policies, procedures and forms that address choice, independence, dignity of risk and the management of risk.

Consumers/representatives confirmed they receive information that is timely, clear and accurate. Documentation provided to consumers included clear and accurate information on services available, feedback and complaints, privacy and confidentiality, and individualised financial budgets and statements.

Consumers/representatives said they are satisfied that consumers’ personal information is kept private and respected by staff delivering care and services. Staff reported training on consumer confidentiality had been completed and provided practical ways consumer privacy and confidentiality is maintained. Documentation showed policies and procedures to protect confidential information, such as obtaining consent from consumers prior to information sharing, are in place and are adhered to by staff and management.

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/representatives confirmed consumers had received an in-home assessment prior to the commencement of services. Staff and documentation reviewed confirmed validated assessment tools, such as risk and vulnerability, nutritional assessments, home risk assessments, mobility and pain assessments are used to assess consumer needs and risks to inform the delivery of safe and effective care and services.

Consumers/representatives advised assessment and planning processes identified consumers current needs, individualised goals and preferences. Consumers/representatives also recalled being offered the opportunity to discuss advanced care planning and end of life plans. Staff and documentation reviewed confirmed consumer goals, needs and preferences and advanced care planning are discussed with consumers/representatives upon onboarding and reviews.

Consumers/representatives provided positive feedback on how the service makes it easy for them to be involved in care planning processes. Staff and management described how they keep consumers and families involved in assessment and planning processes. Documentation reviewed showed consumers, those consumers wish to be involved and other organisations and individuals are included in care planning discussions.

Consumers/representatives confirmed they understood the care plan available in consumer home folders and advised staff explained information about the care and services to be provided. Staff said they have access to the care plans which contain sufficient information to provide services in-line with consumers’ needs and preferences.

Consumers/representatives confirmed they felt if consumers’ circumstances changed, they could change services received if required. Staff advised care plans are reviewed regularly and when there is a change in consumers’ needs and preferences as per information and evidence under Requirement in Standard 3 (3)(d). Staff and management described review processes in place to ensure currency and effectiveness of consumers’ care and services.

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.

# 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 | Not Applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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. | Compliant | 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 | 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. | Compliant | Not Applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Not Applicable |

Findings

Consumers/representatives confirmed satisfaction with personal/clinical care provided by competent staff who understood consumers’ needs and preferences. Staff confirmed they must have relevant qualifications to complete personal care services and have access to care plans containing sufficiently detailed personal care delivery instructions. Documentation reviewed showed clinical care, such as wound care, are completed based on best practice guidelines.

Staff described how consumer high-impact or high-prevalence risks are identified using a risk and vulnerability tool. Identified risks are registered in a risk register that is reviewed monthly by relevant staff members to monitor the effectiveness of risk management systems in place. In addition, quality indicator data on falls and pressure injuries are collated from the incident management system and reported to the clinical governance quality review committee. Documentation reviewed confirmed mitigating strategies are discussed with consumers and clearly documented in care planning documentation available to relevant staff members.

Staff advised validated assessment tools in collaboration with discussions with consumers/representatives are used to identify the needs, goals and preferences of consumers nearing the end of life. Staff confirmed external agencies, such as the palliative care team, chaplains, counsellors and social workers are engaged to offer additional support to consumers nearing end of life. Staff interviews and documentation reviewed showed consumers care and services are adjusted to maximise their comfort and preserve their dignity. The service provides staff training on end of life, advanced care planning and palliation policies and procedures.

Consumers/representatives expressed satisfaction with the timely and appropriate action taken as a result of staff identifying and reporting changes to consumers overall health and wellbeing. Staff advised consumer deterioration is documented and escalated for appropriate follow up and are subsequently notified of any changes in consumer care needs. Documentation reviewed showed frequent consumer visits made by registered nurses and consumer deterioration training and guidance tools provided to care staff are strategies in place to ensure consumer deterioration is recognised and responded to in a timely manner.

Consumers/representatives advised staff competently complete personal/clinical care tasks without the need to be instructed. Staff confirmed changes in consumer care and services are communicated through the mobile phone application, email or phone. Documentation reviewed showed external agencies providing personal care to consumers have access to relevant care planning documentation and information on services delivered/consumer concerns is shared.

Consumers/representatives said they were satisfied consumers are assisted to access external services as needed. Staff and documentation reviewed confirmed referrals are made to a variety of different health specialists, such as allied health, diabetic and chronic wound services, geriatricians and mental health specialists for older people.

Consumers/representatives advised staff practice infection control measures, such as the use of relevant personal protective equipment and good hand hygiene. Staff confirmed they have completed mandatory annual infection control training and were able to demonstrate their knowledge of transmission and standard-based precaution procedures to prevent and control infections. The service records staff vaccinations and has infection control, outbreak and antimicrobial policies and procedures in place.

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 | Not Applicable |

Findings

Consumers/representatives advised services and supports provided, such as the purchase of equipment or home modifications completed, enable consumers to stay as independent as possible whilst optimising their health, well-being and quality of life. Staff described providing services and supports based on individualised consumer needs and preferences. Documentation reviewed showed consumers services and supports are tailored to their individual interests, needs and preferences.

Consumers/representatives reported social support services provided to consumers individually or in a group setting contributes to their overall emotional wellbeing. Staff described how they monitor consumers mood, provide emotional support and escalate concerns for additional follow up. Staff demonstrated a good knowledge of individual consumers’ needs, personalities and interests and described using the onsite social worker and external mental health nurses to support the emotional, spiritual and psychological needs of consumers. Documentation reviewed showed consumers emotional, spiritual, and psychological needs are assessed and used to inform services service delivery needs.

Consumers/representatives advised consumers have opportunities to build and maintain relationships, pursue activities of interest in the community and do things that are meaningful to them. Staff confirmed awareness of important consumer relationships and could describe individualised social activities enjoyed by consumers. Care planning documentation reviewed contained information on important people and relationships in the consumers’ lives as well as consumers’ individual interests and preferred activities.

Consumers/representatives advised they were satisfied the service has good communication systems in place to ensure staff know consumers’ needs and when changes occurred with their care. Staff confirmed there is sufficient information available in care plans to ensure they are informed of additional supports required to meet changed needs.

Consumers/representatives reported referrals are made if there is a need for additional support, such as additional CHSP services or assessment requests for an HCP. Staff advised ongoing discussions with consumers/representatives ensure referrals, such as to internal and external social support group and respite services are actioned in a timely manner. Documentation reviewed confirmed referrals, and assistance to access other services such as home modification services have been completed for consumers.

Consumers/representatives expressed satisfaction with the variety, choice and quantity of food provided. Staff and management advised consumers nutritional needs are assessed by validated assessment tools. Documentation reviewed confirmed consumers dietary intolerances, allergies or medication contraindications, food preferences, religious and cultural considerations as well as the level of support the consumer needs to eat are available to guide staff practice.

Consumers/representatives advised they were satisfied with the suitability of equipment purchased through consumers’ HCP funding. Staff confirmed equipment needs are assessed by allied health professionals prior to purchase. Management advised any equipment purchased is documented within consumer care plans and logged into an asset register to keep track of maintenance/servicing requirements.

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 advised and observations confirmed that the service environment is welcoming, easy to understand and enhanced consumer independence, interaction and function. For example, quiet rooms were observed to be available for consumer use if they needed to rest or have a break from the group setting.

Consumers advised and observations confirmed the service environment is clean, well maintained and comfortable. Consumers were observed to be able to move freely within and outside of the service environment. Staff advised the service environment is cleaned after use. Staff interviews and documentation reviewed confirmed maintenance issues are lodged as a maintenance request and overseen by the home care manager.

Furniture, fittings and equipment was observed to be safe, clean and suitable for use. Consumers confirmed furniture was sometimes replaced with brand new furniture if required.

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/representatives advised they understood how to provide feedback and felt safe to do so. Staff reported they regularly seek feedback during telephone or face to face contact with consumers/representatives. Documentation reviewed confirmed consumers are provided various ways to provide feedback, such as paper based and electronic feedback/complaint forms and consumer experience surveys.

Consumers/representatives interviewed, and documentation reviewed confirmed consumers have access to internal and external complaint avenues as well as advocacy services. Management advised staff have access to online interpreting services if required.

Consumers/representatives confirmed any concerns raised are promptly acknowledged and consumers are appropriately informed of actions taken to find a resolution. Staff and management understood the concept of open disclosure and provided documented practical examples of open disclosure used in resolving consumer feedback/complaints.

Consumers/representatives advised the service listens to their feedback and makes changes. Management described how feedback and complaints are monitored and trends reported to relevant committees and executives for review. Documentation reviewed showed continuous improvements to the quality of services are based on reviews of consumer feedback and complaints data.

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/representatives advised consumers generally have the same staff complete their care and services and are notified of any scheduled changes. Management confirmed workforce planning is discussed at executive meetings to ensure there is adequate staff to service consumer care needs. Management described processes in place to ensure unfilled essential services as a result of unplanned staff leave continue to be provided to consumers.

Consumers/representatives described staff as kind, caring and respectful. Staff advised they were aware of individual consumer preferences and were able to provide practical examples of individualised respectful and compassionate care to consumers. Management advised recruitment processes and position descriptions document service expectations of staff. Documentation reviewed confirmed complaints regarding staff interactions with consumers are investigated and resolved to the consumers’ satisfaction.

Consumers/representatives advised staff are competent and deliver quality care and services. Management confirmed internal and subcontracted staff qualifications and compliance checks are obtained upon onboarding, monitored and expiry dates followed up within relevant timeframes.

Consumers/representatives described staff as well trained. Staff confirmed they were satisfied with induction and ongoing training provided. Management advised training needs are identified through regulatory change, incident reports, consumer needs, staff requests, and feedback and complaints. Documentation reviewed showed training reports provide oversight of staff participation in mandatory training.

Consumers/representatives expressed satisfaction with staff performance and advised they have provided feedback on staff training needs if there had been a concern. Staff and management interviews, and documentation reviewed confirmed staff performance is regularly assessed, monitored and reviewed, including during the initial probationary period and annual performance development plan appraisal.

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 | Not Applicable |

Findings

Consumers/representatives advised they have had opportunities to have a say about service development, delivery and evaluation. Staff and management confirmed a client advisory committee has been established to meet quarterly and a member of this committee also holds a position in the clinical governance quality advisory committee to provide a consumer voice. Documentation reviewed showed feedback forms, surveys, and information sessions are used to engage consumers to provide feedback on the quality of services received.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Management interviews, and documentation reviewed confirmed the governing body receives reports containing insights on internal audits conducted, committee meetings, feedback and complaint trends, clinical indicators and incidents.

Effective organisation wide governance systems are in place including:

Information management

* Consumers confirmed they receive information that is timely, clear and accurate and are satisfied that their personal information is kept private and respected by staff delivering care and services.
* Staff advised they have access to sufficient password protected consumer information relevant to their role.
* A continuous improvement plan is in place to transition all consumer information into one main client management information system to ensure consumer information can more easily be located.

Continuous improvement

* The service has continuous improvement processes in place, which are sought from staff and consumer feedback. Documentation reviewed showed complaints and suggestions are discussed in planning meetings and outcomes are noted in the service’s continuous improvement register to monitor improvements.

Financial governance

* The organisation oversees financial governance through monthly financial reports to the board.

Workforce governance

* The organisation has a people and culture team that oversee workforce recruitment, staff performance and education.
* Staff were evidenced to have current position descriptions that included clear responsibilities and accountabilities.

Regulatory compliance

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

Feedback and complaints

* Complaints registered in the risk database are reviewed and escalated as necessary for action. Feedback and complaint data is reported and discussed in relevant committee meetings and findings reported to the governing body.

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

* Staff confirmed reporting of incidents occur and incidents are registered in an incident management system. The incident management system is used to alert relevant staff and track and trend themes.
* Staff and management advised training has been provided in incident reporting and includes responding to elder abuse and neglect and the Serious Incident Response Scheme (SIRS).
* A risk management framework in place, including processes to identify and manage high-impact or high- prevalence consumer risks.
* Risk registers are overseen by management and the quality and compliance team with key findings reviewed by the clinical governance and quality advisory sub-committees to report to the governing body.

The service has a clinical governance framework in place which is overseen by a clinical governance committee.

* Whilst the service does not prescribe medication, staff and management understood the importance of antimicrobial stewardship and have access to antimicrobial stewardship policies and procedures.
* Staff and management confirmed the service does not have any consumers under restrictive practices. Management advised the service strives to minimise the use of restrictive practices and a restrictive practices framework is available to guide staff practice if required.
* Staff and management could describe the underlying principles of open disclosure and were able to provide practical examples of open disclosure used to resolve complaints. Documentation reviewed showed the service has an open disclosure policy and procedure in place.

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 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)