**Performance**

**Report**

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| Name: | Wenonah Community Care |
| Commission ID: | 200084 |
| Address: | 21 Wenonah Street, GULGONG, New South Wales, 2852 |
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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

Home Care Packages (**HCP**) included:  
Provider: 34 Gulgong Hostel Association Inc  
Service: 17862 Wenonah Community Care  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7917 Gulgong Hostel Association Incorporated  
Service: 24308 Gulgong Hostel Association Incorporated - Community and Home Support

**This performance report**

This performance report for Wenonah Community Care (**the service**) has been prepared by M.Wyborn, 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Not Applicable** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not Applicable** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

The service demonstrated that consumers are treated with dignity and respect, with individual identities, culture and diversity valued. Consumers advised that staff and management treat them with respect, noting they feel their dignity is routinely maintained during service delivery. Consumers also spoke to the approachability of staff and management, noting they understand their cultural background and consistently consider their personal circumstances and preferences. The service demonstrated relevant policies and procedures including Privacy and Dignity, Clients Rights and the Service Charter and the Assessment Team observed staff and management consistently speaking to, and about, consumers in a respectful manner.

The service demonstrated that care and services are delivered in a culturally safe manner. Consumers advised that staff understand their needs and preferences and deliver services in a culturally safe manner that fosters a sense of safety and respect. Staff and management effectively demonstrated how they provide culturally safe care and services to culturally and linguistically diverse (CALD) consumers, and the Assessment Team observed staff speaking with knowledge and understanding about consumers, and this was demonstrated in consumer documentation.

The service demonstrated that consumers are supported to exercise choice and independence, and consumers advised they are informed about the care and service options available to them. Consumers are routinely encouraged to make their own decisions about the services they receive, including who they want involved in their care. Consumers advised that the service encourages them to engage and maintain relationships with people who are important to them. Staff and management demonstrated that consumer care and services are routinely delivered in accordance with consumer preferences and the Assessment Team observed staff rescheduling services at consumers’ request. Consumer documentation demonstrated that care plans include relevant information related to lifestyle choices and personal preferences.

The service demonstrated consumers are supported to engage in risk to enable them to live the best life they can, and consumers advised that staff actively listen to them, understand their priorities, and respect their choices. Staff demonstrated appropriate knowledge on how to identify risk, when to undertake risk assessment and monitoring, how to report and escalate issues, and how they would respond to a hazard, incident, or potential risk. The service administers relevant policies and procedures to guide staff in these processes.

The service demonstrated effective communication and provision of accurate and timely information to consumers and others responsible for their care. Consumers advised that information provided is clear and easy to understand, and this enables them to be actively involved and make informed choices. Consumers advised they contact staff when they need to, and reiterated that information is readily available. Management and staff demonstrated appropriate understanding and focus to ensure consumers and representatives are informed including supporting them to understand their care funding. Consumer documentation demonstrated that statements and invoices contain itemised schedules that are easy to understand.

The service demonstrated effective systems to ensure consumer privacy is maintained including when sharing information with others involved in a consumer's care. Consumer records are secured appropriately with password protected access to electronic files. Consumers advised they are satisfied with their care and services and confirmed their personal care is delivered in a way that respects their privacy, including staff respecting their personal space and privacy when they are with family, friends, or partners. Management confirmed that all staff have completed professional ethics education.

# Standard 2

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

Findings

The service demonstrated that consumer assessment and planning appropriately considers risks to each consumer’s health and well-being. Consumers reiterated that they receive the care and services they need, and that they are partners in the care planning process. Upon commencement a comprehensive assessment is undertaken which identifies risks to inform delivery of safe and effective care and services. The service administers relevant policy and procedures which guide staff to plan care and to ensure individual consumer choice and preferences are considered relating to delivery of safe and effective care and services.

The service demonstrated that consumer assessment and planning consistently identifies and addresses each consumer’s current needs, goals, and preferences, including advance care planning if the consumer wishes. Consumers and representatives advised that the services they receive meet their current needs and preferences and highlighted that the service has discussed advance care planning with them. Staff demonstrated appropriate knowledge of what is important to consumers they care for including how individual consumers want their care delivered. The service demonstrated that consumer care documentation consistently reflects consumer individual needs and preferences.

Consumers advised that they are actively involved in the assessment, planning and review of their care and services. Staff demonstrated appropriate knowledge of their role in partnering with consumers and representatives to assess, plan and review care and services. Consumer care and service documentation highlighted the service maintains focus to consistently deliver coordinated assessment and planning which involves relevant organisations, individuals, and service providers. Management demonstrated effective processes for planning care and services to meet individual consumer needs, goals, and preferences.

The service demonstrated that outcomes of assessment and planning are effectively communicated with consumers and documented in a way that is readily accessible by consumers and others if appropriate. Consumers highlighted that they understand their care and services and staff demonstrated effective communication with consumers to ensure they understand the outcomes of their assessment and planning. Care staff demonstrated an effective handover process when they commence services for a consumer, and advised that consumer care plans are available on the mobile application and reiterated that they contain relevant information to deliver appropriate and tailored care and services.

The service demonstrated that care and services are reviewed regularly and as required. Consumers and representatives advised that the service routinely communicates with them about their care and services, seeks their feedback, and implements changes to meet individual consumer needs, goals, and preferences. Staff and management demonstrated an appropriate understanding of the review process and the service administers guidance documents to support annual review of care and services, review when a consumer’s circumstance changes, or review when an incident impacts the needs, goals, or preferences of a consumer.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Not applicable |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Not applicable |
| 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 | 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 | Not applicable |
| 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 | Not applicable |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Not applicable |
| 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 | Not applicable |

Findings

The Assessment Team did not assess Standard 3 for CHSP as the service does not provide personal care during service provision for CHSP consumers.

The service demonstrated for consumers receiving HCP that each consumer receives safe and effective personal and clinical care. Consumers and representatives advised they are satisfied the care they receive meets their needs and optimises their health and well-being. Staff demonstrated they were familiar with the personal and clinical care needs of individual consumers, and consumer care plans support care that is safe, effective, and specific to each consumer. The service administers a suite of policies to support delivery of personal and clinical care, which are readily accessible to all staff. The service demonstrated evidence-based, best practice care by engaging in education and industry updates, liaising with colleagues, providing information and training for care staff, and regularly seeking feedback from consumers.

The service demonstrated that high impact or high prevalence risks are effectively managed, and consumers and representatives advised of their satisfaction that risks associated with their care is effectively managed by the service. Consumer assessments ensure effective identification of risk, and appropriate strategies to manage these risks are recorded in consumer care files. Staff demonstrated appropriate knowledge of risks associated with the care of individual consumers and care staff described general and specific risk management strategies associated with relevant care and services provided. The service’s incident register captures incidents that occur within and outside of service times and the service has expanded use of their electronic care management system to incorporate their incident management system.

The service demonstrated that consumer needs, goals, and preferences at their end of life are recognised and addressed. Although the service did not currently provide end of life care to any consumers, assessment tools and clinical referral pathways are available. The service facilitates referral to the local health district community care team and will arrange support in their residential facility to assist with end of life care. Staff demonstrated how they routinely and respectfully approach conversations with consumers and their families to ensure they are aware of the supports that can be offered by the service with consideration to HCP level and funding availability, and in conjunction with palliative care providers.

Changes in consumer condition and care needs are recognised and responded to in a timely manner. Consumers and representatives advised of their satisfaction with the delivery of care, including staff recognising deterioration or changes in their condition. Staff demonstrated appropriate knowledge of when and how to recognise deterioration or change in a consumer’s condition and care staff advised that management is responsive when they report any changes in consumer conditions.

Information about consumer care is documented and effectively communicated within the organisation, and with others where responsibility for care is shared. Consumers and representatives were satisfied with the delivery of care, including the service effective communication relating to changes in their conditions, and staff reinforced that changes required to consumers’ care and services are communicated through verbal handover processes, review of progress notes, and via access to consumer care plans. Care staff demonstrated current knowledge of consumer changes in care needs and understood where to access the most current information.

Consumers advised that the service routinely facilitates referral to appropriate providers, organisations, or individuals to meet their care needs. Consumers advised they are satisfied the referral processes are timely and appropriate. The service demonstrated a variety of organisations it has links with, including allied health providers, NSW Health local health district community teams, the local multipurpose service, and other local community organisations.

The service administers policies to guide infection prevention and control and all staff receive training on infection control practices. Consumers and representatives advised they are satisfied with the measures the service has in place to manage COVID-19 and to minimise other infection-related risks. The workforce demonstrated an appropriate understanding of precautions required to prevent and control infection, and management demonstrated ample supply of personal protective equipment (PPE), including rapid antigen tests (RATs) for COVID-19, is provided to staff.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not applicable | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

The service demonstrated that consumers consistently receive supports for daily living that meet their needs, goals, and preferences. Consumers advised they are supported to do the things they are interested in and explained how the service supports their independence, health, well-being. Care staff described how they take consumers on outings of their choice to optimise their well-being and quality of life, and staff demonstrated how their care planning processes partner with consumers to support needs, goals, and preferences, consumer independence and quality of life. The service’s care management process incorporates ongoing review and feedback from consumers to ensure their active involvement in goal setting.

The service demonstrated that services and supports promote consumer emotional, spiritual, and psychological well-being. Consumers advised they are well supported by the service. Staff demonstrated how they appropriately support consumer well-being and this was evident within consumer documentation. Consumers and representatives highlighted that staff know them well and advised that services such as social support, companionship, and community outings enhance their emotional and psychological well-being. Consumer care plans include reference to consumer’s religion if it is important to them.

Consumers advised that the service supports them to participate in their community in a way that interests them and the service supports them to maintain relevant social and personal relationships. The service demonstrated that individual consumer goals are established upon commencement with the service including any social activities that are important to consumers. The Assessment Team reported that this information guides service provision and staff maintain focus on supporting consumers to meet their goals.

The service demonstrated that information about individual consumer condition, needs and preferences is effectively shared within the organisation and with others involved in consumer care. Staff advised that they have access to relevant information about the consumer they provide care to within the services documentation system. Staff are tasked to complete progress notes at the completion of each service and these are shared on the documentation system, and management and staff demonstrated shared understanding of individual consumer needs and preferences, which aligns with documentation in consumer files.

The service demonstrated timely and appropriate referrals to other organisations and providers of care and services of consumer choice. Consumer documentation demonstrated that the service liaises with other providers to support the diverse needs of consumers. Staff feedback and consumer documentation demonstrated relevant examples of consumers being referred to other providers of care and services, and staff were able to demonstrate a variety of referrals to home maintenance, gardening, and other providers of care and services.

Although meals can be accessed through HCP and some components of them can be claimed, such as administration and delivery, the food component cannot be included under HCP funds, therefore this requirement is not applicable for the HCP program.

The service prepares and delivers meals to some consumers receiving CHSP funding in their home. Meals are prepared in the service’s residential aged care facility kitchen. The service’s catering supervisor develops the menus in accordance with requirements for variety and nutritional benefit. Consumers are provided with a menu for each month and consumers select which days they want a meal delivered. Upon commencement, the service records allergies, dietary requirements, likes and dislikes and this information is made available to kitchen staff. The service’s catering supervisor and other staff in the kitchen demonstrated a sound knowledge of consumer needs and preferences.

The service demonstrated that equipment is safe and suitable, and consumers reiterated this and advised that they would contact management if they had concerns. Care staff advised they notify management of any equipment that needs repair or replacement. Consumer documentation demonstrated that the service refers consumers to an occupational therapist or physiotherapist if needed to inform purchase of suitable equipment. Staff advised that the service is routinely responsive in arranging repair or replacement for consumers, and care staff advised that ensuring equipment is clean and maintained forms part of their normal duties.

# Standard 6

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

Findings

The service demonstrated effective systems to encourage and support consumers and representatives to make a complaint or provide feedback. Consumers provided positive feedback regarding the service, noting whilst they had not yet found a reason to make a complaint, they expressed comfort in doing so directly with staff or management. Staff demonstrated appropriate knowledge of how they can support consumers, their representatives, and others provide feedback and complaints, and how they can encourage consumers to do so. The service demonstrated that consumers and representatives are provided with an information pack that includes a client handbook detailing relevant information to support consumers to provide feedback and make complaints. The service administers relevant policies and procedures that guide staff in supporting and encouraging consumers to make a complaint or provide feedback, and how the service will manage any complaints. The service also manages relevant systems to enable the provider to create reports and identify trends of complaints for reporting purposes and risk mitigation.

The service demonstrated appropriate action is taken to ensure consumers and representatives are aware of and have access to advocacy, interpreting services and other methods for raising and resolving complaints. Consumers and representatives advised they are comfortable to raise complaints or provide feedback with the service directly. Staff described how complaints are managed and how they support the feedback process. Consumers and representatives referred to their welcome pack to gather information on advocacy options, language services and other methods for raising complaints. The consumer welcome pack, sighted by the Assessment Team, includes information on external complaint options such as the Aged Care Quality and Safety Commission (ACQSC), the NSW Senior Rights Service (SRS), how to access interpreter services (TIS), and the National Relay Service for consumers who cannot communicate and/or are hearing impaired.

The service demonstrated appropriate action in response to complaints, including using an open disclosure approach when things go wrong. Consumers who were recorded in the service’s complaints register advised the service apologised and resolved their complaint in a timely manner. Management demonstrated that the service aims to resolve feedback and complaints immediately upon receipt. Any feedback not able to be resolved ‘on the spot’ is escalated to management for resolution. Staff advised they have received relevant training related to the principles of open disclosure and staff training records demonstrate completion of communication skills and complaint training modules. The organisation’s complaints and feedback policy and procedures include open disclosure principles and staff accountability for actions and decisions taken relating to a complaint.

The service demonstrated effective review and analysis of feedback and complaint data to inform enhanced service improvements. Consumers advised that the service consistently acts in response to their feedback, and this leads to improved quality of care and services. The service maintains a register where all feedback is recorded, and actions documented, and management demonstrated that this register is used to analyse feedback data, inform continuous improvement, and provide information to the continuous quality committee. Review of the service’s complaints register and the service’s plan for continuous improvement (PCI) register indicated that improvements are undertaken and considered after a complaint has been lodged. The quality advisory committee maintain oversight of all aspects related to complaint and feedback analysis and directs continuous improvement for the organisation.

# Standard 7

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

Findings

The service demonstrated workforce planning that enables delivery and management of safe and quality care and services. The service administers appropriate human resources recruitment policies and procedures including a workforce planning policy that provides a framework to plan, attract, develop, and retain staff with relevant skill sets to deliver care and services. In addition, the service demonstrated a rostering system that enables the service to monitor and manage workforce to meet consumer needs.

The service demonstrated workforce interactions with consumers that are kind, caring and respectful of each consumer’s identity, culture, and diversity. Consumers and representatives advised they are treated with dignity and respect and staff and management were observed by the Assessment Team to deliver consistently respectful and caring approaches when talking to consumers in person and by telephone. Consumers and representatives also advised that the service routinely respects their preferences.

The service demonstrated a competent workforce that have the qualifications and knowledge required to effectively perform their roles. Consumers and representatives expressed confidence in the competency of staff and were confident staff had the qualifications and knowledge to perform their roles. Staff advised their recruitment and onboarding included completion of mandatory training and practical training through a buddy system with an experienced member of the workforce. The service demonstrated relevant guidance to ensure staff understand the different roles and responsibilities of the home care worker, and staff documentation maintains relevant compliance and qualification requirements for staff and subcontractors.

The service demonstrated a workforce that is trained, equipped, and supported to deliver the outcomes required by these standards. Consumers and representatives advised they have confidence the workforce is trained, competent and skilled. The service demonstrated relevant staff and management training systems which acknowledge completion of training of relevant policies and procedures to equip and support staff and management to deliver the outcomes required by these standards.

The service demonstrated that assessment, monitoring, and review of the performance of each member of the workforce is being undertaken informally and management demonstrated that formal performance appraisals are being introduced. The organisation has created a document that records all staff due dates for 6 monthly baseline catch ups and annual performance appraisals as per the organisation’s policy. Management, case managers and care workers receive training and participate in meetings to facilitate identified training needs and to ensure there is an opportunity for development discussion. Staff confirmed receiving position descriptions that are in line with their letter of commencement of employment and confirmed being informed of performance appraisals are coming up. Staff advised the Assessment Team that they feel supported, and management is very approachable.

# Standard 8

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

Findings

The service demonstrated actively engaging consumers and representatives in the development, delivery, and evaluation of care and services. Consumers and representatives reported that the service is organised, easy to navigate and responsive to their feedback. The organisation has developed a Quality Advisory Committee meeting, where recommendations are discussed and actions, responsibilities and timeframes are included in the organisation’s continuous quality improvement plan. Consumers and representatives are invited to attend strategic planning meetings with Board members present and have completed strengths, weaknesses, opportunities, and threats (SWOT) analysis. These tasks ask consumers and representatives to describe what advantages the organisation has within the community, what can the organisation do better, what is unique about the organisation and, what do consumers see as improvements. Staff advised they regularly seek feedback from consumers and representatives to evaluate service delivery and management meet with the Board monthly with the standing agenda items including development opportunities, and delivery and evaluation of services in relation to aged care consumers to inform continuous improvement.

The organisation demonstrated a governing body that promotes and is accountable for delivery of a culture of safe, inclusive quality care through the organisation’s governing constitution, Board members code of practice, governing policies outlining the roles and responsibilities and the structure and processes of the Board. Board members are a mixture of local and external individuals who have been appointed according to qualifications and experience. The Board Chair and the CEO of the organisation advised of training provided to the Board through external bodies relating to organisational governance, the Aged Care Reforms, and the Quality Standards. The Board Chair and the CEO demonstrated that the information reported to the Board validates the organisation’s provision of care, ensuring that it is delivered and monitored to meet regulatory requirements, the Aged Care Quality Standards, and the organisation’s mission and values. The organisation demonstrated that this data is also used to identify improvements to systems and processes. The Assessment Team reviewed the Boards meeting minutes that included monthly reporting informing the Board of the HCP and CHSP high risk incidents and complaints, serious incident response scheme incidents, the outputs of service delivery, the financial position of the HCP and CHSP programs, clinical care data, regulatory compliance, updates regarding staff meetings, training, and education and the continuous improvement register.

The service demonstrated effective organisation wide governance systems for managing and governing all aspects of the service in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The organisation administers relevant policies and procedures to govern information management relevant to each role, ensuring proper distribution and accessibility of updates and information. The organisation demonstrated actively pursuing continuous improvement through various channels and the organisation’s continuous improvement policy evidenced appropriate mechanisms that include reporting to the Board and establishing a quality advisory committee. The organisation actively monitors and manages consumer HCP balances, ensuring transparency and accountability in managing package funds. The organisation demonstrated a workforce that is planned to facilitate delivery and management of safe and quality care and services and this includes an appropriate organisational structure chart which outlines the reporting framework for accountability and responsibility, and job descriptions. The organisation demonstrated effective systems to identify and ensure compliance with relevant legislation and regulatory compliance requirements as well as effective organisational systems and processes to ensure consumer, representative and staff feedback is captured, and managed fairly, promptly, confidentially and without retribution.

The organisation demonstrated effective governing systems to identify and respond to potential risks to consumers. The organisation’s risk management framework includes multi-mechanisms to identify, respond to, and prevent incidents. High risk consumers are identified at initial assessment, reassessments, through targeted risk assessments, incident reporting, and progress notes.

Staff demonstrated appropriate understanding of restraint including physical, environmental, chemical, and mechanical restraints that may be used as a last resort and with relevant medical approval. Staff demonstrated an understanding of supporting consumers to live the best life they can and the organisation highlighted relevant governing policies and procedures that guide staff to ensure each consumer feels supported and respected as an individual. The organisation’s incident management system ensures the service is proactive in following the incident management processes, is transparent when communicating with consumers and external stakeholders, and routinely applies the principles of open disclosure where appropriate.

The organisation administers a clinical governance framework that is supported by governing polices, weekly staff and clinical meetings, the quality advisory committee and the presence of a registered nurse and a doctor on the Board who remain informed through regulatory reporting requirements. The organisation demonstrated appropriate systems and processes to ensure they proficiently undertake regulatory reporting of clinical indicators, identify trend analysis and manage and monitor the potential risks to consumers in relation to clinical care outcomes. The organisation administers policies, procedures, principles and guidelines towards antimicrobial stewardship to guide staff, and management and staff demonstrated appropriate knowledge of antimicrobial stewardship. The organisation strives to minimise the need for restrictive practice and administers a restrictive practices framework to guide staff. Provider partners must demonstrate all care workers performing tasks maintain core capabilities in restrictive practices. Staff are provided with mandatory training on open disclosure and management and staff demonstrated appropriate knowledge of open disclosure.

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)