**Performance**

**Report**

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| Name of service: | Uniting - ACT |
| Service address: | Unit 2, 27-29 Napier Close DEAKIN ACT 2620 |
| Commission ID: | 200951 |
| Home Service Provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Quality Audit |
| Activity date: | 11 October 2022 to 13 October 2022 |
| Performance report date: | 14 November 2022 |

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 Uniting - ACT (**the service**) has been prepared by J Taylor, 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:**

* UnitingCare Ageing Southern Highlands Community Care, 22891, Unit 2, 27-29 Napier Close, DEAKIN ACT 2620
* Uniting Church In Australia Mirinjani Retirement Village, 17211, Unit 2, 27-29 Napier Close, DEAKIN ACT 2620
* Uniting Care Ageing South Eastern Region - Mirinjani Community Care - EACH Dementia, 17264, Unit 2, 27-29 Napier Close, DEAKIN ACT 2620
* UnitingCare Mirinjani Village - EACH, 17265, Unit 2, 27-29 Napier Close, DEAKIN ACT 2620

**CHSP:**

* Social Support - Group, 4-7Y2N9XD, Unit 2, 27-29 Napier Close, DEAKIN ACT 2620
* Centre Based Respite, 4-7Y2HYOY, Unit 2, 27-29 Napier Close, DEAKIN ACT 2620
* Transport, 4-7Y2HYRR, Unit 2, 27-29 Napier Close, DEAKIN ACT 2620
* Allied Health and Therapy Services, 4-7Y2HYJQ, Unit 2, 27-29 Napier Close, DEAKIN ACT 2620
* Domestic Assistance, 4-7Y2HYXE, Unit 2, 27-29 Napier Close, DEAKIN ACT 2620
* Short Term Restorative Care (STRC) - Uniting Church in Australia Mirinjani Retirement Village, 26302, Unit 2, 27-29 Napier Close, DEAKIN ACT 2620

# 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.

# 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

Consumers and representatives interviewed stated they felt respected, were treated with dignity and valued by staff. They described staff interactions as respectful and felt their cultural backgrounds were understood and report they are happy that care and services are individualised to support them to live the life they choose. For example:

* One consumer has a service agreement that notes their cultural background and preferred name. Staff interviewed referred to the consumer by their preferred name and progress notes were written respectfully clearly noting the consumers care wants.

Consumers and representatives interviewed confirmed staff understand their needs, preferences and what is important to them, which makes them feel valued and safe. Assessment planning documents reviewed included ethical, spiritual and cultural preferences and all staff had completed cultural safety training.

Consumers and representatives sampled said consumers are supported to exercise choice and independence. The staff interviewed described how they provide information to assist consumers make day to day decisions. Documentation reviewed, including consumer files and dated notes, evidenced consumer and representative involvement in decisions about the services provided.

The service demonstrated they supports the ‘dignity of risk’ concept that recognises consumers have the right to make decisions that affect their lives and have those decisions respected, even where there is some risk to the consumer. For example:

* One consumer, who has an alert on their file as a high falls risk, uses a 4 wheeled walker however, will often choose not to use it in the community so the support worker will walk by her side.

The Assessment team observed risk assessment tools and checklists on consumer files completed in consultation with consumers, representatives and allied health professionals.

Consumers and representatives interviewed confirmed the information provided to them is easy to understand, however some consumers said they were not satisfied with communication from the service. Management advised the service always attempts to contact consumers in a timely manner, however there have been instances over the past 12 months where non-essential services were cancelled, however there have been no essential service cancellations. The Assessment team sighted 10% of consumer care documentation and observed consistent notes recorded where attempts to reschedule services had been communicated to consumers.

The Assessment Team noted consumer information is stored in an electronic information management system within a secure office environment and access to the system is password protected with delegated levels of access. Documentation reviewed demonstrated the service agreement includes information on how the service manages consumer personal information.

In considering the information provided in the assessment report, on balance, I find this Standard to be complaint with six of six requirements deemed to be complaint.

# 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

All consumers and representatives interviewed reported they are satisfied with the services and supports they receive and said the service increases their independence enabling them to stay in their homes and enhances their well-being. The Assessment team sighted the services weekly risk meeting minutes where new consumers information is shared internally to obtain expert advice, notably on identified risks and clinical care, from relevant team members.

All consumers said the services and supports they receive meet their current needs and their goals and preferences are addressed. Review of consumer documents evidenced end of life discussions are offered for consumers with high care needs. For example:

* A representative interviewed confirmed an advanced care plan was offered but they declined to progress at this time.
* Two consumers interviewed said the service had organised a meeting to discuss advanced care planning as their care needs had increased.

All consumers interviewed said they are involved in making decisions regarding the services and supports they receive and permission to share information with external services is obtained. Staff interviewed described how allied health professionals, family and representatives are involved in the development of care plans, should the consumer want.

Staff interviewed stated they have access to consumer information where services are delivered that guides them to deliver effective and safe services. Care documentation reviewed detailed outcomes of assessment and planning and strategies to guide staff providing services.

Care plans sampled by the Assessment Team were current and showed evidence of being updated when needs, goals and preferences of the consumer changed.

In considering the information provided in the assessment report, I find this Standard to be complaint with five of five requirements deemed to be complaint.

# 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

The service demonstrated they are able to deliver safe and effective personal care and clinical care that is best practice, and tailored to consumers’ needs to optimise their health and well-being. Consumers interviewed said staff know what they are doing and feel they receive personal and clinical care and services that are safe and effective. For example:

* One consumer requires a catheter change every five to six weeks. they told the Assessment Team the registered nurse who comes is very good. The representative of the consumer said the support workers providing personal care are very competent.

Care plans reviewed documented information and strategies to guide staff practice. Staff interviewed demonstrated they know their consumers well and have access to training and resources that guide them to deliver care and services that are best practice.

The service evidenced a risk management framework that guides how risk is identified, managed and recorded which included a ‘risk-based prioritisation client list’. The Assessment team sighted the service’s risk meeting minutes detailing risk assessment and planning for high risk consumers.

Management interviewed advised while there were no consumers currently receiving end of life care, there have been consumers who have received palliative care in the past with support from the local hospital. The service evidenced an Advanced Care Planning policy in place and described how the working relationship they have with the palliative care team at the local hospital.

The service evidenced deterioration or a change in a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Staff interviewed confirmed there were processes in place to guide them to identify, support and report changes in a consumer’s condition. The service has a ‘Deteriorating Client Procedure’ manual to guide and support all staff to identify and respond to changes in the condition of consumers.

Staff interviewed advised timely and appropriate referrals are completed in consultation with the consumer and relevant allied health professionals, where the consumer wishes. This was evident in the care documentation reviewed where referrals to a registered nurse and occupational therapist were noted to be completed in a timely manner. Staff interviewed described weekly risk management meetings and the Assessment Team sighted minutes of this meeting where discussions are held between multidisciplinary team members regarding personal and clinical care for both new consumers and those identified as higher risk.

The service demonstrated an established coordinated approach to infection prevention and control. Staff interviewed described how appropriate infection control is maintained and provided examples of how this was actioned during COVID-19. The Assessment Team observed support workers collecting personal protective equipment prior to delivering services and consumers and representatives interviewed confirm staff delivering service adhere to infection control processes.

Considering the information provided in the assessment report, I find this Standard to be complaint with seven of seven requirements deemed to be complaint.

# 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

Consumers interviewed said in various ways the service made them feel safe, and that they were able to receive supports and services that enabled them to remain at home. Support workers interviewed demonstrated an understanding of what was important to individual consumers and how to support them to maintain their independence. Care planning documentation reviewed evidenced current needs, goals and preferences for individual consumers was recorded and provided clear information and strategies on how best to support consumers.

Consumers and representatives interviewed described examples of how the support workers provided emotional and psychological support via individual and group social interaction. For example:

* A representative interviewed and partner of a consumer described how the service provides a support worker for weekly individual social support to play cards and chat with the consumer. The consumer enjoys this time and the representative is also provided with respite during this time.

Staff interviewed explained how they would know when a consumer is feeling low and described what they would do to support them. This included asking the consumer if they were ok, documenting this interaction in the consumers progress notes and escalating their concern to the neighbourhood coordinator, if required.

Consumers and representatives interviewed provided positive feedback and said the service enables them to participate in their community, do things of interest to them, and maintain social and personal relationships. The service offers a weekly schedule of group activities which includes a cup of tea or coffee and a social chat at the end of each class to support and foster consumers social interactions, additionally individual social support is offered to consumers. All consumers at the activity centre were observed by the Assessment team to be enjoying meeting up with others and participating in classes.

Consumers and representatives interviewed said they are satisfied information about their care and services is shared within the service and with others involved in their care. The service demonstrated information regarding consumer’s needs, preferences and current condition is shared within the organisation via a centralised management system. Care planning documentation reviewed by the Assessment Team demonstrated effective communication through progress notes.

Consumers and representatives interviewed said in various ways that should they need additional services, they are comfortable contacting the service. The service evidenced timely referrals occur in consultation with the consumer, representative and relevant allied health professionals. Staff were able to describe the referral process and care plan documentation reviewed evidenced referrals to multiple external organisations.

The Assessment team observed morning tea provided for consumers attending the service activity centre. Support workers were observed to be respectful and asked consumer’s their preference before providing them with their drink of choice. Consumers interviewed, who were provided meals via a brokered service, reported there was enough variety to meet their needs and preferences and choice of meal size.

The service demonstrated that where equipment is provided, it is safe, clean, suitable and meets consumers’ needs, this included processes for identifying and reporting faulty equipment and ongoing maintenance. Consumers interviewed provided examples of the service providing regular maintenance and repairs on their equipment.

Considering the information provided in the assessment report, I find this Standard to be complaint with seven of seven requirements deemed to be complaint.

# 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 and representatives interviewed attending the centre provided positive feedback about their experience and the environment. They described the environment as comfortable and easy to get around independently. They said they felt welcome at the centre by the staff who are attentive, respectful and friendly. The assessment team observed the activity area to be spacious and light filled with comfortable chairs, coffee tables and music playing in the background. Staff were observed to be welcoming addressing each consumer by name and supporting consumer independence by assisting them when required or as requested.

The Assessment Team observed the environment to be clean and well maintained with consumers interviewed confirming their satisfaction in various way with the cleanliness of the centre and ease for them to move about the centre.

The Assessment Team note the furniture, fittings and equipment in both the Deakin hub activity room and the offsite gym were clean and suitable for consumers to use. Staff interviewed advised the gym equipment is serviced by the supplier on a 6-monthly basis, and as required outside of that timeframe. A daily morning checklist was sighted by the Assessment Team as signed by staff confirming all equipment was in good working order.

Base on the information provided in the Assessment Report, I find three of the three requirements for this Standard as Compliant.

# 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 and representatives interviewed advised they were aware of how to provide feedback or make a complaint and felt comfortable that the service would address it in a timely manner. Management and staff interviewed described how the service supports consumers and their representatives to make complaints and provide feedback informally by speaking with consumers on the phone and more formally during the care plan review process and conducting monthly client feedback surveys.

Advocacy and complaint brochures and information were sighted by the Assessment Team in consumer information packs which document each consumer’s right to be represented by an advocate and provide contact details and information about external complaint agencies. Support workers interviewed stated the service’s advocacy policy provides guidance for staff on the role of advocacy services and procedures to follow to assist consumers access an advocate.

Staff interviewed demonstrated an awareness of open disclosure and advised they would apologise to a consumer who was not happy their services. Consumers and representatives interviewed, who had provided feedback to the service or made a complaint, described how complaints are promptly responded to and consumers and representatives were informed of the outcome. For example:

* A consumer complained about a staff member speaking to them rudely and in a disrespectful manner. Review of the complaint on the electronic system by the Assessment Team showed that while the complaint was still open, appropriate action in response is being addressed. The Assessment Team sighted evidence which showed communication with this consumer and records of the complaint and actions taken to date.

The service evidenced policies regarding feedback and how continuous improvements guide staff practice. The service’s continuous improvement register was sighted by the Assessment Team and all reported feedback and complaints were logged and effectively managed.

Base on the information provided in the Assessment Report, I find four of the four requirements for this Standard as Compliant.

# 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

Most consumers interviewed provided positive feedback regarding support workers, neighbourhood coordinators, subcontracting staff and management. They advised they are satisfied with the knowledge and skills of all staff. Some consumers and representatives interviewed advised they had provided feedback to the service regarding inconsistent staffing and irregularities in service provision however, management and staff interviewed confirmed there is a set staffing establishment and staffing profile for each consumer. The Assessment Team sighted evidence of the services subcontracting signed service agreements which showed the service monitors brokered services to ensure high quality service delivery.

Consumers and representatives interviewed provided positive feedback in relation to their interactions with the workforce. They described in various ways how the staff are kind, caring, respectful and helpful. The Assessment team observed support workers interacting with consumers after a social support group activity. The support workers were observed to be respectful, kind and caring. Support workers were seen to welcome each consumer by name.

Personnel records reviewed by the Assessment Team included role descriptions, evidence of qualifications, police checks, on the job training evidence, induction documentation, etc. The service demonstrated subcontracted staff have the necessary competencies to deliver quality care and services by assessing and monitoring the brokered service providers. Each brokered provider had a service agreement with the service in place which outlines expectations and obligations.

Staff interviewed confirmed they receive initial and ongoing training, both face-to-face and online. Staff said they feel well supported by management, through regular meetings and the provision of ongoing training and information, including Information on the aged care standards. The Assessment Team sighted evidence of the organisations staff education matrix for mandatory training relevant to their role. Review of online system showed the service is appropriately monitoring staff completed their required training.

Management interviewed confirmed monthly check ins are completed with staff and performance reviews are completed and recorded annually. Management interviewed described how the service uses feedback from consumers and performance reviews to identify staff training needs with improvement plans raised with staff if needed. Staff files reviewed evidenced regular performance reviews occurred and documented both staff requested training and management-initiated training.

Base on the information provided in the Assessment Report, I find five of the five requirements for this Standard as Compliant.

# 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

Consumers and representatives interviewed said they feel they can provide feedback at any time. They said they are asked for input on the delivery of care and services and this occurs regularly from their support workers and coordinators. Consumers and representatives interviewed said they are kept up to date with any service improvements by the service.

The organisation’s governing body demonstrated promotion of a culture of safe, inclusive and quality care and services. The Assessment Team sighted the ‘Uniting Aging and Clinical Governance’ meeting minutes for September 2022, which showed aged care services being promoted by the board covering discussion on the consumer engagement framework and the monthly consumer experience survey.

**Information Management**

Staff and management interviewed said they have ready access to information when needed. Staff demonstrated an awareness of individual consumers’ needs and advised they have access to consumer care plans. Staff and subcontracting service providers interviewed advised they are involved in regular meetings and confirmed they are provided with regular information on any changes to services, regulations or policies.

**Continuous Improvement**

The service demonstrated strategic planning, annual business plans and continuous improvement processes in place, and these are adopted and implemented through each operational area. The Assessment Team noted opportunities for continuous improvement, at an operational level, are identified through a range of mechanism such as consumer complaints, feedback, surveys and also informal feedback received. The Assessment Team sighted the services Continuous Improvement Plan which included feedback from consumers.

**Financial Governance**

The service demonstrated effective financial management and reporting systems in place to manage finances and resourcing needed to deliver safe and quality care to consumers. Management interviewed advised programs are reviewed on a regular basis by management to report on the resourcing needs of programs.

**Workforce Governance**

The Assessment Team noted processes are in place for workforce governance. No issues were identified regarding workforce governance as per information provided in Standard 7.

**Regulatory Compliance**

Management advised the service receives regular updates from government bodies on regulatory information which is monitored by the executive team and information is fed down to relevant management staff who disseminate the information to staff through emails and/or regular meeting mechanisms.

**Feedback and Complaints**

The Assessment Team noted processes in place to address feedback and complaints. No issues were identified regarding feedback and complaints mechanisms as per the information provided in Standard 6.

Management interviewed demonstrated processes in place to ensure risk is identified in a timely manner through various channels, including incident reporting, complaints, audits and surveys. The service demonstrated strategies have been implemented to mitigate and manage risks and these strategies are monitored and evaluated to ensure effectiveness. Management and staff interviewed described how vulnerable consumers were identified, including those living alone, those who have special needs, cognitive or functional difficulties and limited supports. Staff interviewed outlined processes followed if concerned about a consumer. Online training and meeting agenda items sighted included references to incident management, and how best to support consumers at risk.

The service evidenced a standard set of guidelines and procedures to ensure a basic level of infection control. To ensure a safe work environment and minimise the transmission of infection, management advised all staff must adopt these standard precautions whilst providing care and services to consumers. The Assessment Team sighted the organisations policies and interviews with care staff, management and brokered services demonstrated the service demonstrated it has an effective clinical governance framework. Evidence analysed by the Assessment Team demonstrated the service has a framework for minimising the use of restraint and using open disclosure.

Base on the information provided in the Assessment Report, I find five of the five requirements for this Standard as Compliant as the service has demonstrated effective governance regarding the delivery of care and services to consumers.

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)