**Performance**

**Report**

**1800 951 822**

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| Name of service: | Vision Australia - Coorparoo |
| Service address: | 373 Old Cleveland Road COORPAROO QLD 4151 |
| Commission ID: | 700620 |
| Home Service Provider: | Vision Australia Limited |
| Activity type: | Quality Audit |
| Activity date: | 7 June 2023 to 9 June 2023 |
| Performance report date: | 09 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 Vision Australia - Coorparoo (**the service**) has been prepared by M Franco, 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

**CHSP:**

* Care Relationships and Carer Support, 24739, 373 Old Cleveland Road, COORPAROO QLD 4151
* Community and Home Support, 24740, 373 Old Cleveland Road, COORPAROO QLD 4151

# 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.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued. Consumers and representatives when interviewed by the Assessment Team expressed, they are treated with respect and dignity at all times and stated staff are caring and polite. Staff interviewed by the Assessment Team spoke respectfully about consumers and demonstrated an appreciation for consumers individual identity.

Evidence analysed by the Assessment Team showed service was able to demonstrate services are culturally safe. Consumers and representatives interviewed confirmed that staff understand their needs and preferences and feel safe and respected when services are being delivered. Policies, procedures, and training registers sighted by the Assessment confirmed that staff have the resources necessary to understand and appreciate the unique cultural backgrounds of consumers. Staff interviewed by the Assessment Team could explain how they ensure services are delivered in a safe manner that recognises the individuality of each consumer.

Evidence analysed by the Assessment Team showed service was able to demonstrate how each consumer is supported to exercise choice and decisions about their services, including involvement, communicate their decisions and make connections with others and maintain relationships of choice. Consumers interviewed by the Assessment Team stated the workforce understands their individual needs and preferences and that they are supported to exercise choice about how their services are delivered, including making decisions about when to involve family or others in their care. When interviewed by the Assessment Team management stated consumers have control over how their services are structured, subject to availability. Observations made by the Assessment team showed staff demonstrated that the workforce respects each consumer’s right to make decisions about their care and services and that they recognise the consumer is the expert of their own experience.

Evidence analysed by the Assessment Team showed service was able to demonstrate consumers are supported to take risks to enable them to live the best life they can. The serviced evidenced consumers are supported to take risks if they choose and that steps are in place to mitigate the potential risks with consumers and allow them the freedom to take risks. The service provides various services that aim to enable consumers to live their best life, including assisting them to undertake tasks they might not otherwise do. Consumers are invited to attend multiple sessions per week where they learn to create several woodworking items. Consumers are guided through the program by trainers who assist them to learn through feel instead of sight. The program includes the use of various equipment in a supervised environment to ensure the safety of each consumer.

Evidence analysed by the Assessment Team showed service was able to demonstrate that information provided to consumers is current, accurate and timely, and communicated clearly, easy to understand and enables them to exercise choice. Consumers interviewed by the Assessment Team stated they could make choices about their care and services and are actively involved in discussions with the service. The workforce described strategies used to help communicate with consumers who may be experiencing cognitive decline. Management described how the service ensures consumers understand information related to their care and services. The Assessment Team sighted consumer communication printed in various font sizes and versions to ensure it is accessible, clear, and easy for consumers to access.

Evidence analysed by the Assessment Team showed service was able to demonstrate each consumer’s privacy is respected and personal information is kept confidential. The service demonstrated that each consumer’s privacy is respected, and personal information is kept confidential. Consumers and their representatives are provided resources to understand how their personal information will be used, and their consent is sought before sharing their information with other providers involved in their care. Staff stated consumer information is stored securely in electronic databases that require a username and password to access. Information regarding the service’s privacy policy and principles is readily available to consumers.

Based on the evidence summarised above I find the service compliant with Standard 1 of the Aged Care Quality Standards.

# 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

Evidence analysed by the Assessment Team showed 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. Consumers and representatives interviewed stated they are involved in the assessment and service planning and are satisfied that the service ensures their current needs, goals and preferences are fulfilled and considered. Documentation sighted by the Assessment Team demonstrated consumers vision, health condition, goals, risks, and referral requirements are documented, considered, and adhered to.

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers interviewed by the Assessment Team said they have control over the types of services they receive. Interviews with staff demonstrated they know the consumers well and provided examples of how they meet the consumer’s individualised needs. Advance care planning is not discussed with consumers as part of their service. The Assessment Team determined due to the goal specific nature of the supports provided and the focus of the service in relation to vision loss and regaining independence, it is not necessary to provide consumers with this information.

Evidence analysed by the Assessment Team showed the service was able to demonstrate assessment and planning is based on ongoing partnership with the consumer and their representative, and others who are involved in the care and services of consumers. Consumers interviewed by the Assessment Team said the service enables them to exercise choice in line with their needs and preferences. Staff and management interviewed demonstrated an appreciation for the consumer’s right to make decisions about their own life. The Assessment Team observed evidence in consumer files that indicated consumers are encouraged to make decisions about their own care and services and other people involved in consumer care are included. Evidence indicated the service takes a collaborative approach to delivering care and services and involves other specialists as needed.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the outcomes of the assessment and planning processes are communicated to consumers and documented in a care plan, is readily available to consumers, and where care and services are provided. The service evidenced service assessment and planning information demonstrating service consultations are undertaken with consumers and representatives. Consumers receive a copy of their service agreement which was sighted by the Assessment Team clearly outlining the supports and services the consumer is receiving accessible by all involved in care delivery.

Evidence analysed by the Assessment Team showed the service was able to demonstrate care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals, or preferences of consumer. The service demonstrated serviced agreements are in place for all consumers. Service agreements are reviewed if a consumer needs change or a service agreement ceases. At the end of the service agreement period, consumers are advised they may contact the service again if they require further support or have other needs. The service has also commenced a ‘check in and chat’ program whereby they contact those consumers from whom they have not had recent contact. This is the service’s way to connect with consumers who may have otherwise fallen through the gaps if they themselves do not reach out for support. A review of documentation undertaken by the Assessment Team evidenced a review of services is undertaken at least annually and more often when changes or incidents occur.

Based on the evidence summarised above I find the service compliant with Standard 2 of the Aged Care Quality Standards.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that they ensure each consumer gets safe and effective clinical care that is best practice, tailored to their needs, and optimises their health and well-being. Consumers and representatives interviewed by the Assessment Team advised the care and services they receive is tailored to their needs and optimises their health and well-being. Staff demonstrated knowledge and understating of the services they deliver, and the assessments undertaken to determine service requirements. The Assessment Team undertook a review of documentation for consumers including assessments, progress notes and relevant correspondence. The documentation evidenced individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer.

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer. The service evidenced risk assessments are undertaken for high prevalence or high impact risks for each consumer receiving services. The service currently has a process in place and undertakes risk assessments for all consumers intending to receive services prior to appointments being made for initial onboarding. Staff were able to articulate to the Assessment Team the steps they would take to report consumer incidents and described the process of documenting an incident ensuring follow-up action is undertaken if required.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they would respond appropriately to support the needs, goals and preferences of consumers nearing the end of life to maximise their comfort and preserve their dignity. Consumers and representatives interviewed did not discuss palliative care specifically, however, were able to describe how care and services provided to them preserves their dignity and maximises their independence. Management and staff discussed how care and services are adjusted for consumers depending on their individual needs and preferences. As this service provides short term supports specific to a consumer’s vision needs, the service does not normally provide care to consumers receiving palliative care, however, do have an implemented process to ensure they are able to deliver care if required.

Evidence analysed by the Assessment Team showed the service was able to demonstrate deterioration or change to consumers’ capacity or condition is recognised and responded to in a timely manner. Staff interviewed by the Assessment Team demonstrated an understanding of recognising, reporting, and responding to consumer deterioration or identifying changes in a consumer’s health and well-being. Documentation sighted by the Assessment Team evidenced that if a consumer’s condition was to change reports of change were submitted and appropriate action was taken to address and escalate the change in consumer’s condition.

Evidence analysed by the Assessment Team showed the service was able to demonstrate information about consumers’ needs, goals, preferences, and conditions is documented and communicated within the organisation, and with others where responsibility for care is shared. Consumers and representatives interviewed expressed satisfaction with the care and services they receive and advised staff at the service work well together to meet their clinical care needs. Management advised changes, incidents and other notable information is documented in progress notes and escalated to the relevant manager for support or action, as appropriate. The serviced evidenced reporting and escalation processes are in place to ensure information is communicated effectively withing the organisation and with those involved in the consumers care.

Evidence analysed by the Assessment Team showed the service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services for consumers receiving services. Consumers and representatives interviewed said the delivery of care including referral processes are timely and appropriate. The Assessment Team undertook a review of consumer care documentation demonstrating input from other specialists within the service is sought and referrals to other services and supports are undertaken when required.

Evidence analysed by the Assessment Team showed the service was able to demonstrate they minimise infection related risks through the implementation of standard and transmission-based precautions to prevent and control infections. A review of documentation undertaken by the Assessment Team relating to infection risks demonstrated a detailed procedure and process required to minimise infection related risk and reduce the risks of COVID19 and other common infection risks. A training log was evidenced by the service demonstrating appropriate training has been undertaken by all staff relating to infection control.

Based on the evidence summarised above I find the service compliant with Standard 3 of the Aged Care Quality Standards.

# 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. | Not applicable |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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. Consumers and representatives interviewed by the Assessment Team stated the services and support consumers receive help them to maintain their quality of life and independence. Information in consumer files evidenced that the service considers the individual goals of the consumer.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living promote consumers’ emotional, spiritual, and psychological wellbeing. Consumers and/representatives sampled stated that staff and the services provided promote the consumer’s wellbeing and support their emotional and spiritual needs. Staff and management demonstrated how they support consumers emotionally and promote their psychological wellbeing.

Evidence analysed by the Assessment Team showed the service was able to demonstrate services and supports for daily living assist consumers to participate in their community, have social relationships, and do things of interest to them. Consumers and representatives interviewed by the Assessment Team confirmed that social support services enable them to participate in their community and maintain relationships. Staff and management described how they encourage and support consumers to access and participate in their community.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that information about consumer’s condition, needs, goals and preferences is generally communicated within the organisation and with others where responsibility for care is shared. Consumers interviewed by the Assessment Team said they get the same staff most of the time and that those staff have good knowledge of their needs and preferences. Staff interviewed advised that information about the consumer’s care and services is available in the service’s electronic records system. Additionally, staff can review all relevant documentation before presenting at the consumer’s home to ensure they are aware of their needs.

Evidence analysed by the Assessment Team showed the service was generally able to demonstrate timely and appropriate referrals to individuals, other organisations and providers are made for consumers. Consumers and representatives interviewed by the Assessment Team stated they are satisfied with the services provided by organisations the consumer has been referred to. When interviewed by the Assessment Team staff and management could describe the process for referrals to other organisations and individuals involved in the consumer’s care.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that, where equipment is provided, it is safe, suitable, clean, and well maintained. The Assessment Team inspected the equipment available on site. All equipment was new and appeared to be in good condition. Consumers/representatives provided feedback that the equipment available at the service has assisted them in their daily lives.

In relation to Requirement 4(3)(f) the Assessment Team did not assess this requirement as the service does not provide meals to consumers.

Based on the evidence summarised above I find the service compliant with Standard 4 of the Aged Care Quality Standards.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction, and function. Consumers were observed to move freely throughout the environment without fear of obstruction limiting their movement. The service employs several strategies to ensure the visually impaired are represented when considering how staff and consumers can move safely. Consumers and representatives interviewed confirmed that they feel welcome in the service environment and that they feel safe navigating freely.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the service environments are well maintained, safe, clean, comfortable and enable consumers to move freely. Consumers and representatives interviewed confirmed that the environment is well maintained and suits their needs. The Assessment Team observed the service environment to be safe and clean. The Assessment Team observed consumers moving freely throughout the environment without obstruction or any environmental restraint.

Evidence analysed by the Assessment team showed the service was able to demonstrate the service ensures furniture, fittings and equipment are safe, clean, well maintained, and suitable for consumers. Consumers and representatives interviewed stated that the equipment and furniture at the service are safe and well maintained. The Assessment Team examined the various pieces of furniture and equipment throughout the service and could not locate any issues. Management described the maintenance process for equipment and the service environment, which includes lodging a job with an external contractor.

Based on the evidence summarised above I find the service compliant with Standard 5 of the Aged Care Quality Standards.

# 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

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers, their representatives, and others are encouraged, and supported to provide feedback and make complaints. The Assessment Team sighted the Complaints and Feedback Policy demonstrating the service has appropriate processed for complaints and feedback that encourages consumers to raise complaints and provide feedback. The service demonstrated a fostering nature of complaints and feedback encouraging staff to view complaints and feedback positively and utilise feedback to improve the care and services provided. Management expressed that feedback and complaints are essential for continuous improvement across all of Vision Australia sites.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that consumers are made aware of, and have access to advocates, language services and other methods for raising and resolving complaints. The service evidenced initial information pack provided to consumers containing information relating to translation services, advocacy services and process regarding complaints and feedback. The sampled pack provided information to consumers to access external bodies to raise complaints and feedback.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. The Assessment Team sighted documentation that outlined an open and responsive approach to complaints handling and mentioned the need to ensure open disclosure was maintained.

Evidence analysed by the Assessment Team showed the service was able to demonstrate that feedback and complaints are reviewed and used to improve the quality of care and services. Policies and procedures evidenced by the service demonstrated that the services actively encouraged the use of complains and feedback in the formation of the services Continuous Improvement processes.

Based on the evidence summarised above I find the service compliant with Standard 6 of the Aged Care Quality Standards.

**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

Evidence analysed by the Assessment Team showed the service was able to demonstrate 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.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers interviewed by the Assessment Team confirmed that service staff were kind and caring in their approach and were respectful of their culture identity and diversity.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. When interviewed by the Assessment Team staff advised they are competent and fully trained to carry out their assigned duties in addition to supporting other members of the team. Management advised staff are trained and supported to carry out their roles through the Trans-disciplinary staffing model ensuring qualified staff are always available to deliver care and services.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by these standards. The service demonstrated it has in place a comprehensive process to ensure staff recruited have the appropriate qualifications and receive intensive seven-week induction training modules to support recruits being onboarded. Management advised in various ways how staff are supported to continue to develop and keep up to date with important policies and procedures relating to their role.

Evidence analysed by the Assessment Team showed the service was able to demonstrate the workforce performance is regularly assessed, monitored, and reviewed. Policies and procedures sighted by the Assessment Team demonstrated the service has a robust integrated procedure and process for monitoring and assessing staff performance. The policy required staff to have performance reviews at least every twelve months.

Based on the evidence summarised above I find the service compliant with Standard 7 of the Aged Care quality Standards.

# 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. | Compliant |

Findings

Evidence analysed by the Assessment Team showed the service was able to demonstrate consumers are engaged in the development, delivery and evaluation of care and services, and are supported in that engagement. Consumers interviewed by the Assessment Team stated they are regularly consulted in regard to the services they receive and are encouraged to evaluate and provide feedback to the service regarding their service delivery. When interviewed by the Assessment Team staff stated care files are regularly reviewed to ensure contact had been regular with the consumer and should there be no record of contact a follow-up contact is made to check-up and discuss services provided.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate that the governing body promotes a culture of safe, inclusive, and quality care and services, and is accountable for their delivery. Management interviewed by the Assessment Team confirmed the board meets monthly and receives reports on all aspects of service delivery and ensures that all policies and procedures, staff arrangements and provisions are of high quality adequate to meet the needs of the service. Management confirmed that all members of the board understood the responsibilities they had towards the service and its consumers.

Evidence analysed by the Assessment Team showed the organisation was able to demonstrate effective organisation wide systems and processes are in place to support staff in their roles or to meet the outcomes required. The assessment team observed robust policies and procedures governing Information Management (information management and privacy policy), Continuous improvement, (continuous improvement policy and procedures, and CIP log) Financial Governance (Board financial report), Work force Governance, Regulatory compliance (Compliance policy) and Feedback and complaints. (Complaints and feedback policy and procedures). The Assessment Team sighted the services Continuous Improvement Plan and interviews with Management confirmed the Continuous improvement plan was an on-going working document that continuously served to improve service delivery. The assessment team also sighted the monthly reports that were prepared for the board monthly, and financial reports and found the service to operate efficiently and with strong financial governance.

Evidence analysed by the Assessment Team showed the service was able to demonstrate effective risk management systems and practices, including managing high impact or high prevalence risks associated with the care of consumers, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents. Documentation evidenced by the service demonstrated the service has sufficient governing risk management systems and incident management systems. The serviced evidenced a training register demonstrating that all staff have undertaken relevant training relating to elder abuse, falls and falls risk. In addition, the services host frequent meetings where risk and risk management practices are discussed.

Based on the evidence summarised above I find the service compliant with Standard 8 of the Aged Care Quality Standards.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)