**Performance**

**Report**

**1800 951 822**

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| Name of service: | The Presbyterian Church - Bowral |
| Service address: | 23 Charlotte St ASHFIELD NSW 2131 |
| Commission ID: | 201210 |
| Home Service Provider: | The Presbyterian Church (New South Wales) Property Trust |
| Activity type: | Quality Audit |
| Activity date: | 6 June 2023 to 8 June 2023 |
| Performance report date: | 4 August 2023 |

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.

**This performance report**

This performance report for The Presbyterian Church - Bowral (**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.

# Services included in this assessment

**Home Care:**

* Presbyterian Aged Care - Ashfield Community Care, 17705, 23 Charlotte St, ASHFIELD NSW 2131

**CHSP:**

* Community and Home Support, 24060, 23 Charlotte St, ASHFIELD NSW 2131
* Care Relationships and Carer Support, 24059, 23 Charlotte St, ASHFIELD NSW 2131

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Quality Audit; the Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 4 July 2023.

# 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 | **Not applicable** |
| **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 | **Not applicable** |
| **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 Assessment Team’s report, that the service complies with this Standard. The finding on compliance I have made for each Requirement is recorded in the table above. The Assessment Team’s evidence that is relevant to my finding is summarised below.

Consumers gave specific examples of how they are satisfied that staff are respectful and said that staff have asked them about their culture, values and background. Staff described how they support consumers to make decisions and consumers and representatives said they had sufficient information to make decisions and had current information about funding, service options and the consumer’s budget balance.

Consumers and representatives are satisfied that staff encourage consumers to be as independent as possible. Staff described that during care and services, they support consumers to do as much as they can for themselves. They described that the service had a strong focus on reablement, and they ensure that this is reflected in the way they provided care and services.

Staff know each consumer’s preferred method of communication and use various strategies to support consumers with barriers to communicating such as hearing deficits.

Staff gave examples of protecting consumer’s privacy including only sharing information with the consumer’s consent and only providing information relevant to the care and services being provided. Consumers are satisfied that staff protect their privacy and keep information confidential.

Various policies support staff practices in relation to this Standard including a code of conduct, choice support procedure and care planning policy.

# 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 Assessment Team’s report, that the service complies with this Standard. The finding on compliance I have made for each Requirement is recorded in the table above. The Assessment Team’s evidence that is relevant to my finding is summarised below.

A registered nurse undertakes any complex care planning, using validated risk assessment tools to assess known risk areas in the elderly. Comprehensive care planning occurs with baseline observations, oral health, skin integrity, continence and a variety of tailored assessments evident in consumers’ files. Care plans also include an individualised procedure to follow in the event of a non-response to a scheduled visit.

All care plans sampled, demonstrated consumers’ current goals and needs are recognised and supported. Consumers and representatives did not recall discussion regarding advance care planning. Management told the Assessment Team this is an area the service needs to improve on and the development of advance care planning documentation is on the service’s plan for continuous improvement.

The service has a process for understanding who the consumer wishes to be involved in their care planning and include these people at the relevant time. Care plans reviewed clearly show consumer involvement in their assessment and planning and demonstrated the services’ focus on consumer-centred care. Each care plan included a story about the consumer, mostly written in their words. Goals are written in the consumer’s voice and the care and services provided align with each of the consumer’s goals.

Consumers said they are provided with a copy of their care plan. If a consumer needs to make changes to their services, they are comfortable to call their coordinator and discuss options and said relevant information is made available to them to inform any choice they make about future care and services.

Where a change in circumstance or deterioration has occurred for a consumer, engagement with the consumer and others involved in their care is evident. Documentation evidenced additional assessments being undertaken, care plans being updated and additional services being put in place as required.

# 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 Assessment Team’s report, and the approved provider’s response, that the service complies with this Standard. The finding on compliance I have made for each Requirement is recorded in the table above. The evidence that is relevant to my finding is summarised below.

Requirement 3(3)(f)

The Assessment Team is not satisfied that referrals to individuals, other organisations and providers of other care and services are timely and appropriate. The Assessment Team’s evidence relevant to my finding is summarised below.

Referrals for clinical care for consumers is undertaken in a timely and appropriate manner. The communication between the service and the subcontracted clinical care company is immediate and it is evident that care and services are put in place quickly.

Consumers and representatives are not satisfied with referrals regarding allied health. Documentation review identified, for one consumer, that the elapsed time between a referral occurring to a continence nurse and the nurse’s report being sent to the service was approximately five weeks.

The Assessment Team, as further supporting evidence notes referrals that have occurred for equipment in Requirement 4(3)(e). I do not intend to consider that evidence in this Requirement and will consider it in Requirement 4(3)(e).

The approved provider did not agree with the Assessment Team. The approved provider’s evidence relevant to my finding is summarised below.

The service made recommendations to the consumer to have a continence nurse review in order to identify any additional or new products that could assist with managing the consumer’s current continence needs.

A continence review date and time was negotiated directly with the family and a date and time was set when it was suitable for the consumer’s children to be present. In total it took 15 working days from the date the referral was sent to the review being completed. The report was received 11 days later. Within one week of the review there was a discussion with the consumer and their family during which the recommendations were considered and reviewed, resulting in additional products and personal care services for the consumer.

In coming to my finding, I have considered the information in the Assessment Team’s report and the approved provider’s response. I do not find the evidence of the Assessment Team sufficient to demonstrate a systemic failure of the service’s referral processes. I find the timeframes described by the approved provider’s referral process to have been timely and reasonable in the circumstances.

Based on the information summarised above, I find the approved provider complies with this requirement for the service.

Requirements 3(3)(a); 3(3)(b); 3(3)(c); 3(3)(d); 3(3)(e) and 3(3)(g)

I am satisfied, based on the Assessment Team’s report, that the service complies with these Requirements. The Assessment Team’s evidence that is relevant to my finding is summarised below.

Consumers who receive personal and/or clinical care are satisfied with their care and said staff are competent and know what they are doing. Tailored care is being provided with oversight of a registered nurse. Wound management and falls management are managed effectively.

The service is alert to events which have impact consumers’ well-being. Staff are trained in falls prevention and support workers discussed prevention strategies for the individual consumers they support. Information on falls and other risks are available to support workers in the consumer’s care plan which is available on their mobile device.

The service has a Palliative Care and Advance Care Planning policy and discussions are consumers’ wishes are encouraged, however, do not consistently occur. Management and staff could describe the process they would undertake to ensure the needs, goals and preferences of consumers would be addressed in the event a consumer was nearing the end of life. The service has identified advance care directives as an area of improvement in their plan for continuous improvement.

Representatives and consumers described times when staff had noticed and provided extra supports when the consumer’s needs had increased due to deteriorating health and were satisfied with the responsiveness and actions of staff. Staff have completed training on recognising deteriorating health and incident management.

The Assessment Team sighted care planning documentation for multiple consumers and information was comprehensive and detailed to enable support workers to deliver care safely. Communication between the subcontracted nursing company and the service was regular and detailed. This included comprehensive progress reports on wounds and photos and assessments held on the service’s electronic care management system.

Consumers said all support workers wear masks and gloves and they have observed support workers practicing hand hygiene when in their homes. Support workers interviewed said they have access to personal protective equipment and have received infection control training during orientation and update their training each year. The infection control procedure clearly outlines staff roles and responsibilities and provides guidance on hand hygiene, personal hygiene, what equipment is appropriate for different situations, standard precautions, outbreak management, sharps handling and required immunisations. The procedure included the service’s commitment to anti-microbial stewardship which included systems for preventing, managing, monitoring and controlling infections and antimicrobial usage to minimise the inappropriate use of antimicrobials and transmission of antibiotic resistant infections.

# 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 Assessment Team’s report, that the service complies with this Standard. The finding on compliance I have made for each Requirement is recorded in the table above. The Assessment Team’s evidence that is relevant to my finding is summarised below.

Requirement 4(3)(e)

The Assessment Team is not satisfied that referrals to individuals, other organisations and providers of other care and services are timely and appropriate. The Assessment Team’s evidence relevant to my finding is summarised below.

A consumer wishing to purchase an electric mobility aid from their home care package was dissatisfied because they had not had an update since the physiotherapist’s visit. The Assessment Team sighted the allied health referral for the consumer which was made on 12 May 2023 and confirmed on 17 May 2023. At the time of the Assessment which was 6 June 2023 the Assessment Team noted no report had been received.

A second consumer was dissatisfied with a piece of equipment for their bathroom which was provided following an occupational therapist’s assessment. The consumer said following their feedback a second version of the item was provided, however, they told the Assessment Team they remain dissatisfied with the suitability.

The Assessment Team noted a physiotherapy referral had occurred on 1 June 2023 and the response from the allied health provider to the service was that there was no one available to conduct a home visit. The case manager advised the Assessment Team that the service was looking at conducting a virtual assessment to assist the consumer engage with the allied health provider.

The approved provider did not agree with the Assessment Team. The approved provider’s evidence relevant to my finding is summarised below.

The referral to the occupational therapist for the consumer wishing to purchase an electric mobility aid was made on 12 May 2023, the assessment occurred on 28 May 2023 and the report was received by the service on 30 June 2023. The consumer wrote to the service on 30 June 2023 stating they had changed their mind and no longer wanted the mobility aid.

In relation to the consumer dissatisfied with their bathroom equipment. The approved provider’s response confirms the consumer’s dissatisfaction and notes the service offered further training to the consumer and an additional service to assist the consumer to become familiar with how to use and maintain the equipment both of which were declined. The consumer advised their case manager that they had removed the piece of equipment entirely on 8 May 2023. The service initiated a further physiotherapist review on 1 June 2023. The physiotherapist review remains outstanding however an occupational therapist review was undertaken on 29 June 2023 and the report received on 30 June 2023 with various recommendations now being considered by the consumer.

The approved provider has signed an additional contract with an allied health provider in the Bowral area.

In coming to my finding, I have considered the information in the Assessment Team’s report and the approved provider’s response. In my view, the timeframes taken from the allied health referral to the appointment occurring and their report being received have not been excessive. The service also described strategies to overcome potential and actual delays including facilitating virtual assessments. I also note that the service has signed an additional contract with a further allied health provider.

Based on the information summarised above, I find the approved provider complies with this Requirement for the service.

Requirements 4(3)(a); 4(3)(b); 4(3)(c); 4(3)(d); 4(3)(f) and 4(3)(g)

I am satisfied, based on the Assessment Team’s report, that the service complies with these Requirements. The Assessment Team’s evidence that is relevant to my finding is summarised below.

Consumers and representatives described how the service supports consumers to optimise their independence, health, wellbeing and quality of life. Staff explained they ensure services are provided around the consumer’s social calendar so they don’t miss out on other activities.

The Assessment Team sighted care plans which demonstrate that goals, needs and preferences are individualised and highlighted what the consumer can do for themselves and what the service will do to support them.

Consumers and representatives expressed their confidence in staff being able to recognise when a consumer is feeling low or needing emotional support. A Chaplain provides one to one spiritual and emotional support as needed and referrals to counselling services are evident in consumers’ files.

Links to support consumers continue to participate and actively contribute to the community are evidenced in care plans and consumers described in various ways how the services supports them to remain connected and engaged in things that are important to them.

The service does not provide meals, however, a number of consumers receive meals through subscriptions to commercial meal services and are satisfied with the quality of these meals. Management said it is important for staff to be aware of safe food handling practices as they prepare the consumer’s food in the consumer’s home. Staff training records recorded staff having attended safe food handling training.

Information is shared with others involved in the consumer’s care and those involved in the consumer’s care are satisfied with the timeliness and relevance of the information they receive.

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

Findings

This Standard is not applicable as services are not provided to consumers in a communal 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

I am satisfied, based on the Assessment Team’s report, that the service complies with this Standard. The finding on compliance I have made for each Requirement is recorded in the table above. The Assessment Team’s evidence that is relevant to my finding is summarised below.

Consumers and representatives said they know how to provide feedback and make complaints. They stated that staff provided information of giving feedback during the admission process and staff ask for feedback during reassessments, care planning and more generally when staff are delivering care and services.

Staff explained how they support consumers to provide feedback. They said they encourage consumers to speak to the office manager. If a consumer is reluctant to do this, staff would gain consent to speak to the manager about the feedback or complaint on their behalf.

Consumers said that they felt comfortable raising their concerns with staff or management directly. Consumers had not needed to use a translation service, interpreting service or advocacy group but were aware they exist.

Staff explained how they would access third party support such as the Older Persons Advocacy Network if required and contact details for various agencies were readily available.

Home Care agreements and the Information pack provided to all consumers includes information on raising concerns or complaints with the Aged Care Quality and Safety Commission, Seniors Rights Services, the Older Persons Advocacy Network and various interpreting services and other community services.

Three consumers with complaints at various points of resolution are satisified with the service’s approach to complaint management.

# 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 Assessment Team’s report, that the service complies with this Standard. The finding on compliance I have made for each Requirement is recorded in the table above. The Assessment Team’s evidence that is relevant to my finding is summarised below.

Consumers and representatives are satisfied with the availability of staff to meet the consumer’s needs. The service has a rostering system which allows visibility to staff absences if staff are unwell or on planned leave. Management use a priority system to ensure all consumers receive their services each day. This includes prioritising services such as personal care and medication prompting, and then as a second priority domestic assistance. If services are not able to be met on the allocated time/day with the regular staff member the service will contact the consumer and take their direction on a replacement staff member or change of time / day for the service to occur to support the regular staff member to attend.

Consumers and representatives provided positive feedback in relation to staff treating them in a kind and respectful manner and where this had not occurred were pleased with the service’s response to their feedback. Staff described how they treat consumers with respect, for example being mindful of what they say and how they say it.

Staff explained the service assessed their competencies for the role by looking at the key indicators in the position description and feedback from consumers. Support workers described requiring a certificate III or IV before commencing at the service, having an induction program, being allocated a ‘buddy’ and undertaking ongoing training.

Consumer said in various ways, staff are competent, well trained, know what they are doing and do their job to a high standard.

Regular performance appraisals of the workforce are occurring.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant | Compliant |

Findings

I am satisfied, based on the Assessment Team’s report, that the service complies with this Standard. The finding on compliance I have made for each Requirement is recorded in the table above. The Assessment Team’s evidence that is relevant to my finding is summarised below.

Consumers said they are asked for input on the delivery of care and services, and this occurs regularly through their care managers at the time of their review and via an annual survey.

The governing body meets bimonthly, receiving reports from individual committees such as finance, quality and safety and clinical governance. Board executives also meet weekly to discuss any business matters arising.

The quality and care team reports monthly on falls, incidents, skin tears, hospital admissions and other data to monitor clinical safety. These reports are presented to the clinical quality & safety committee quarterly. If any risks are identified, they are reviewed by home care managers, the level of risk is mapped against a risk matrix and the item it is placed on the risk register with strategies to mitigate any risk put in place.

Effective risk management systems are in place for managing high impact or high prevalence risks associated with the care of consumers; identifying and responding to abuse and neglect of consumers and supporting consumers to live their life as they wish.

The service has an incident management system and management use this effectively to record incidents and consider prevention strategies broadly across their consumer base.

The clinical governance framework includes, service design and delivery, training, risk management, incident management, complaints management, quality improvement and consumer outcomes. These items are measured and reported on periodically.

The organisational governance framework includes the use of restrictive practices and staff on compliance on training modules for this topic is monitored.

An infection prevention and control policy and procedure includes information regarding the prevention and transmission of infections and references antimicrobial stewardship.

The service has a COVID-19 response plan.

The complaints procedure steps out acknowledging complaints, responding, resolution processes and the use of an open disclosure approach.

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)