**Performance**

**Report**

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| Name of service: | Vision Australia - Parramatta |
| Service address: | Level 7, 128 Marsden Street PARRAMATTA NSW 2150 |
| Commission ID: | 201222 |
| Home Service Provider: | Vision Australia Limited |
| Activity type: | Quality Audit |
| Activity date: | 16 September 2022 to 20 September 2022 |
| Performance report date: | 31 October 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 Vision Australia - Parramatta (**the service**) has been prepared by G. McNamara, 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:**

* CHSP - Allied Health and Therapy Services, 4-3HNGKLK, Level 7, 128 Marsden Street, PARRAMATTA NSW 2150
* CHSP - Specialised Support Services, 4-3HNJEIF, Level 7, 128 Marsden Street, PARRAMATTA NSW 2150

# 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 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

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as six of the six specific requirements have been assessed as Compliant.

The service demonstrated that it supports consumers through planning process and policies which are inclusive. Cultural backgrounds acknowledged and respected. The service provides information in timely manner which is communicated in the consumers language of choice and format, so they can make decisions about their care. It ensures that consumers privacy and confidentiality, and treats consumers and their representatives with dignity and respect.

Consumers said they felt respected and valued by their primary service provider (allied health and clinical staff), and office staff, and stated they felt their cultural backgrounds were understood and respected. They are informed of their rights and responsibilities and are provided a copy the Charter of Aged Care Rights.

Consumers confirmed that clinical and allied health staff understand their background, preferences and what is important to them, which makes them feel respected, valued and culturally safe. They stated that clinical and allied health staff encourage them to make decisions about their services, and described how the care and services they receive support them.

The Client Information Booklet included a service agreement, rights and responsibilities, privacy, complaints and feedback, advocacy groups and other information, and consumers and representatives interviewed confirmed this information was provided to them. Consumers said all staff respect their consumer’s privacy when delivering services and that they were confident their personal information is kept confidential.

Assessment and care planning documentation reviewed included reference to consumer’s individual circumstances and involvement in decision making. Assessment and care planning policies include the involvement of nominated representatives and consumers in making decisions regarding their services. In partnership with consumers/representatives, clinical and allied health staff complete relevant care plans, detailing their goals and what they would like to work on, and provide them a copy for their records.

Clinical, allied health, and office staff interviewed demonstrated that they treat consumers with respect, maintain their dignity and are aware of their individual and cultural needs, and provided examples of tailored services to the individual consumer. All staff interviewed were able to describe what culturally safe care was and how they tailor services for consumers. Clinical and allied health staff detailed how they identify the consumer’s representatives and health professionals, in the service agreements, which is signed by the consumer/representatives acknowledging agreement, and how they inform consumers and representatives of their rights.

Progress notes sighted demonstrated liaison with representatives. Management and staff described how they adapt their form of communication with consumers based on their preferred format as nominated by them. All staff interviewed demonstrated an understanding of the importance of protecting consumer information and respecting their privacy. They described practical ways they protect consumer information.

Management interviewed outlined how the service guides and monitors the daily work practices and implements policies and procedures, induction and training, and the service’s commitment to person centred support which values diversity and promotes respectful relationships. Management said consumers are encouraged to be independent and to make decisions about their lifestyle. All staff are trained on choice, independence and consumer’s rights. Management also discussed their understanding, approach to, and review of consumers dignity of risk including their awareness of consumers’ right to take risks.

The service demonstrated that all staff are trained to deliver culturally safe services. The organisation’s privacy policy outlines the protocol to protect personal information such as, only collecting necessary information, how information is used, and consumer information is protected in. Respecting the privacy of consumers is incorporated into staff training and included in the code of conduct.

# 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

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as five of the five specific requirements have been assessed as Compliant.

The service demonstrated that it enables consumers to plan the delivery of safe and effective services. It undertakes regular assessment and planning as consumer needs or preferences change, and provides consumers with copies of their care planning documentation in the format or medium of their choosing. It utilises internal services and supports specialising in vision impairment, and works with specialised internal services and external providers in the provision of a holistic approach to care for consumers.

All consumers spoken to reported that were satisfied with the care and services that they receive, and consumers who are receiving ongoing services or supports said staff knew them well and knew what to do to meet their care needs. They provided examples of how the service works in partnership with them and others that they wish to be involved. Most consumers interviewed said that they had a copy of the current care plan. They said that they felt that they can change the services currently being used, and that they believed that if their needs changed the service would respond.

Staff and management interviewed knew the consumers and what supports and services were undertaken to meet the consumer’s needs. In consultation with the consumer, the service works with the consumer’s representative, medical practitioner, eye specialists, and external allied health professionals for the provision of care and services, and seeks consent from consumers to share information with other organisations and individuals. Management and staff said that care planning documentation is reviewed every 12 months or as consumer needs change.

Assessment, planning, and the gathering of relevant information is undertaken for all consumers, and forms the basis for developing and implementing supports and services. All files sampled demonstrated that consumer’s current needs, goals and preferences were addressed. The Assessment Team noted that consumers are asked their preferred format of information received by the service. Options include large print, braille, or audio. Consumer care planning documentation and goals sighted the Assessment Team was current, contained recent medical information, and had been recently updated. All consumer goals have a date for completion and a review date.

Management reported that consumers can choose staff delivering their services as it was important to ensure the mix is right; and provided examples where consumers have asked for gender specific workers due to cultural needs or past experiences. Management said that as part of the self-auditing compliance tool check undertaken by the service, provision of care planning documentation to consumers is checked and followed up. Management also reported that consumers are rung by the clinical and allied health staff for follow up after their first service. Information is also relayed to management during regular staff meetings.

The service has a guideline for consent and a consent to exchange information form.

# 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. | Not applicable |
| 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

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as six of the six applicable requirements have been assessed as Compliant.

The service demonstrated that it provides safe and effective clinical care. It documents care information clearly and communicates consumer needs, preferences and condition to people who are responsible for their care. It ensures consumers are receiving specialised services that are tailored to their individual needs and preferences, and provides services and supports to minimise high impact risks associated with vision impairment. It recognises and responds to any deterioration of consumer’s mental or physical condition.

All consumers spoken to reported that were satisfied with the care and services that they receive, and stated that they believed that if their needs changed the service would respond. Consumers sampled reported instances when staff were able to recognise and respond to changes. All consumers commencing with the service have risk assessments undertaken, and a current eye report is sought. If there is no report, the service is able to undertake a comprehensive vision assessment. Consumers were satisfied referrals occur to health professionals and other services when needed in a timely manner, including specialist care providers and providers of other care and services.

The Assessment Team found consumers receiving clinical care had clinical and allied health information updated in their care plans and in supporting documentation, enabling clinical and allied health staff an understanding on how to support consumer goals. The service could demonstrate that clinical assessments undertaken use evidence based practice, and staff remain abreast of changes, developments and specialised equipment used in vision loss. Care is determined using information collated from consumer assessments; information provided from My Aged Care, reports obtained from eye specialists, referrals from allied health professionals, or from the consumer’s medical practitioner. Alerts appear when necessary on consumer’s electronic records. All consumers have a risk assessment undertaken upon commencement and before any services can take place. Care planning documentation sighted by the Assessment Team reflect changes in consumers condition, and are reviewed regularly or as the consumer’s condition deteriorates.

The organisation effectively uses various ways to document and communicate consumers condition, needs and preferences within the organisation and with others.

Management and staff reported that all consumers with vision impairment are at risk of slips, trips and falls, and staff were able to identify high impact or high prevalence risks verbally, could identify consumers who were at risk, and described the actions they took to mitigate them.

# 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

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as six of the six applicable requirements have been assessed as Compliant.

The service demonstrated that it enables consumers to partake in the community and do things that are of interest to them, and that consumer’s emotional and psychological wellbeing is recognised. It shares information on consumer needs, preferences, and changes within the organisation, and with others who are assisting with care. The service also reviews all consumer care planning documentation to ensure supports and services are meeting the current needs and preferences, and provides timely referrals to others where care and supports are shared.

Consumers reported they were able to receive supports and services that enabled them to remain at home. Consumers interviewed said that they never felt low, however one consumer stated that if they were ever quiet, staff would pick up on this. All consumers sampled said the service enables them to participate in their communities and to do things of interest to them, one example being assisting a consumer to continue using their computer through relevant modifications. Consumers have an alert appear if necessary to assist staff undertaking services.

The Assessment Team sighted care planning documentation for consumers receiving services, and noted that consumer goals reflected the information provided by both consumers and staff. Where appropriate, some consumer files had alerts for particular mental health conditions. Updated progress notes from staff, and recent correspondence from allied health professionals and medical professionals pertaining to consumers’ needs and condition, were sighted, stored electronically in consumer files.

Staff interviewed spoke about the supports and services that they provided for consumers and how these assisted the consumer. Care planning documentation for consumers receiving services reviewed reflected the information provided by both consumers and staff. Management and staff spoke how they recognise and support the mental health of consumers, and how consumers are supported with a holistic service to support them in daily living.

The service has developed a highly distressed client workflow document to enable staff to identify clients in a distressed state and how to effectively respond. The service runs a quality living group program, where consumers of the same age are connected.

The services does not provide meals therefore the relevant requirement was Not Applicable.

# 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

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as three of the three specific requirements have been assessed as Compliant.

The service demonstrated that it provides a welcoming environment which enables consumers with sight impairment to interact. It ensures the environment is safe, clean, comfortable and well maintained, and that all consumers are assisted to connect with relevant staff, by providing guidance and navigation inside the building upon arrival and check in. It provides a welcoming and inclusive environment for consumers with dogs by providing facilities for the dogs to use. Daily cleaning of the service environment is undertaken, and equipment is regularly maintained and updated, to ensure it is safe for consumers.

All consumers interviewed who said they had been to the Parramatta site said they liked the service and feel safe there. Consumers are provided individualised assistance with wayfinding by staff if required. Consumers with seeing eye dogs are encouraged, and the service has a designated grassed area outside through an open door onto a balcony.

The service environment was observed by the Assessment Team to provide a welcoming atmosphere and designed for consumers with low vision. Interactions with consumers were observed and were seen to be welcoming and optimised the consumer’s independence. The Assessment team observed the service to be safe, clean and well maintained. Access to the services was via a secure lift to clinical care and offices. All consumers must present on the ground floor, where they are checked in, and are then assisted by staff to access the remaining areas. All maintenance jobs are logged through a computerised system, and minor work is undertaken immediately. Cleaning is undertaken by an external provider daily. Furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers to use. A checking and maintenance process is in place.

# 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

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as four of the four specific requirements have been assessed as Compliant.

The service demonstrated that it provides access, support and information to consumers to encourage feedback and complaints and that it promotes and provides information on relevant external agencies and advocates. It practices open disclosure where required and responds to consumers feedback with service improvements.

Consumers and representatives advised they do not have any concerns as they are satisfied with the services and when they raised anything it was addressed quickly by clinical or allied health staff. They said they feel comfortable raising issues if they arose, as staff were very approachable and helpful. They said they had been provided with information about or were aware of methods for raising and resolving complaints. Overall consumers and representatives said they had not needed to raise issues but felt staff would take any concerns seriously and address their complaints. Consumers and representatives said the service seeks their feedback regularly about the services they receive.

Clinical or allied health staff advised if they receive any feedback from consumers they bring it to the attention of their Regional Business Manager, whether it be positive or negative. Staff said the consumer Client Information Booklet contained information for multiple peak bodies for seniors including the Seniors Right Service and the Commission, together with information on how to access information in audio and braille on their website. Clinical, allied health, and management advised they work as a team and any of them could handle negative feedback that may arise. Staff demonstrated an awareness of open disclosure and advised they would always apologise to consumers if the consumer expressed dissatisfaction with anything regarding their services.

Management explained how they encourage and support consumers and representatives to provide feedback and make complaints through various avenues, and stated that consumers are provided with information on how to make a complaint to an external agency and how to access advocacy services when they enter the service. Management also described how they use the information from surveys, feedback and complaints to gain an insight into the quality of their service.

The service has a complaints management system for recording, managing and reporting complaints and feedback. This system includes registering of the complaint and dates and escalation points. A review of a sample of complaints by the Assessment Team shows this is linked to the service providers Continuous Improvement register and process. There was evidence of staff training on how to manage complaints, how to use the complaints system and the applicable Quality Standard and the rights of the consumer.

# 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

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as five of the five specific requirements have been assessed as Compliant.

The service was able to demonstrate its workforce is planned to enable delivery of safe and quality care. It provides training and support to the staff to increase staff competency and skill. It was able to demonstrate it has systems to review performance based on assessment and consumer feedback.

All consumers and representatives stated that clinical and allied health staff delivered the support and assistance when they expected them and at a time suitable for them. Several consumers said their staff providing their care were always friendly, patient, and took the time to listen when undertaking assessment and recommendation suggestions, and that their views were respected. Consumers and representatives interviewed advised they are satisfied with the knowledge and skills of clinical and allied health staff, and also stated they are asked about the services and if there are any issues with staff or the way they provide services.

The Regional Client Services Manager, clinical and allied health staff said when an appointment has to be rescheduled due to staff unplanned leave or other reasons, an assessment is done on consumer risk and need as part of the rescheduling process. Clinical and allied health staff said they listen to their consumers and respect their privacy, cultural values and decisions. Staff interviewed were able to detail the support and training given to them, and also confirmed there is a performance appraisal system in place and confirmed they received ongoing feedback and coaching.

Management advised there is a set staffing establishment and staffing profile for specialised vision services and supports. Rosters and workforce management is planned according to program need and the needs of the consumers being supported. Management further advised the skills and knowledge required of each position is identified and documented in the position descriptions together with the responsibilities, scope and limitations of each position. The Assessment Team noted that management monitor and record training, initial induction, annual mandatory training and specific professional development sessions. Management also advised that the service has performance planning and appraisal process in place.

There was evidence of staff training information related to professional courtesy and respectful approach. Position descriptions and organisational policies and procedures like social inclusion, diversity, sexuality and relationship and code of conduct guide and reflect the service’s expectation that staff behave in respectful way. The Assessment Team sighted a report on data on productivity which is used in supervision and performance appraisal discussion.

# 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

The Quality Standard for the Commonwealth Home Support Programme service is Compliant as five of the five applicable requirements have been assessed as Compliant.

The service demonstrated that it promotes consumer’s access and engagement with them through their care planning, and that it promotes care and support delivery in culturally safe, inclusive manner. It was also able to demonstrate that its governance framework provides for effective engagement of the consumers and workforce through information and feedback to achieve continuous improvement. It supports consumers to live the best life by identifying risk and having policies to manage these.

Consumers and representatives expressed satisfaction with the quality of the service they received and said they provide input as to how the service are delivered through their service agreement reviews. Consumers provided examples of how the service helped them live the best life they can, by stating their appreciation for information and support to access equipment which enables them to live independently whilst having low vision.

Staff and volunteer said they think the service is well run and management staff respond to consumer and representative requests and implement any changes quickly for example escalating ordering and deliveries with third party providers to accommodate consumer preferences. Staff said, in their own words, they were satisfied the service promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. Staff were aware of the aged care abuse line, advocacy agencies and demonstrated that they can source support for their consumers if required, and management and staff were able to identify vulnerable consumers, including those with special needs, cognitive and functional difficulties and limited supports.

The service’s continuous improvement plan and complaints/feedback register show input from management, staff and consumers is captured and tracked. Based on discussions with management and an analysis of the information provided by management, including minutes of meetings, copies of reports and continuous improvement plans; the governing body demonstrated it is accountable for and committed to promoting a culture of safe, inclusive and quality aged care services. Review of documentation and discussions with management and staff indicated that the service has effective organisation wide governance systems, and risk management systems and practices. The service has a clinical governance framework in place appropriate to the clinical services it provides.

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)