Performance

Report

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| Name of service: | Uniting Mirinjani Weston ACT |
| Service address: | 11 Namatjira Drive, WESTON ACT 2611 |
| Commission ID: | 2902 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 13 September 2022 to 15 September 2022 |
| Performance report date: | 19 October 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Uniting Mirinjani Weston ACT (**the service**) has been prepared by Katrina Platt, 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 Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 11 October 2022.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

This Quality Standard as compliant as 6 of the 6 requirements are compliant.

All consumers and consumer representatives interviewed described being treated with dignity and respect, which was consistent with the observations of the Assessment Team. Care planning documentations reflected the diversity of consumers and included information about consumer backgrounds, cultural backgrounds, education and occupation history, spiritual observances and things of interest to consumers. Staff demonstrated familiarity with consumer backgrounds and could describe how the individual backgrounds and preferences influence delivery of care and services.

Consumers interviewed described their culture, values and diversity were valued and discussed how their religious preferences, personal care preferences and meal choices were accommodated to meet their cultural needs. Staff described consumer cultural practices and review of consumer meeting minutes confirmed organisation of cultural lunches and activities to support and celebrate consumer diversity.

Consumers and consumer representatives interviewed confirmed they were supported to exercise choice and independence by making decisions about their own care and services and were regularly consulted in the decision-making process. Consumers discussed attending social activities outside the service with family and friends and staff described supports provided to consumers to stay connected with their families and other during COVID-19 restrictions.

Consumers and consumer representatives interviewed expressed satisfaction with the support received to take risks and live the best life they can. Staff described the risks taken by some consumers with modified diets and the Assessment Team observed multiple risk assessments were completed and endorsed by the consumer and/or consumer representative and medical officer when food preferences were not aligned to recommendations by the speech pathologist.

The Assessment Team observed the monthly activities calendar on display throughout the service and confirmed copies were provided to consumers, who confirmed they receive the information they need to make informed choices about the activities they undertake, the food they want to eat and their personal care needs. Posters and flyers of upcoming events were observed on noticeboards and in rooms and minutes of the monthly consumer meetings were available for interested consumers and consumer representatives.

Three consumers interviewed by the Assessment Team discussed their privacy was not always respected as staff would sometimes enter their rooms without knocking and without invitation. The Approved Provider responded to the particular issues raised and detailed further discussions with consumers and consumer representatives about their privacy concerns. Consumers confirmed they had no particular concerns about privacy issues and were afforded opportunities to discuss and detail any specific privacy requirements they had.

The Assessment Team observed personal information was unattended on electronic tablets during medication rounds and work stations were unlocked, with progress notes displayed without staff supervision. The Approved Provider believed these to be isolated incidents and not an identified systemic issue with medication management, which had in fact occurred contrary to policy. The Approved Provider supplied evidence of staff communications about privacy and medication administration processes and additional education on privacy and dignity and appropriate use of medication trolleys. Ongoing audits of computer are in place and signage has been placed in workstation areas reminding staff to log off when computers are unattended.

I have found the evidence from the Approved Provider clarified the privacy concerns identified by the consumers and consumer representatives and am satisfied the measures taken will reinforce the importance of consumer privacy and its preservation. I acknowledge the computer location audit, staff communications and signage support a commitment by the Approved Provider to continuous improvement in requirement (3)(f).

# Standard 2

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

Findings

This Quality Standard is compliant as 5 of the 5 requirements have been assessed as compliant.

Consumers interviewed by the Assessment Team described they felt safe and confident the workforce knew what they were doing. Care planning documentation confirmed consideration of risks to consumers health and well-being, including for consumers at high risk of falls who require mobility aids for additional support. Management and staff described the comprehensive assessment process for consumers on admission and the Assessment Team observed several consumer files demonstrated effective, comprehensive assessment and care planning for consumers.

Consumers and consumer representatives described care issues important to them including end of life preferences, which was consistent with care planning documentation reviewed by the Assessment Team which detailed consumer needs, goals and preferences. Staff demonstrated awareness of consumer needs and management confirmed end of life care planning is conducted with the consumer and consumer representatives on entry to the service and during care plan reviews.

The Assessment Team determined assessment and planning was conducted with consumers and others involved in their care and included medical officers, physiotherapists, dieticians and other specialists. Consumers detailed who was involved in their care and were confident their care needs were being met. Staff described the importance of consumer-centred care planning and explained communication techniques used for care planning and engagement with consumers and consumer representatives.

Consumers interviewed said they participate in discussions with staff about their care needs and about the information in their care plans and most consumers and consumer representatives confirmed receipt of a copy of their care plan. Staff discussed how they access consumer care plans and the Assessment Team observed consumer files documented assessment and planning outcomes. Management confirmed consumer involvement in assessment and planning through case conferences and three-monthly care plan reviews.

Consumers and consumer representatives interviewed described how staff regularly discuss their care needs with them and addressed changes to their needs in a timely manner. Staff interviewed discussed reassessment and review of consumer needs, goals and preferences after incidents and management described the consumer care planning review process. The Assessment Team observed care planning documentation confirmed regular reviews were conducted, including when circumstances changed or consumer deterioration was identified including for infections, falls and wounds.

# Standard 3

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

Findings

This Quality Standard is compliant as 7 of the 7 requirements have been assessed as compliant.

The Assessment Team found behavioural support plans were in place for consumers subject to restrictive practices and assessments, authorisations, consent and monitoring of restricted practices were demonstrated for consumers with chemical restraint and environmental restraint. Care planning documentation supported consistent wound care in accordance with wound management plans and pressure area care completed as prescribed. Consumers with chronic pain were reviewed regularly and pain assessments confirmed the site, severity and type of pain experienced. Staff interviewed described pain management strategies for individual consumers.

Consumers with high impact or high prevalence risks were identified in care planning documentation, which included falls, wounds and challenging behaviours. Falls risks assessments were completed by physiotherapists for some consumers and included and consideration of alternative strategies including mobility aids and non-pharmacological strategies for pain management. Consumers requiring catheter management were regularly monitored and reviewed by medical officers and clinical care staff. Consumers experiencing challenging behaviours were monitored by medical officers, geriatricians and Dementia Services Australia.

The Assessment Team observed care plans reflected the end of life needs and wishes of consumers and included associated advanced care directives and statements of choice. Staff demonstrated an understanding of the processes to support consumer’s needs, goals and preferences nearing end of life and management described care advance care planning is discussed with consumers on entry to the service and during care plan reviews.

Consumer representatives expressed satisfaction in responsiveness to consumer deterioration, for example engagement of a physiotherapist after increased falls. Care planning documentation reflected identification and response to consumer deterioration and changes in capacity or condition in a timely manner and regular monitoring and review by clinical staff. Staff described signs of consumer deterioration including changes in mobility, appetite and changes in behaviour and discussed processes for consumer deterioration after hours, engagement with medical officers and transfer to hospital if required.

Consumers and consumer representatives interviewed felt consumer care needs and preferences were effectively communicated and they received the care needed. The Assessment Team observed care planning documentation demonstrated effective and safe sharing of consumer information in care provision, with notifications made to medical officers and consumer representatives when there is a change in consumer condition, an incident, when a consumer is transferred to hospital or returned from hospital and medication changes. Staff confirmed receipt of updated consumer information at handover.

Timely and appropriate referrals to other health care providers and services were demonstrated and included speech pathology, physiotherapy, podiatry and dementia services. Consumers and consumer representatives interviewed confirmed timely and appropriate referrals were made when needed and included allied health professionals and medical specialists.

For requirement 3(3)(g), the Assessment Team observed staff practices in relation to infection prevention and control were not consistently practiced in accordance with the Outbreak Management Plan (OMP) and infection control policy and procedure. Both staff and management were observed breaching personal protective equipment (PPE) protocols, with staff wearing masks below their nose and not wearing masks at all. One staff member was observed to remove food from the Baine Marie with her hands whilst wearing gloves and with a mask below their nose. The Assessment Team observed outside contractors entering the service without appropriate checking of their COVID-19 status.

The Approved Provider responded to the issues raised in the site audit report about requirement 3(3)(g). Firstly, the Approved Provider acknowledged the inappropriate use of face masks and advised of the various remedial measures taken including staff training on infection control and PPE donning and doffing, displayed signage on correct mask wearing and undertaking random mask audits to ensure appropriate use. I find this evidence supports the incidents relating to face masks observed by the Assessment Team whilst on site were not indicative of any service-wide issues and am confident appropriate measures have been taken to remedy the identified PPE issues from the site audit.

As to the food handling incident, the Approved Provider notes the inadvertent actions by the staff member in testing the food temperature by raising the food to their mouth, as a response to the needs of a consumer. The Approved Provider acknowledges, as does the staff member, the unfortunate lapse of judgement and confirmed attendance by the staff member at remedial training on infection control, food handling and code of conduct. The staff member apologised to all residents in the affected community, and I acknowledge the apology of the staff member. I find the evidence persuades me of the inadvertent nature of the actions by the staff member and I am confident any such actions are unlikely to occur again.

The Approved Provider detailed the COVID-19 contractor screening requirements conducted during the pandemic, noting a dedicated administration staff member checks all external visitors to the service and their COVID-19 test results prior to entry. Maintenance and contractors are also tested by the service prior to entry, at the Uniting workshop, to minimise the spread of COVID-19. After the site audit, signage was placed at the front foyer to ensure the contractor process is maintained and a continuous improvement activity raised to monitor accordingly. I find there is sufficient evidence available to support a robust procedure is in place for contractor testing and infection control and that continuous improvement will continue.

Based on the available evidence, I am satisfied Standard 3 requirement (3)(f) is compliant.

# Standard 4

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

Findings

This Quality Standard is compliant as 7 of the 7 requirements have been assessed as compliant.

Staff described direct interaction with consumers about their needs, goals and preferences for daily living through morning discussions with consumers, regardless of their cognitive ability, about their daily apparel, meal and drink preferences, preferences for meal locations and engagement in social events. Staff were able to describe the individual preferences of consumers for social activities.

The Assessment Team observed staff sitting and talking with consumers, engagement in leisure activities and provision of additional psychological support. The Assessment Team noted the provision of regular church services and availability of the pastoral team for individual consumers and additional spiritual and emotional support.

Consumers were observed to engage in several recreational activities including playing pool, completing jigsaw puzzles and reading. Staff actively engaged with consumers in some activities and described additional support provided to consumers to participate in activities outside the service.

Timely referrals to other individuals, organisations and providers of other care and services were noted, with consumers describing utilisation of services like the hairdresser and library. The Assessment Team confirmed consumers were supported by allied health professionals for services including podiatry, allergies and dietary needs, which was consistent with consumer feedback.

Consumers interviewed were generally satisfied with the meals offered by the service. Management discussed consumers provide feedback through the dining room ‘feedback book’, through engagement in food focus meetings and directly to the hospitality manager if preferred. Options for consumer food and dining choices are catered for where possible.

Consumers were satisfied with the equipment available and felt it was well maintained. The Assessment Team observed consumer equipment was clean, well maintained and stored appropriately.

# Standard 5

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

Findings

This Quality Standard is compliant as 3 of the 3 requirements have been assessed as compliant.

The Assessment Team observed an environment supporting consumers with a sense of belonging, which is well laid out with signage confirming room locations. Other features include a centralised activities/lounge room and modern and welcoming open spaces conducive to consumer engagement and a modern café with tables and chairs. Consumers experience separate ‘household’ areas for shared dining and were observed to utilise these areas outside of meals times to read and engage together. The outdoor area includes raised garden beds, a bird aviary, children’s play space, tables and chairs, barbeques and connecting pathways.

The Assessment Team observed furniture, fittings and equipment were safe, clean, well maintained and suitable for consumer use. Indoor furniture was clean, stain free and in good working order. Staff were aware of the process of raising reactive maintenance requests and proactive maintenance was conducted by a third-party provider.

Consumers were observed to move freely within the service, however the Assessment Team found consumers who wished to leave the service were required to exit through a front door which was locked. Management explained consumers may obtain an access card or access code to exit the front door. The Assessment Team also noted an electronic sliding door to the outdoor area to lock on exit, presenting a risk to consumers who may be locked outside.

The Approved Provider responded to the site audit report about consumer access to the front door and the locked electronic sliding door. The Approved Provider supplied an access record which lists consumers issued with an access card, and whilst there is no identifying detail on the record, I acknowledge this as the register of consumers who are supplied with an access card to the front door of the facility. The Approved Provider advised the automatic electronic sliding door was located in the café and was requested by consumers to be closed during the colder months. The door has been returned to the ‘auto’ setting to ensure unfettered access of consumers to outside through the café door.

I am satisfied the evidence submitted by the Approved Provider supports consumers move freely within the service, both indoors and outdoors.

# Standard 6

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

Findings

This Quality Standard is compliant as 4 of the 4 requirements have been assessed as compliant.

Consumers and consumer representatives interviewed felt encouraged, safe and supported to make a complaint and provide feedback and consistently described management as approachable. Management and staff were able to describe the mechanisms available to consumers and consumer representatives to provide feedback or raise a complaint including through feedback forms and consumer meetings.

Consumers and consumer representatives expressed their preference to raise concerns directly with staff and/or management. Staff described how they provide advocacy support to consumers through communicating their concerns directly to management and assisting with completion of feedback forms. Whilst consumers and consumer representatives were not familiar with making complaints to external organisations, the Assessment Team observed brochures and posters displayed around the service on external complaints agencies, advocates and language services.

Consumers and consumer representatives interviewed were confident management would address and resolve any complaints raised and described how feedback mechanisms were used to increase café opening hours. Staff demonstrated an understanding of the principles of open disclosure and how apologies to consumers related to complaints resolution.

The Assessment Team observed not all feedback and complaints were captured in the feedback and complaints register, which impacted accurate trend analysis and improvement of the quality of care and services. Feedback from food focus meetings and verbal complaints from consumers and consumer representatives and staff were not always captured. Staff were unfamiliar with the organisational policy which required all complaints, feedback and incidents to be reported to inform the continuous improvement process.

The Approved Provider responded to the issues raised about feedback and complaints used to improve care and services and noted feedback and suggestions raised during resident meetings were usually actioned immediately or progress is tracked through subsequent meetings and minutes. The Approved Provider has reviewed the resident meetings minutes for the preceding 6 months and captured any complaints or suggestions into the relevant feedback or complaints log, with evidence provided one particular consumer complaint has already been resolved. The continuous improvement plan has also been updated to include these additional improvement activities.

I am satisfied the evidence presented by the Approved Provider supports the feedback and complaints received by the service are used to improve the quality of care and services and that the continuous improvement activities for this Quality Standard will be implemented.

# Standard 7

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

Findings

This Quality Standard is compliant as 5 of the 5 requirements have been assessed as compliant.

The Assessment Team found the service maintained an appropriate staff skills mix. Consumers and consumer representatives described staff were responsive to their needs, knew their routines and were reliable in the provision of timely care and support. Call bells were answered promptly and management confirmed monthly call bell audits were conducted to identify areas of improvement. There was registered nurse coverage for every shift and staffing allocations were adjusted according to acuity and consumer occupancy. Management discussed ongoing recruitment strategies to secure and retain care and registered staff.

Consumers and consumer representatives interviewed described staff were kind, caring and respectful. The Assessment Team observed staff interactions with consumers were inclusive and staff were knowledgeable about individual consumer needs and identity, with preferred names used and prompt and proactive care and support provided. Management described monitoring staff interactions with consumers through observations, feedback from consumers and consumer representatives, surveys and provision of staff training in dignified and respectful care and services provision.

The Assessment Team observed a comprehensive orientation process in place for new staff which included buddy shifts, code of conduct training and supervisor review. Recruitment processes include values-based questions, reference and police checks and position descriptions set our key responsibilities and duties for each role. Management described onboarding processes occur for each individual household, with staff familiarisation of individual consumers and competency-based skills assessments.

Consumers interviewed provided positive feedback about staff knowledge and expressed confidence in staff skills and abilities. Staff interviewed confirmed receipt of regular and appropriate training to conduct their roles and additional education availability if required. The Assessment Team observed an annual training calendar was informed by feedback from consumers and trend analysis. Mandatory competencies were observed to be undertaken by staff annually, and included fire and emergency response training, hand washing, infection control and PPE, manual handling and food safety, with alerts in place to monitor overdue participation.

The Assessment Team observed systems in place for regular assessment, monitoring and performance review for each workforce member. Performance feedback reviews are conducted annually or when identified, with associated development evaluation, leadership discussions, career pathway review and goal identification. Staff confirmed participation in annual performance reviews with their direct supervisor and system reminders are in place to ensure regular review occurs.

# Standard 8

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

Findings

This Quality Standard is compliant as 5 of the 5 requirements have been assessed as compliant.

The Assessment Team found consumers were supported to engage in the development, delivery and evaluation of care and services through various mechanisms including ‘resident of the day’ monthly process, consumer meetings, case conferences, ‘daily household huddles’, consumer surveys, food focus groups, feedback and complaints and management’s open-door policy. Management confirmed consumers were also invited to participate on recruitment panels to assist with staff selection, with further engagement opportunities being considered by the Board.

Consumers and consumer representatives interviewed said the service was well run and consumer safety was a priority of management and the board. Management discussed clear reporting pathways to inform safe and inclusive care and services provision, with all reportable matters, incidents, complaints and clinical indicators used for trending and analysis for continuous improvement. The board communicates directly with consumers, consumer representatives and staff through emails and newsletters, with all information requiring change and/or improvement openly disclosed and shared.

The Assessment Team observed effective information management systems including electronic care planning, risk management, compliance, education and training and human resources. A plan for continuous improvement (PCI) was evidenced which recorded improvement activities from a range of courses including consumer feedback. Management described the financial governance arrangements and board oversight of operational, investment and acquisition activities. Systems for regulatory compliance and feedback and complaints were observed and a workforce governance framework provided clear accountability and responsibilities for staff.

The Assessment Team found a comprehensive risk management framework in place, with escalation processes evidenced between operational and strategic levels. Incident management systems indicated high impact and high prevalence risk monitoring including responding to abuse and neglect of consumers and supporting consumers to live their best life. Staff interviewed demonstrated awareness of the incident and risk management policies in place and were familiar with incident recording procedures and the relevance and importance of the Serious Incident Reporting Scheme (SIRS).

A clinical governance framework was observed to include policies for antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff interviewed described practical application of these policies in care and services provision including observation of changes in consumer behaviours, strategies for reduction of urinary tract infections and good hand hygiene practices and use of antibiotics. Staff were also knowledgeable about open disclosure and actions to take to address consumer concerns.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)