**Performance**

**Report**

**1800 951 822**

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| Name: | Tangentyere Aged and Community Services |
| Commission ID: | 600253 |
| Address: | 4 Elder Street, ALICE SPRINGS, Northern Territory, 0870 |
| Activity type: | Quality Audit |
| Activity date: | 5 March 2024 to 6 March 2024 |
| Performance report date: | 11 April 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: 2010 Tangentyere Council Incorporated  
Service: 17948 Tangentyere Aged and Community Services  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7418 Tangentyere Council Incorporated  
Service: 23662 Tangentyere Council Incorporated - Community and Home Support

**This performance report**

This performance report for Tangentyere Aged and Community Services (**the service**) has been prepared by M Murray, 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.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| --- | --- | --- | --- |
| Consumer dignity and choice | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

I am satisfied, based on the evidence in the Assessment Team’s report, that the approved provider complies with all Requirements of Standard 1. A summary of the evidence relevant to my finding is outlined below.

Consumers interviewed advised they are treated with dignity and respect, and the service recognises and values their identity, culture, and diversity. The Assessment Team observed staff interactions with consumers to be inclusive, respectful, and personalised. Management described, and documentation confirmed, staff receive online training in dignity and respect and have access to relevant policies on diversity and inclusion.

Staff demonstrated an understanding of consumer’s cultural background and described how they ensure services reflect consumers’ cultural needs and diversity. Management described how the service follows up with the consumers and their representatives when travelling to outreach communities for cultural needs to ensure safe and appropriate care continues whilst away from the service.

Staff are required to undertake cultural awareness training and the service has adapted the training manuals and videos for staff and consumers in culturally appropriate languages.

Consumers confirmed the service involves them in making decisions about the care and services they receive. Consumers said they can choose what services they participate in and feel they are supported to make decisions about the care and services they receive, with all interviewed consumers confirming the service recognises and supports their social connections.

Staff and management described how care planning is a partnership between the consumer, their coordinator and anyone else the consumer chooses to be involved.

Consumers stated risks are discussed with them during assessment and care planning. The Assessment Team viewed the services policies and procedure relating to supporting consumer choice including their Client Risk Taking Behaviour Policy.

Staff and management described how they provide information to consumers in various ways, including verbally and in writing. Staff advised the Charter of Aged Care Rights and information on the Aged Care Quality Standards is provided to all consumers and is included in their Client Introduction packs. Consumers said they have or know how to ask for any information they need.

Staff confirmed they have access to consumer information relevant to their role, and the service demonstrated they have effective systems in place to protect consumers’ privacy and personal information. Consumers interviewed felt staff were respectful of personal information.

The Assessment Team viewed policies and procedures the service has available to guide staff on privacy requirements, and the consent form consumers are provided with upon registration.

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

# 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

I am satisfied, based on the evidence in the Assessment Team’s report, that the approved provider complies with all Requirements of Standard 2. A summary of the evidence relevant to my finding is outlined below.

Consumers and/or representatives interviewed said that the service worked collaboratively when undertaking assessments and planning care, both at the start of setting up services and ongoing.

Care planning documents outlined risks to the consumer’s health and wellbeing and included risk mitigation strategies for staff to follow when delivering care and services.

Management described, and care planning documents confirmed, assessment and planning is undertaken using validated tools. Discussions with consumers on balancing risk and dignity were evident in documentation.

Care plans are goal orientated and sufficiently detailed to inform staff on how to deliver care to meet the consumer’s goals, needs and preferences.

Information about advanced care is generally provided to consumers through their general practitioner, however, management said the service is considering how to provide this within the service in a way that supports the consumer’s culturally safety.

Care planning documents viewed for sampled consumers confirmed that consumers and representatives, health professionals and/or external providers were involved in the planning of consumer’s care and services.

Consumers and representatives confirmed the outcomes of assessment and planning had been communicated to them and most recalled having a copy of their care plan given to them. Management confirmed that care plans are stored in an electronic form as well as hardcopy, both being accessible to staff.

Staff described how the information they receive through daily meetings and task run sheets is current and contains sufficient information to deliver safe and effective care and services to consumers. Any change to the support plan is communicated to staff by care coordinators.

The service demonstrated care and services are reviewed regularly for effectiveness, including when circumstances changed or following incidents. Consumers confirmed care and services have been reviewed and changed when their circumstances have changed. Coordination staff described how care plan review dates are recorded in the electronic system and monitored to ensure reviews are completed. Incidents, including hospitalisation, trigger a review of care and services to ensure they remain effective in supporting the consumer’s health and wellbeing.

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

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

I am satisfied, based on the evidence in the Assessment Team’s report, that the approved provider complies with all Requirements of Standard 3. A summary of the evidence relevant to my finding is outlined below.

Management said the service does not provide clinical care, this is provided by the local clinic, however, an enrolled nurse at the service oversees the coordination of consumers’ clinical support goals.

Documentation sighted by the Assessment Team showed communication is occurring between the service, GPs and the local hospital.

Consumers and/or representatives confirmed that consumers get care and services tailored to their needs and preferences. Consumers said staff know their medical backgrounds and the care being delivered has improved their health and wellbeing.

Staff monitor and support consumers living with dementia, renal failure, diabetes, and other complex health conditions. Staff ensure those consumers self-administering medications, including insulin and oxygen therapy are safe to do so and ensure administration records are completed by consumers. Medication management records demonstrate a coordinated approach between staff and family members in the best way to support the consumer’s wellbeing.

Management of care needs extends to consumers moving back and forth between the service and their community. The service demonstrated how it engages with other support services local to the community to deliver continuity of care to the greatest extent possible.

Staff were familiar with high-impact and high-prevalence risks for sampled consumers and could describe the management strategies in place, including falls management.

The service has established relationships with consumers GPs, hospitals, other community services and nursing professionals to assist when a consumer requires end of life care.

Consumers are confident staff would identify a change in their health or condition and would have the skills and knowledge to provide immediate first aid if necessary and seek further assistance.

A review of documentation by the Assessment Team provided examples of staff reporting their concerns when they identified changes or deterioration in a consumer’s condition and that follow up monitoring through case management occurred.

Consumers and/or representatives confirmed they do not need to repeat information about the consumer’s needs and preferences. Staff provided examples of information provision and communication with consumers, representatives, general practitioners, pharmacists, and other service providers, including external allied health staff involved in the care of consumers.

Referrals have been timely and appropriate and included referrals to allied health professionals and specialist dementia support services.

The service has implemented processes and practices to minimise infection related risks during care and services, including using personal protective equipment, undertaking hand hygiene and testing for COVID-19.

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

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

I am satisfied, based on the evidence in the Assessment Team’s report, that the approved provider complies with all Requirements of Standard 4. A summary of the evidence relevant to my finding is outlined below.

Consumers are satisfied that the services they are receiving support their independence and well-being, and described their various services including, social support, domestic assistance, transport, shopping and meal preparation.

Consumers expressed that they felt staff know them as individuals and that staff demonstrated genuine concern for their well-being, both physically and emotionally.

Staff and management demonstrated an in-depth knowledge of each consumer and could speak to individual consumers’ emotional, spiritual, and psychological needs. Management described, and care planning documentation confirmed, goals, needs and preferences are discussed during care plan reviews and services provided are tailored for individual consumers to optimise their quality of life.

Consumers confirmed that social support and transport services enable them to participate in their community and maintain relationships. Coordinators described how they encourage and support consumers to access and participate in their community.

The Assessment Team observed consumers at the daily breakfast the service provides over a number of days. All consumers spoke very highly of the service, the staff, the services available and the connections they have fostered within the community.

Consumers and/or representatives confirmed they generally do not need to repeat information about the consumer’s needs and preferences. Staff provided examples of information provision and communication with consumers, representatives, advocates and public guardians.

Referrals have been timely and appropriate and included referrals to specialist social support providers and to My Aged Care.

The service demonstrated that meals provided are varied and of suitable quality and quantity. Consumers interviewed described how they are satisfied and involved in the choice of meals being provided, and how they are of good quality and quantity. Management and staff demonstrated they know consumer’s dietary needs and preferences relating to consumer’s nutritional and hydration status. Documentation showed that consumers’ dietary needs and preferences are documented and effectively communicated.

Equipment needs are assessed by allied health professionals and supplied as per their recommendations. Consumers are satisfied that the equipment they use is meeting their needs. Staff described the process for monitoring that equipment is clean, safe and in working order during scheduled visits to consumers’ homes. Where new equipment is provided, the consumer and the staff member are given an explanation how to use it safely.

Based on the information summarised above, I find the provider, in relation to the service, compliant with all Requirements in Standard 4.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

I am satisfied, based on the evidence in the Assessment Team’s report, that the approved provider complies with all Requirements of Standard 5. A summary of the evidence relevant to my finding is outlined below.

Consumers said they feel welcome when they attend the service, the environment is clean, easy to access, and they feel it is a safe space.

The Assessment Team observed the service environment is designed for all levels of mobility and noted staff assisting consumers with mobility and vision challenges to safely move between the service and the grounds.

The Assessment Team observed a clean and tidy service environment with various areas for consumers to socialise, including a breakfast room and multiple seating areas around the service grounds. Outdoor seating is shaded or under cover and consumers can remain outside if they choose.

Staff described how they maintain the cleanliness of each area and how to submit maintenance requests, if required.

Vehicles used were observed to be clean and well-maintained.

Staff advised the paintings and artwork throughout the service have been provided by local artists and create a culturally rich and welcoming environment.

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

# Standard 6

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| --- | --- | --- | --- |
| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

I am satisfied, based on the evidence in the Assessment Team’s report, that the approved provider complies with all Requirements of Standard 6. A summary of the evidence relevant to my finding is outlined below.

The service demonstrated that consumers, their representatives, and others are encouraged, and supported to provide feedback and make complaints.

Consumers advised they were provided with information relating to avenues for submission of feedback and complaints when they first commenced with the service, and have received periodic reminders.

Management advised they have information on raising concerns printed in the local language and a number of staff live locally and speak the local language, so are able to explain to consumers how to raise feedback.

Staff know how to support consumers to raise concerns formally and informally.

Consumers sampled said they would feel comfortable providing feedback and some had used advocacy services.

Where complaints had been made, it was evident from documentation and feedback, that the service takes a proactive approach to responding and resolving any concerns. Consumers discussed complaints that they had made to the service and said they were satisfied with how the issues they raised were managed.

The service maintains a complaints register. Formal complaints are tabled at the governance committee meeting for consideration and review and to identify any systemic issues or areas for improvement.

The complaints and feedback policy and the complaints handling framework used by the service includes that an open disclosure approach will be applied when things go wrong.

The service’s continuous improvement plan includes improvements which stem from consumer feedback.

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

# Standard 7

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| Human resources | | HCP | CHSP |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

I am satisfied, based on the evidence in the Assessment Team’s report, that the approved provider complies with all Requirements of Standard 7. A summary of the evidence relevant to my finding is outlined below.

Management described workforce planning is ongoing and numbers of staff and skill mix are reviewed regularly within the aged care team. Due to the remote location recruitment options are limited. The service has recently changed its service delivery model to better manage staff shortages. They now roster staff in teams, each team assigned to different duties each week. Teams get to rotate through the duties, so all staff are trained in all aspects of service delivery.

Consumers sampled said they are satisfied the staff arrive on time and are scheduled enough time to deliver care and services. A roster review demonstrated all scheduled services had occurred in the previous four weeks. All consumers spoken with provided positive feedback around their engagement with staff, and that staff provide a respectful service.

The Assessment Team observed staff interacting in a positive and respectful manner with consumers and their families during the breakfast program at the service.

Management described the service’s processes to ensure the workforce has the required qualifications, skills, mandatory clearances, and training to perform their roles.

Staff confirmed that the service oversees their need for updated training in areas such as first aid, cardiopulmonary resuscitation, driver assessment, and monitors police clearance and driver license expiry dates. They receive notifications prompting them to provide evidence and/or attend training in line with their role requirements.

The service has human resource and related policies to guide management in their recruitment and selection processes as well as onboarding and mandatory training requirements.

Consumers felt staff were good at their roles said in various ways they felt safe when receiving assistance from staff.

The service maintains a training matrix based on job roles and staff demonstrated training occurs as scheduled.

Documentation reviewed by the Assessment Team evidenced staff performance reviews were current.

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

# 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. | Not assessed | Not assessed |

Findings

I am satisfied, based on the evidence in the Assessment Team’s report, that the approved provider complies with all relevant Requirements of Standard 8. A summary of the evidence relevant to my finding is outlined below.

The Tangentyere Council undertakes an annual survey to understand the consumers' needs for aged care services, and their other services delivered by the Council. Results are analysed and communicated to staff and the Board, including service delivery teams. Actions identified are included in the service's Continuous Improvement Plan. Consumers confirmed they contribute to various feedback and other forums where their views can be heard about how the service is being run.

The service has developed a simplified version of the Aged Care Quality Standards, which is also available in various local languages, management said this has improved the awareness of the Standards by consumers.

The Assessment Team viewed the services Community Aged Care Manual which details how the organisation sets priorities to improve the performance of the organisation against the Aged Care Quality Standards and consistent with the Charter of Aged Care Rights.

Management discussed the governance structure and reporting process to drive continuous improvement and accountability. There is an escalation pathway for reportable and other significant incidents up to the Board.

Board meeting minutes demonstrated aged care service are regularly discussed.

The Assessment Team are satisfied that the service has effective governance systems relating to information management; continuous improvement; financial governance and workforce governance.

High impact or high prevalence risks were discussed by management, topics included risk of social isolation and extreme weather events. The service has an Emergency Management Plan, which includes extreme weather circumstances and outlines risk management for isolated consumers and protocols to support their safety in such events.

The service has effective processes to assess and consult with consumers regarding dignity of risk and balancing risk with quality of life.

Management and staff described how they deliver services to support consumers to access the community and have social interactions for consumers to live the best life they can and provide individualised choices and preferences.

The service has an effective incident management system which includes a reporting system, policies and procedures, staff training and appropriate governance and oversight of consumer incidents. Management demonstrated effective systems to report incidents to third parties in line with regulatory and other obligations.

While the service’s clinical governance framework was not assessed at this visit, I note the service delivers care to consumers who have a home care package. As such, I encourage the service to develop a clinical governance framework if one is not already in place.

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

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)