**Performance**

**Report**

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| Name: | Yourside Australia Ltd |
| Commission ID: | 200576 |
| Address: | Level 10, 10 Help Street, CHATSWOOD, New South Wales, 2067 |
| Activity type: | Quality Audit |
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This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 3268 YOUR SIDE AUSTRALIA LTD  
Service: 27062 Your Side Australia

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7988 Northside Community Forum Incorporated  
Service: 24750 Northside Community Forum Incorporated - Care Relationships and Carer Support  
Service: 24751 Northside Community Forum Incorporated - Community and Home Support

**This performance report**

This performance report for Yourside Australia Ltd (**the service**) has been prepared by M Glenn, 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.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the quality audit report, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others; and
* the provider’s response to the assessment team’s report received 16 May 2024 acknowledging the assessment team’s recommendations.

# 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:

* Standard 4 requirement (3)(f) was not assessed as meals are not provided as part of the organisation’s services.

# 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

Consumers and representatives said consumers feel respected and valued by staff, support workers and management. They described how consumers’ interactions with the service are always respectful and feel their culture and diversity are understood and respected. Staff induction includes training on dignity and respect, and signing to adhere to a code of conduct. Support workers interviewed feel they receive sufficient information regarding consumers’ backgrounds and what is important to them, including dignity requirements and beliefs.

Care planning documentation includes information relating to consumers’ background and hobbies, culture, religious and spiritual needs, preferences, and formal and informal supports. Support workers described the diverse backgrounds of consumers and confirm while information relating to consumers is communicated in the service and/or support plan, they always ask prior to entering consumers’ homes or preparing meals. Consumers and representatives said staff know about consumers’ backgrounds, as well as their individual values and what is important to them. They said the service will schedule services that enables consumers to continue to attend religious and social events and host family and friends in a clean and safe environment.

Consumers and representatives said consumers can independently make and communicate choices and decisions about how services are delivered and who is involved in their care. Information is gathered and documented during initial assessment and ongoing review processes where consumers can advise who they would like to include in decision making about their care and whether they require assistance to communicate their decisions. Staff described how consumers are supported to freely exercise choice and independence to support decision-making about their care.

Consumers and representatives described how risks are identified and discussed with them, and how the service supports consumers to take risks to live the best life they can. Management and staff described support and assistance measures to ensure all consumers are as safe as possible, including dignity of risk forms, home risk assessment processes, consumer medical emergency plans, encouragement for consumers to use mobility aids, and referral to other services and supports. Care planning documentation includes identified risk, risk alerts and risk management interventions.

Consumers and representatives said they receive information about the care and services available, and have copies of consumers’ care plans, schedule of services, budgets and receive monthly statements and invoices for CHSP client contribution. Consumer invoices, monthly statements and budgets show financial information provided to consumers is clear and easy to understand. Progress notes evidence timely flow of information between consumers and staff about changes to their scheduled services, and letters are posted and/or information emailed when there are changes that affect consumers. This is also discussed during ongoing consumer reviews where the customer care consultants discuss changes to consumers’ goals, needs and requirements. There are processes to ensure each consumer’s privacy is respected and personal information kept confidential.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore, the Standard is compliant for both HCP and CHSP.

# 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

Consumers and representatives are satisfied with assessment and planning processes, describing consumers’ care and services as high quality, enabling them to remain living in their own homes. My Aged Care (MAC) and Aged Care Assessment Service (ACAS) assessments and support plans are also used to inform care plan development. Assessment and planning processes include consideration of risks and strategies to mitigate risks, with care files demonstrating involvement of allied health professionals in the assessment and planning of consumers’ care and service needs.

MAC referral and support plan documentation, health summaries, and discussions with consumers and representatives ensure assessment and planning documentation contains up to date information of each consumer’s current needs. Support plans include individual, tailored care and service plans and outline each consumer’s care needs and goals reflective of their personal preferences. Consumers and representatives confirm, and care files show staff discuss advance care planning with consumers and provide them with related information. Consumers said support workers have never made them feel uncomfortable or judged when receiving personal care and confirm support workers know their goals, preferences and what is important to them with how their care is delivered.

Information from representatives, family members, and other organisations involved in the care of consumers is a key area of the assessment and planning process. Information is gathered from consumers, support workers and/or other agencies to help the service determine the level of assistance consumers require to maintain a safe standard of living and are accessing the correct areas of support. Staff engage with consumers and their families if the consumer wishes, as well as general practitioners, hospitals and others, including allied health clinicians as appropriate. Consumers said the service seeks permission before involving others and they feel the process was easy.

The service works collaboratively with consumers and/or representatives regarding outcomes and any changes in consumers’ assessment and planning documents. Care plans are updated to reflect any changes in line with a validated assessment tool, with changes communicated to the brokered service provider, support staff and other organisations. Staff said support plans are available at the point of care, which includes person-centred planning and assessment of how support will be delivered. Consumers and representatives said they have received a copy of the support plan, and confirm staff explain and provide information regarding the support offered.

Consumers and representatives feel they can change consumers’ care and services if their needs or preferences change. Each consumer’s support plan and services are reviewed every six to 12 months and a review is triggered if a consumer is involved in an incident, witnessed, or unwitnessed by the service. Care files show the service reviews support planning documentation and assessments regularly, with all sampled consumer documentation containing up to date information. Support workers said they know consumers well and will report any changes in the consumer’s condition, which may also trigger an immediate review of their care and services. Where consumers’ support needs cannot be met under the funding, referrals to access support are made and pathways provided to the consumer and/or representatives.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore, the Standard is compliant for both HCP and CHSP.

# 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

Consumers and representatives said consumers’ personal and clinical care tailored to their needs is mostly provided by the same person each time and confirm they have a designated care team. When each consumer’s support plan is reviewed, clinical input is sought from the consumer’s physician and allied health, including the in house registered nurse. Subcontracted service providers are used to deliver personal care, HCP allied health and nursing services. Care and support staff described consumers’ needs consistent with their care plan and how the service identifies and provides appropriate care as consumers’ needs change or increase.

High impact or high prevalence risks associated with consumers’ care are identified and documented, with clinical and allied health assessments occurring as appropriate. High impact or high prevalence risks experienced by consumers are primarily related to dementia and cognitive impairment and falls, and management analyse and respond to these risks through reports, team meetings and reviewing the vulnerability register and integrated assessments. Staff interviewed identified and discussed risks associated with the care of consumers they provide care and supports to, including falls, cognitive impairment and social isolation, and outlined ways they mitigate and minimise risks.

Consumers and representatives feel confident that when consumers are nearing the end of life, the service will support them. Staff interviewed described how care delivery changes for consumers nearing the end of life and the application of safe, practical ways to ensure consumers’ comfort is maximised at this time. There are appropriate processes in place for connecting consumers with specialist palliative care providers, where required. A care file for a consumer with declining health shows they have been linked to a palliative care service and staff and allied health are providing the consumer with care and support tailored to their specific needs and preferences. The care file also includes documented assessment outcomes, advance care plans, communication from clinicians, regular updates from the family and care management and monitoring of specific risks.

Care plans, assessments, shift notes, and service plans are readily available to care staff at point of service and provided to consumers and/or representatives, and there are processes to communicate information relevant to the consumer’s care needs with other relevant parties, such as general practitioners, brokered service partners, allied health and/or representatives. Consumers and representatives said staff know consumers well and would recognise if they became unwell, their health deteriorated, or condition changed suddenly. Staff described how they identify changes in consumers’ clinical and personal care needs, and actions taken in response. Clinical meetings are held to discuss clinical care needs of existing and new consumers and those on the high and very high risk client register. Any changes implemented in response to consumer deterioration is discussed with staff and progress monitored. Appropriate and timely referrals are initiated, where required.

Consumers and representatives are satisfied with precaution measures used by staff to prevent and control infection when providing a service and entering and exiting consumers’ homes. Staff described the protocols they follow to minimise infection related risks when going into a consumers’ home, including using personal protective equipment, practicing hand hygiene, monitoring their own health and completing infection control training.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant, therefore, the Standard is compliant for both HCP and CHSP.

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

Findings

Consumers and representatives said the service listens to consumers and provides them with the services and supports they need, in a way that helps them to continue to do things independently. The service ensures care and supports provided are optimising consumer independence and quality of life through direct communication with consumers and/or their representatives, conducting assessment and care planning, through consumer feedback, undertaking regular wellness checks and reviewing care plans. Staff described how they support independence, health, and well-being through providing support to access the community, including social support services, as well as access to mobility aids and equipment to increase independence. Consumers and representatives feel confident staff will support consumers if they feel low, and care files incorporate information related to consumers’ spiritual, emotional, and psychological well-being, including religious preferences, and social activities.

Consumers and representatives said the service enables consumers the opportunity to do things that are meaningful to them, including community outings and supporting in social interaction and relationships. Care files include information relating to consumers’ likes, interests, preferences, goals and actions to support engagement and participation in their interests. A range of social support activities that cater to diverse cultural and religious backgrounds have been arranged and are designed to be meaningful and engaging for consumers, promoting inclusivity and allowing consumers to participate in activities that resonate with their cultural or religious interests. Community-based outings enable consumers to stay connected and participate in the community. Staff discuss the activities schedule with consumers and/or representatives and generate monthly activities calendar which are advertised on the service’s webpage and provided to consumers.

Consumers and representatives are satisfied staff know consumers’ daily living needs and how to provide individual support. Care files show information about consumers is discussed with management, staff and subcontracted allied health providers, as appropriate, to ensure service coordination and continuity of care. Support workers are satisfied with information communicated, stating they can view changes to the care plan when a consumer’s condition and needs change, and they receive emails from brokerage providers with updates. There are processes to ensure timely and appropriate referrals to individuals, other organisations and providers of other care and services, as required.

Consumers are satisfied with the equipment they use and said it is selected for suitability based on allied health professionals’ recommendations. Equipment is purchased and modifications undertaken based on an occupational therapy review and assessment, and consumers are encouraged to trial equipment before purchase. The home care agreement outlines consumers’ responsibility for equipment and servicing requirements. Staff said they can assist consumers to arrange any maintenance or repairs of purchased equipment and they are asked to review equipment, as appropriate, to ensure it remains functional.

Based on the assessment team’s report, I find all requirements assessed in Standard 4 Services and supports for daily living compliant, therefore, the Standard is compliant for both HCP and CHSP.

# 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 service environment is safe, clean, well maintained, comfortable and welcoming, and consumers can move freely both indoors and outdoors with staff supervision. Additionally, furniture, fittings and equipment are in good condition and suitable for consumers. The service environment is located on level 10 and can be accessed via a lift from ground floor. Furniture in the large activities room is arranged for each session based on the number of consumers attending and in a way that provides access and easy movement. There is adequate lighting, exit points are clearly marked and emergency evacuation procedures are in place. A cleaning protocol for planned activity groups is completed by staff after each session, and includes sanitising and wipe down of touch points.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant, therefore, the Standard is compliant for both HCP and CHSP.

# 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

Consumers and representatives feel supported and encouraged to provide feedback and understand how to make a complaint either through the service or an external agency, and consumers said they have family or a representative who can advocate and translate for them if required. Information relating to internal and external complaints avenues, advocacy and translation services is included in the consumer welcome pack, ensuring consumers are supported to provide feedback or make a complaint whatever their culture, language, or ability. Feedback and complaints are encouraged through a range of avenues, including surveys, audits, feedback forms, and meeting forums. Additionally, the welcome pack provided to consumers at the initial assessment contains magnets with information encouraging and supporting consumers to provide feedback and make a complaint. Where feedback and complaints are received, care workers said they notify their manager and the service provider through shift notes and refer to the welcome pack to enable them to refer consumers to the variety of mechanisms available to provide feedback and/or complaints.

Consumers and representatives said prompt action is taken to resolve their complaints, and they are kept informed of the process and of actions taken to address their concerns. A complaints and feedback register is maintained and shows the complaints management system and processes are adhered to and consumers are satisfied with resolutions. Open disclosure is used when addressing feedback and throughout the complaints handling process. Complaints and feedback are used to improve the quality of care and services, and consumers said feedback and suggestions are encouraged, accepted and result in changes or immediate action when needed.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant, therefore, the Standard is compliant for both HCP and CHSP.

# 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

Effective workforce planning enables the delivery and management of safe and quality care and services through the provider compliance framework, using a range of subcontractors with different skill sets to deliver care and services across different regions. Provider partners receive an email from the service with a referral form requesting services and the agency works in consultation with the customer care consultant to match the required worker skills, as well as day/time, language/gender/personality/specific gardening, or travel needs. Monthly provider capacity planning reports are compiled in consideration of the relationship between potential consumers over the next two to three months, where and what services will be required, and the capacity of the service’s provider partners to respond. Support workers feel like they have enough time to complete tasks and said if there is an issue with time, they feel comfortable to raise their concerns with their manager. Consumers and representatives said staff are always on time, consumers have not experienced a cancellation and they are happy with the staff.

Consumers and representatives said staff treat consumers with kindness, respect, and dignity. Staff said they complete the mandatory code of conduct and professional boundaries module during induction, and access consumer information, including support plans to help them to understand the consumer’s background, needs and goals to inform delivery of care and services that are kind, caring and respectful. A brokerage model employed by the service ensures consumer preferences, such as gender and diversity needs are met by providing access to a large and diverse pool of care workers that customer care consultants refer to match consumers to the appropriate subcontractor.

Consumers and representatives said care workers are aware of consumers’ needs and preferences, know what they are doing, and they interact well with one another. Recruitment and onboarding processes ensure the workforce hired is competent to perform their roles. Key personal suitably assessments are completed to ensure information provided at the time of recruitment is current and that staff have the appropriate skill set and compliance checks to undertake their roles and manage responsibilities. Provider partners and subcontractors' compliance is managed by the provider compliance team. Customer care consultants obtain regular feedback from consumers and/or representatives about the services provided by subcontractors.

Consumers and representatives feel staff are trained and equipped to provide care and services. The worker compliance register records individual qualifications of care workers, and provider partner spot checks are undertaken of worker qualifications for those allocated to higher risk HCP consumers. Provider partners, in consultation with customer care consultants are responsible for assigning workers who are appropriately trained to meet consumers’ specific care needs. Where a consumer’s care needs change and they prefer to keep the care worker, the service will work with the provider partner and care worker to ensure the support worker receives the necessary upskilling. There are processes to ensure regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant, therefore, the Standard is compliant for both HCP and CHSP.

# 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

Consumers are supported to engage in the development, delivery and evaluation of care and services in various ways, including surveys, audits, feedback forms, and meeting forums. A consumer advisory board meets quarterly with information discussed reported to the quality care advisory board. Information is reported back to the consumer advisory board to ensure transparency and acknowledgement of consumers’ input, advice and feedback.

The organisation’s governing body promotes and is accountable for the delivery of a culture of safe, inclusive quality care. The Board is responsible for governance oversight of the organisation, endorses decisions and priorities for the service and leads and promotes safe, quality and inclusive services. The Board satisfies itself that the Aged Care Quality Standards are being met through use of internal audits, review of various reports, including feedback, clinical indicator, and incident, the quality, care and clinical governance committee minutes and good news stories. A skills-based quality, care and clinical governance committee review the Board’s annual work plan to ensure the Board and governance systems are accountable and committed to quality.

A governance structure is in place to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the governing body is aware of and accountable for the delivery of services. The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. A clinical governance framework is supported by policies, procedures and training to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant, therefore, the Standard is compliant for both HCP and CHSP.

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)