**Performance**

**Report**

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| Name: | Vietnamese Womens - MAWSON LAKES |
| Commission ID: | 600128 |
| Address: | 8B Goodall Parade, MAWSON LAKES, South Australia, 5095 |
| Activity type: | Quality Audit |
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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

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7896 Vietnamese Womens Association - SA Inc  
Service: 24146 Vietnamese Womens Association - SA Inc - Care Relationships and Carer Support  
Service: 24145 Vietnamese Womens Association - SA Inc - Community and Home Support

**This performance report**

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

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the 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, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The provider did not submit a response to the Assessment Team’s report for the Quality Audit.

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

Findings

Consumers described how they are treated with dignity and respect. Staff described how they maintain consumer dignity through knowing the consumer’s individual preferences, communicating in the consumer’s preferred language, and developing a good rapport with the consumer. Management stated the service works with consumers and their representatives to ensure staff are right for each consumer. Staff interactions with consumers were observed as respectful.

Consumers and representatives described how the service provides care and services which are culturally safe. Management and staff described how they connect consumers with culture through activities, guest speakers and meals. Management described how the service balances remaining inclusive to all cultures as well as providing Vietnamese-specific services for consumers.

Consumers and representatives confirmed the service involved the consumer in decision-making. Staff described how they support consumers and their representatives to exercise choice and make decisions about the services the consumer receives. Management described how initial and ongoing assessments are undertaken with the consumer, including the option to have a family member, representative or advocate present. Documentation showed the service has policies and procedures to support consumer independence and choice.

Consumers described how the service supports them to take risks, with dignity of risk processes followed. Staff and management demonstrated understanding of dignity of risk and how the service supports consumers with informed decision making through discussions of possible risks and management strategies. Documentation showed the service has relevant policies and procedures to support consumers to take risks. Staff are provided education on consumer risk management, consumer rights and choice and dignity of risk as part of their mandatory training.

Consumers and representatives confirmed consumers receive timely and easy to understand information, in the consumer’s preferred language. Staff and management described how they provide information to consumers at commencement of services and ongoing. Management advised and documentation confirmed, the service provides information in languages preferred by the consumers. Management advised, and documentation confirmed, each consumer is provided with relevant information about the services provided, including a care plan. Management advised, and consumers confirmed, the service provides a receipt book for payment of services.

Consumers and representatives said the service is respectful of the consumer’s privacy and personal information. Staff demonstrated an understanding of privacy and the need to ensure consumer information is protected, with consent obtained to share information when necessary. Management advised, and observations confirmed, the electronic file management system is password protected and access is limited by role. Staff and management are provided information about privacy and confidentiality, including a policy and procedure document.

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

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives confirmed the service assesses and plans each consumer’s care and services. Management described how initial assessments are completed with the consumer and the representative, including consideration of risk. Documentation showed risk is considered through assessment and planning processes. Documentation showed guidance for staff for assessments and reassessments of consumers, with a care plan policy ensuring goals and strategies are developed to ensure service delivery outcomes meet the consumer’s identified needs.

Staff described how the service gathers information from consumers about what is important to them and that this informs assessment and planning of personal care and services. Management confirmed conversations related to death were culturally inappropriate and were not actively pursued. However, advance care directives were discussed. Documentation showed inclusion of personalised consumer goals and preferences and availability of brochures and pamphlets about advance care planning and end of life planning.

Consumers and representatives confirmed they are involvement in the assessment and planning of the consumer’s personal care and services. Management confirmed discussions regarding personal care needs and services are held with consumers during the initial assessment and during care plan reviews. Management described how consumer preferences for personal care and service delivery are considered and how the service engages brokered services when necessary.

Consumers and representatives confirmed the consumer’s services are explained to them and most recalled receiving a copy of the consumer’s care plan. Staff said they have a clear understanding of each consumer, their needs, preferences and services received, and they are informed about changes to the consumer’s needs and services. Management and staff described how outcomes from assessment and planning are documented in the electronic systems and provided to consumers.

Consumers expressed satisfaction with the care and services they receive, and the service promptly assesses and reviews personal care needs following incidents or changes in circumstances. Management advised assessments and care plans are reviewed annually with consumers or representatives or when consumer care needs change. Documentation showed review dates are monitored by management and reviews are undertaken in line with the service’s review processes.

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

# Standard 3

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

Findings

Consumers confirmed they receive personal care in line with their individual needs and preferences. Staff demonstrated a good understanding of personal care requirements and explained how they ensure care aligns with consumer goals, needs and preferences. Management provided examples of tailored care reflective of best practice provided to consumers. Documentation showed personal care is based on each consumer's assessed needs, goals, and preferences. The service has policies and procedures in place to guide staff practice in relation to providing personal care.

Consumers and representatives confirmed the service and staff ensure consumers receive safe personal care and ensure consumers are safe. Staff were knowledgeable of individual consumers and strategies and interventions in place to risk prevention and management. Management described processes to mitigate falls, including mobility and home safety assessments and reviews and implementation of risk mitigation strategies to prevent falls. Documentation provided evidence of individualised risk management strategies to mitigate high impact and high prevalence risks.

Management described how the service would respond to the needs, goals and preferences of consumers nearing the end of life to maximise the consumer’s comfort and preserve their dignity. Documentation showed discussions with consumers about advance care directives are documented within the consumer’s care plan. Management stated the service has access to palliative care services if required.

Consumers and representatives expressed confidence staff would notice deterioration or a change in a consumer’s health and they would respond appropriately. Management and staff described processes to report and respond to changes related to consumers, including deterioration. Documentation showed evidence of staff and the service responding to deterioration in consumer health and cognitive function.

Consumers and representatives confirmed they provide consent for information to be shared with other service providers. Staff said they have access to current care plans through a virtual care application on their mobile device and they are alerted to changes in a consumer’s needs or condition by telephone call from the coordinator or through emails. The brokered service staff stated they receive a referral for assessment from the service and would communicate any deterioration or noted changes of the consumer back to the service. Documentation showed ongoing consultations with consumer representatives regarding consents for medical summaries at review and ongoing liaison with the consumer’s general practitioner and other services providers involved in the care and services for consumers.

Consumers and representatives confirmed consumers had been referred to health professionals when required. Management described processes used by the service to refer consumers to external services and providers. Documentation showed evidence of referrals to other health practitioners and to My Aged Care when the need was identified.

Consumers and representatives stated staff keep consumers safe using appropriate personal protective equipment. Staff advised they minimise the risks of infection through wearing personal protective equipment and maintaining good hand hygiene. Management advised staff have access to appropriate personal protective equipment and complete mandatory training on its use, hand hygiene and infection control practices. Documentation showed the service has a COVID-19 Safe Plan and infection prevention and control policy in place. Management advised they would update the services outbreak management plan at the next work health and safety meeting.

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

# Standard 4

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

Findings

Consumers and representatives were satisfied the services provided optimise the consumer’s independence, well-being and quality of life. Staff described how the services they provide for consumers optimise individual consumer’s health, well-being and quality of life while ensuring they are meeting the consumer’s needs, goals, and preferences. Management described, and care planning documentation confirmed, goals, needs and preferences are discussed during care plan reviews and services provided are tailored to individual consumers to optimise their quality of life.

Consumers and representatives stated staff know consumers well and described how the services provided enhance the consumer’s emotional and psychological well-being. Staff detailed how they support consumers who require additional support, including regular mental health calls to check on those consumers at risk of social isolation. Management and coordinators demonstrated their knowledge of consumers and described strategies to support consumers emotionally and spiritually and promote their psychological well-being. Although the service does not have overarching policies and procedures to guide staff in providing emotional, spiritual, and psychological well-being for consumers, care plans included information about individual consumer emotional well-being and strategies implemented to address identified issues and risks.

Consumers confirmed they receive services and supports for daily living and these services and supports assist the consumer to maintain social and personal relationships, do things of interest to them and participate within and outside the service environment. Management said a range of services and support is offered to consumers to enable them to participate in their community, have social and personal relationships and do things of interest to them. Documentation showed consumers are supported to participate in their community and they are supported to maintain relationships with friends and family at weekly social group gatherings and participate in activities of interest to them.

Consumers confirmed their condition, needs and preferences have been identified and are known to staff. Staff said they have access to up to date care plans through a virtual care application on their mobile device. Management stated brokered services will be sent an email with consumer specific information to enable the delivery of safe and effective services. The brokered service will also share care planning documentation with the service. Documentation showed care plans include consumer needs and preferences and include emergency contact information in the event of an emergency.

Consumers and representatives said consumers were referred to allied health professionals for assessment when required. Management described the process to refer consumers to external services and the services available to assist consumer health and well-being. Documentation reviewed showed consumers are referred to external allied health service when external services are required and My Aged Care when there has been some decline or change noted in the consumer’s needs and conditions.

Consumers expressed satisfaction with the meals provided at the social group gathering and confirmed they are provided choice with meals varied and of suitable quality and quantity. Consumers who have meal preparation in their home stated staff accommodated their needs, likes, dislikes and dietary requirements. Management described how they accommodate consumer needs and preferences and how they seek feedback regarding menu changes. Documentation showed dietary needs and preferences, including allergies, restrictions, likes and dislikes are recorded in consumer care plans. The service has systems in place to ensure food safety requirements are met, including temperature monitoring and safe food storage and handling.

Consumers confirmed the vehicles used for transportation are safe, clean and well-maintained with easy access and egress. A representative stated the equipment for showering the consumer is safe and cleaned regularly by staff. Management described how equipment used for daily living such as shower chairs is monitored during scheduled visits and any concerns with the equipment is identified and rectified promptly by calling the equipment provider who will replace or repair the faulty equipment.

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

# Standard 5

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| Organisation’s service environment | | 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 |
| 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 |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers expressed satisfaction with the service environment and indicated it is welcoming, easy to navigate, spacious and comfortable. Management and staff described how they ensure consumers feel welcome in the service environment. Observations showed the service environment optimises each consumer’s sense of belonging, independence, interaction and function.

Consumers confirmed they feel safe when attending the service environment for social activities and meals and stated the environment is clean, with staff applying infection prevention and control practices. Management described the processed used to ensure the social group gathering environment remains safe, clean and well maintained, including infection control procedures used by staff. Documentation showed the service has emergency evacuation plans in place and staff said they were aware of what to do in the event of an emergency. Management advised a workplace hazard inspection checklist will be developed to assess the service environment.

Consumers confirmed furniture, fittings and equipment at the social gatherings and the vehicles used for transportation are clean and well maintained. Staff confirmed they wipe down and clean shared equipment after each use. Management described the processes for cleaning the kitchen following meal preparation and explained the service follows food safety requirements. Observations showed electrical equipment and appliances are inspected, tested, cleaned and maintained.

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

# Standard 6

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

Findings

Consumers and representatives confirmed they had received information about feedback and complaints processes. Staff and management described how they encourage and support consumers to provide feedback and make complaints, including at the end of each service. Documentation showed the service provides information about feedback and complaints processes to consumers, including feedback forms and a copy of the Charter of Aged Care Rights.

Consumers and representatives confirmed awareness of external services and mechanisms for raising feedback and complaints. Staff advised they have not needed to obtain an advocate for a consumer but, they use family members to communicate with consumers when required. Management advised consumers are informed about external complaints mechanisms and language and advocacy services at intake and additional advocacy and language information is accessible at the service’s office. Documentation showed information is translated into Vietnamese.

Consumers and representatives expressed satisfaction with how the service responds to feedback and complaints. Staff advised they seek feedback after every service delivery to ensure consumer satisfaction. Management discussed the service’s processes for managing complaints. Documentation demonstrated the service has adopted open disclosure principles which are used during the complaint resolution process.

Consumers and representatives advised the service acts quickly to suggestions made at the social support group and makes changes to meals and activities. Staff advised when seeking feedback from consumers at the end of a service, they would make changes on the next shift to try to accommodate the consumer’s choice. Management acknowledged the service is not effectively documenting changes made through consumer suggestions and had not used information received from consumer surveys, feedback and complaints as a foundation to drive service delivery improvement. However, Management advised the service will document all changes from feedback and complaints received. Management advised and documentation confirmed, the service has started to use the Commission’s template for its plan for continuous improvement to ensure clarity for improvements in relation to the Quality Standards.

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

# Standard 7

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

Findings

Consumers and representatives advised staff attend the consumer’s services on time, consumers are notified when staff are unable to attend, and they are offered alternative staff or a rescheduling of the service if desired. Staff advised they are not rushed during their shifts, and they have the time to deliver quality care and services for consumers. Management described how the service maintains a stable workforce by monitoring consumer needs and service growth, using volunteers for some services including transport and meal preparation which allows for skilled staff to provide other care and services for consumers. Documentation showed the service maintains records of data outputs to ensure the workforce is adequately planned.

Consumers and representatives confirmed staff are kind, caring and respectful. Staff described how the service respects each consumer’s culture and diversity through understanding their backgrounds, acknowledging their history, and supporting their needs through food and celebrations. Staff and management were observed speaking to, and engaging with, consumers in a respectful manner.

Consumers expressed confidence in the staff skills and ability to deliver care and services. Staff described how they are supported to become competent in their roles through observational partnered shifts and on the job training. Management described and documentation confirmed the service has job descriptions which clearly outline the workforce skills, experience and qualifications required to undertake each role. Management advised qualifications are monitored and staff receive electronic notifications when mandatory checks are due for renewal.

Consumers and representatives expressed satisfaction with the skills and knowledge of staff and advised they felt safe when receiving assistance from staff and volunteers. Staff confirmed they had participated in an orientation program and confirmed they completed mandatory training annually and described how this helps them in their role. Management described the recruitment process, onboarding of staff and training modules specific for each role and consumer needs. Documentation confirmed staff had completed relevant training and the service has a training matrix to ensure staff and volunteers complete required training.

Staff advised they have regular performance discussions with supervisors, with formal discussions held annually. Management advised how the service assesses the performance of the workforce by completing annual performance appraisals, with newly recruited staff subject to a 3-month probation review to ensure they are meeting the expectations of the role. Documentation showed the service completes performance and probation appraisals regularly.

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

# Standard 8

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

Findings

Requirements 8(3)(a), 8(3)(b), 8(3)(c) and 8(3)(d)

Consumers and representatives stated the service is well run and they have opportunities to regularly engage with the service through communication and feedback processes. Management and staff described how consumers have input about their services through formal and informal feedback processes including 6-monthly consumer experience surveys. The service’s continuous improvement register showed evidence of service improvements implemented from feedback from consumers.

Management described the processes and procedures in place, including organisational level meetings to monitor the delivery of safe, inclusive and quality care and services. Management advised the governing body meets every 6 weeks unless an urgent matter arises. The governing body comprises members with varied experience and management advised the service is seeking an additional member with legal or health knowledge and experience. Documentation showed the governing body addresses relevant items including incident management, strategic planning, risk management, staffing needs and consumer feedback.

Interviews with consumers, staff and management and documentation showed there are effective organisation wide governance systems in place to support information management, continuous improvement, workforce governance, financial governance, regulatory compliance and feedback and complaints. The service has policies and procedures in place to guide the workforce, and management stated additional policies and procedures would be developed and implemented to address all requirements.

There are systems and practices in place to ensure effective management of high impact or high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live their best lives and management and prevention of incidents. There is a documented risk management framework including policies and procedures related to risk management and consumer risk. The service has systems in place to monitor high impact or high prevalence risks and the governing body considers consumer risk regularly. Staff and volunteers are provided information and training related to identifying and reporting consumer risks, neglect and abuse. Management and staff described, and documentation confirmed, how the service delivers services to support consumers to access the community and have social interactions. The service’s incident management processes include reporting, recording, reviewing, investigation and analysing incidents, with appropriate open disclosure actions undertaken.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements (3)(a), (3)(b), (3)(c) and (3)(d) in Standard 8, Organisational governance.

Requirement 8(3)(e)

This Requirement was not assessed, as the service does not provide clinical care for consumers. Requirement 8(3)(e) is not applicable for the service.

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)