**Performance**

**Report**

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| Name: | Wowan Dululu Community Volunteer Group Inc |
| Commission ID: | 700009 |
| Address: | 19 Railway Avenue, WOWAN, Queensland, 4702 |
| Activity type: | Quality Audit |
| Activity date: | 20 March 2024 to 21 March 2024 |
| Performance report date: | 24 April 2024 |

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: 1923 Wowan/Dululu Community Volunteer Group  
Service: 18447 Wowan Dululu Community Volunteer Group Inc

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7579 Wowan/Dululu Community Volunteer Group Inc  
Service: 24310 Wowan/Dululu Community Volunteer Group Inc - Care Relationships and Carer Support  
Service: 24309 Wowan/Dululu Community Volunteer Group Inc - Community and Home Support

**This performance report**

This performance report for Wowan Dululu Community Volunteer Group Inc (**the service**) has been prepared by Tara Wurf, 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.
  + The approved provider did not submit a response to the Quality Audit Report.

# Assessment summary for Home Care Packages (HCP)

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Other relevant matters:

Wowan Dululu Community Volunteer Group Inc is a community organisation providing in-home care and support and centre-based activities in a rural community near Rockhampton. The service delivers care and services to approximately 159 consumers through Home Care Packages (HCP) and the Commonwealth Home Support Programme (CHSP). The types of services provided include personal care, nursing, social support, meal preparation, transport, domestic assistance, flexible respite, equipment and assistive technology, centre-based activities, home modifications and gardening.

# 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 Quality Audit Report included evidence (summarised below) that the service is compliant with this Quality Standard and associated requirements.

Consumers described staff as kind and respectful. They said staff recognise and value their individual identity, culture and diversity. Staff knew consumers’ cultural backgrounds, personal circumstances, and life journey. Staff interactions with consumers is monitored by management through feedback processes. Care documentation included information about consumers’ identity, culture, and personal preferences.

Staff described how the care and services they deliver are adapted for individual consumers to ensure the consumer feels valued and safe, including for example, providing certain staff in line with consumer preferences.

The service’s assessment and care planning processes support consumers to have choice and make decisions about their care and services. This occurs upon commencement with the service and during regular care plan reviews. Management and staff knew and understood individual consumer’s choices and preferences. Consumers are consulted when there are changes to their scheduled care and services and are offered various options, including staff replacement or rescheduling services.

Consumers felt supported to take personal risk to live the best life they can, including to mobilise independently following falls and to manage their own medications. The service’s assessment and risk management processes support consumers to maintain independence and do activities they enjoy. The service maintains a risk and vulnerability register which identifies key areas of risk for consumers. Management refers to this register to monitor those consumers and ensure appropriate care and support is provided.

Consumers and representatives were satisfied with the information provided to them and said it was clear and easy to understand. Examples of information provided include the service agreement, budget and monthly statements, consumer handbook and newsletters.

Consumers said their privacy is respected and their personal information is kept confidential. Staff described various ways they ensure a consumer’s privacy and confidentiality are maintained. Consumers are consulted about, and consent is sought for, how their personal information is collected and used. The service has a password protected electronic care management system (ECMS) and electronic mobile devices.

The organisation has various policies, procedures and staff training relevant to this Quality Standard, including on topics such as code of conduct, privacy and cultural safety.

# 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 Quality Audit Report included evidence (summarised below) that the service is compliant with this Quality Standard and associated requirements.

Consumers and representatives said they are involved in assessment, planning and review of care and services. Assessment and planning for consumers who receive HCP is completed by a registered nurse. Assessment processes consider specific risks impacting individuals, such as falls, wounds and complex care needs. Care planning documentation was individualised and contained sufficient detail to guide staff on how to deliver care and services.

Advance care planning and end of life planning are discussed with consumers and representatives upon commencement with the service and at each care plan review. Where consumers have documented their end of life wishes and/or appointed an enduring power of attorney, this information is included in care planning documents. Care documentation reflected involvement of a palliative care consultant where required and included instructions for support workers to follow if consumers do not respond to a scheduled visit.

Care documentation reflected the involvement of consumers, representatives and other organisations in assessment and planning processes. Staff described how they work with the consumer and other organisations to meet the needs of the consumer. Registered staff provided examples of consumers engaging with allied health professionals and other health care providers, including for physiotherapy and wound management.

Staff access consumer documentation (including assessments and care plans) via the ECMS and a mobile device application which they can use to write notes for registered staff or management. Consumers receive a copy of the consumer’s care plan and a roster of scheduled services, which staff discuss with them regularly.

Consumers’ care and services are reviewed 3, 6 and 12 monthly according to a schedule in the ECMS, or more frequently when changes occur. Consumers felt comfortable requesting a review if their circumstances changed.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant | Compliant |

Findings

The Quality Audit Report included evidence (summarised below) that the service is compliant with this Quality Standard and associated requirements.

Consumers were satisfied with the clinical and personal care they receive. They said care is tailored to their needs and that the service is flexible in the delivery of care. Consumers’ needs, goals and preferences are described in sufficient detail in care documentation to guide staff in the delivery of care and services, and staff were familiar with this information. Care documentation for consumers with complex care needs included reviews by allied health professionals and external medical professionals and details about how care needs are managed and by who.

The service maintains a register which identifies key areas of risk for consumers. Assessment processes identify consumers with high-impact and high-prevalence risks, such as falls and wounds. Strategies to minimise risks are documented in the consumer’s care planning documentation and staff were familiar with this information. Staff escalate incidents, risks or concerns via a mobile phone application or directly to management or registered staff. Consumers are referred to other health professionals where required for assessment and recommendation of strategies to manage identified risks.

The service documents consumers’ needs, goals and preferences in relation to end of life care. Staff discuss advance care planning and end of life wishes with consumers and representatives upon commencement with the service and at each care plan review. The service has established relationships with hospitals, a medical officer, a palliative care consultant and allied health services to support consumers nearing end of life. A consumer and a representative provided positive feedback about how the service had cared for their loved ones during end of life.

Deterioration in a consumer’s capacity or condition is recognised and responded to in a timely manner. Management advised they provide consistent staffing to consumers and staff have been trained in how to identify, respond and escalate deterioration or change in a consumer.

Consumers and representatives are offered a copy of the consumer’s care plan. Support workers were satisfied they have access to information about consumers via a mobile device application. Consumers felt staff knew them well and said they generally have the same support worker or brokered service providing care and services.

Where required, consumers are referred to other organisations, including allied health services such as podiatry, physiotherapy, dietetics, and occupational therapy. Referrals are made in consultation with the consumer. Where input from other organisations and providers of care is sought, recommendations are incorporated into consumers’ care planning documentation.

Management and support workers understand practical ways to minimise the transmission of infections, including the risks associated with influenza and COVID-19. Support workers receive infection control training and have access to personal protective equipment. The service has policies relevant to outbreak management and maintains records of staff vaccination status. Consumers and representatives said that support workers follow standard infection control protocols, including handwashing and the appropriate use of PPE as required.

# Standard 4

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

Findings

The Quality Audit Report included evidence (summarised below) that the service is compliant with this Quality Standard and associated requirements.

Consumers were satisfied with the services and supports they receive which they reported helps maintain their independence, supports them to remain living at home and positively impacts their quality of life. They described services including cleaning, shopping, transport and equipment that support them at home. Consumers also said the support workers provide emotional support by listening to them and designing activities to meet their needs. Consumers reported that the delivery of their services is flexible which enables them to maintain their social networks and do the things that are important to them.

Staff understood what was important to individual consumers. They said they provide emotional and social support to consumers whilst undertaking tasks and take the time to ‘have a chat’. They report to management or registered staff any consumers that may be feeling low.

Consumers’ care planning documentation identified individualised services and supports for daily living and strategies to promote emotional well-being.

The service records and shares information via the ECMS and staff mobile device application. Consumers and representatives were satisfied that relevant information about consumers is shared within the service and with others involved in their services. Staff reported they have access to the information they need about consumers.

Consumers and representatives were aware they can access home supports from other organisations through their HCP. Where the consumer chooses, the service makes referrals to other organisations, and brokers services to other providers, such as allied health providers.

Consumers expressed satisfaction with the quality and quantity of the meals provided by brokered meal services and the service’s kitchen. Care documentation recorded consumers’ food preferences, dietary requirements and detailed meal services accessed by the consumer. This information was known by staff. Some consumers receive support with preparing meals in their home, others engage the services of pre-prepared meal providers through their HCP, and some consumers attend the service’s multi-purpose centre for morning tea and lunches.

Where equipment has been funded through a package, the service supports consumers to source and maintain equipment for use in their home. Examples of equipment include, a 4-wheel walker, motorised scooter, oxygen concentrator, and an electric wheelchair. Consumers and representatives reported that equipment is suitable and meets the consumers’ needs. Where relevant, allied health professionals conduct assessments of the consumer’s needs and will recommend appropriate equipment. Staff receive training on how to use equipment in consumers’ homes. The Assessment Team observed equipment used for activities in the MPC to be clean and well-maintained.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

The Quality Audit Report included evidence (summarised below) that the service is compliant with this Quality Standard and associated requirements.

The service has a multi-purpose centre which is used by both CHSP and HCP consumers for social support groups; medical, nursing and allied health clinics; and other services such as hairdressing.

Consumers and representatives said the centre is always welcoming and they feel like they are with family when they attend activities there. Management and support staff said they support consumers to maintain their independence whilst at the centre and enjoy the activities.

Consumers said they can move freely around the centre and access outdoor areas if they choose and were satisfied the centre was clean and well maintained. The centre has a dedicated room for use by visiting health professionals which includes an examination table and is private and comfortable for consumers.

Staff described the cleaning processes in place and said there is sufficient furniture and equipment to meet the needs of consumers. Management described the maintenance program for furniture, fittings and equipment. The service uses cars that are serviced and maintained regularly. The service has schedules which is overseen by management for cleaning, building and equipment maintenance, and pest management.

The Assessment Team observed:

* The centre’s indoor and outdoor environments to be safe, comfortable, well maintained, welcoming, light filled, and easily accessible for consumers with varying levels of mobility.
* The centre to be set out in a way which encouraged consumers to interact with each other and staff.
* Consumers participating in activities, socialising and eating a meal with other consumers.
* Furniture, fittings and equipment to be clean and suitable for consumers to use.

# 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 Quality Audit Report included evidence (summarised below) that the service is compliant with this Quality Standard and associated requirements.

Consumers and representatives are encouraged and supported to make complaints and provide feedback. They felt comfortable raising concerns using a compliments and complaints form, or directly with support workers, management or brokered service providers. They described management as responsive and supportive.

The consumer handbook provided information on the service’s complaints process and information on how to access advocates, language and translation services and external complaints bodies. Consumers are provided information in other languages as required.

The service maintains a feedback and complaints register, which evidenced that complaints are actioned, and open disclosure was used where appropriate. The service also has a process to collate, trend and report feedback and complaints to the leadership team. The service has open disclosure policies and procedures and staff training. Staff and management had a solid understanding of open disclosure processes and evidence of open disclosure was in the feedback and complaints register and consumer progress notes.

The service has a process to review feedback and complaints to identify improvement opportunities and initiatives.

# 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 Quality Audit Report included evidence (summarised below) that the service is compliant with this Quality Standard and associated requirements.

The service has a process to ensure the number and mix of members of the workforce is sufficient to provide care and services to consumers. Consumers said staff generally arrive on time and they are notified if staff are running late. Staff were satisfied there are enough staff to provide care and services in accordance with consumers’ needs and preferences. Staff said they never feel rushed and they have sufficient time to undertake their allocated tasks and responsibilities. Where shifts are vacant, the service has a process to contact consumers and offer alternate staff or times. The service has a process to ensure consumer that require care from a registered nurse receive care from casual registered staff or the nearby hospital.

The service has policies and procedures available to guide staff on workforce interactions with consumers and providing care and services that are culturally safe. Consumers and representatives provided feedback that staff engage with them in a respectful, kind, and caring manner, and are gentle when providing care. Management advised they regularly seek feedback from consumers regarding their care and services to ensure they are happy with their current support workers.

Consumers and representatives said staff are well trained, friendly, helpful and know what they are doing. Staff felt confident and competent in their roles and supported by management. Staff complete an induction program, mandatory annual training, and various competency-based training, including cardiopulmonary resuscitation, manual handling and infection control and other aged care topics.

Staff have formal qualifications and skills relevant to their role, including a Certificate III in Aged Care for workers providing personal care. The service maintains a register of staff qualifications and checks such as police checks and Australian Health Practitioner Regulation Agency registration. The service has documented position descriptions that establish the roles, responsibilities and competencies required of various staff members.

Consumers are satisfied with the performance of staff. The service has systems to assess and monitor the performance of members of the workforce, including an annual performance appraisal to check staff understand policies and procedures, discuss complaints or compliments, and determine staff satisfaction in their current role. Management said the service monitors the performance of contractors through complaints and actively seeks feedback from consumers in care and service reviews.

# Standard 8

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

Findings

The Quality Audit Report included evidence (summarised below) that the service is compliant with this Quality Standard and associated requirements.

The organisation supports consumers to be engaged in the development, delivery and evaluation of care and services, including through periodic consumer/representative surveys, care plan reviews and feedback and complaints processes. Consumers had been invited to join the Consumer Advisory Committee, although no consumers had accepted the role yet. The service includes ongoing expressions of interest for this committee in the monthly newsletter.

Consumers and representatives felt the organisation provided quality and safe care and services. The organisation is governed by a Board of Directors. The management team and the Board meet regularly to review the service’s performance and plan to improve performance. A Quality Advisory Committee reviews clinical indicators and outcome measures and reports to the Board.

The service has effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. For example:

* Management and staff access policies and procedures via the service’s computer system and consumer care documentation and information through a mobile application. Consumers were satisfied with the way information about care and services is managed and how information is communicated to them.
* The organisation has processes to manage continuous improvement and utilises a plan for continuous improvement to document improvement actions and initiatives.
* The organisation has a system to manage the service’s finances and the service is audited annually by an external accountant. The organisation also has a process to support consumers to manage their individual package budgets, including unspent funds.
* The organisation has various processes to ensure staff are qualified, trained and skilled to deliver safe and quality care and services. Staff understood their role, responsibilities and accountabilities.
* The organisation has subscriptions to receive updates via relevant regulatory bodies such as the Commission, Aged Care and Community Providers Association, and the Department of Health and Aged Care. Policies and procedures are updated to reflect legislative or regulatory changes, as required, and these are communicated to staff, consumers, representatives and others.
* The organisation has a robust feedback and complaints management process and uses feedback and complaints to improve outcomes for consumers.

The organisation has various frameworks, policies, procedures and forms that relate to the management of risk. The service has a process to identify and manage consumers at risk and vulnerable consumers, such as those at risk of falls, who live alone or live with dementia. Staff and management provided examples of how risks and incidents were identified and managed. Staff receive relevant training, including in relation to the serious incident response scheme.

The organisation provides clinical care and has a documented clinical governance framework and policies, including in relation to antimicrobial stewardship, restrictive practices and open disclosure. Whilst the service has these policies in place, there are no consumers currently subject to restrictive practices and the prescribing of antibiotics is completed by consumers’ respective medical officer. The clinical governance framework includes reporting process, monitoring systems, analysing clinical indicators, and staff training.

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)