Performance

Report

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| Name of service: | ACH Group Residential Care - West Park |
| Service address: | 7 Partridge Street GOOLWA SA 5214 |
| Commission ID: | 6977 |
| Approved provider: | Aged Care & Housing Group Inc |
| Activity type: | Site Audit |
| Activity date: | 11 January 2023 to 13 January 2023 |
| Performance report date: | 13 March 2023 |

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 ACH Group Residential Care - West Park (**the service**) has been prepared by J Howard, 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 conducted from 11 January 2023 to 13 January 2023. 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 Approved Provider’s response to the site audit report, received 16 February 2023.
* Other information and intelligence held by the Aged Care Quality and Safety Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-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 | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* *Requirement 1(3)(a)* – The service must ensure each consumer is treated with dignity and respect by agency staff used by the service.
* *Requirement 4(3)(f)* – The service must ensure meals are varied and of suitable quality.
* *Requirement 6(3)(c)* – The service must ensure appropriate action is taken in response to complaints.
* *Requirement 6(3)(d)* – The service must ensure feedback and complaints are reviewed and used to improve the quality of care and services.
* *Requirement 7(3)(a)* – The service must ensure 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.
* *Requirement 7(3)(b)* – The service must ensure staff interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

# 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. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied the service is non-compliant with Requirement 1(3)(a).

*Requirement 1(3)(a):*

Consumers were not always treated with dignity and respect by nursing agency staff, who were engaged through another company to fill vacant shifts. All interviewed consumers said agency staff were not respectful when providing care. Consumer representatives said their loved ones did not feel safe when agency staff provided care.

Feedback regarding agency staff included: neglect of consumers’ personal care; no understanding of consumers’ needs or how to meet those needs; not respecting consumers’ privacy; poor communication with consumers in cognitive decline; consumers feared staff; indifference to some consumers’ dignity; ignored instructions from the service’s own staff about consumers’ care preferences; ignored consumers’ explicit instructions about how to meet their needs; and agency staff were often observed spending time with each other and not caring for consumers.

Notwithstanding consumer, representative and staff feedback about the poor quality of care provided by agency staff, the Assessment Team noted feedback about the service’s own staff was positive. For example, consumers confirmed staff employed by the service treated them with dignity, respect and valued their identities, cultures and diverseness. Service staff spoke respectfully about consumers and were observed interacting with them in the same way.

The Assessment Team spoke with management regarding feedback about agency staff. Management understood agency staff only cared for consumers with low-care needs. However, a review of the previous fortnight’s roster showed agency staff worked in all areas of the service, including the memory support unit. The head of residential customer care advised a new resident service manager would be in place by late January 2023, and the findings during the Site Audit would be prioritised for improvement.

In its response, the Approved Provider acknowledged the ‘not met’ recommendation for Requirement 1(3)(a) and advised of the steps taken to address the issues. For example: a new site manager commenced on 23 January 2023; the new site manager has been trained in the organisation’s process for collecting, managing and documenting consumer feedback; an extraordinary resident committee meeting was held to share the Site Audit results; a meeting was held with the nursing agency and feedback was provided about its staff, whereby actions were agreed with a goal of improving consumer care; and the nursing agency remained on a trial basis and will be evaluated against its staffs’ performance and the agreed actions.

While I acknowledge the Approved Provider is now taking steps to remedy the deficiencies, at the time of the Site Audit, management acknowledged consumers’ care and services were not treated with dignity and respect by agency staff. The service is still implementing its remedial actions and it may take time for them to be fully effective. Therefore, I find the service was non-compliant with Requirement 1(3)(a) at the time of the Site Audit.

*The other Requirements:*

I am satisfied the service is compliant with the remaining Requirements in Standard 1.

The service provided culturally safe care and services, which consumers confirmed. Consumers’ care plans detailed their life history, cultural and spiritual needs. Consumers said they communicated decisions about how their care and services were delivered. Consumers said they were supported to make decisions about their care, which could be changed by the consumer at any time. Consumers said they felt comfortable with the service’s own staff, who made them and their visitors feel welcome.

Consumers were supported to take risks which enabled them to live their best lives. For consumers wishing to take risks, a risk assessment was completed and documented in their care plans. Consumers received information in easy to understand formats such as via resident meetings, discussions with staff, an activities program and newsletters. Consumers’ privacy was respected by storing their personal information in a password-protected electronic care management system.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

The service demonstrated assessment and planning included the consideration of risks to consumers’ health and well-being, which informed the delivery of safe and effective care and services. Consumers’ care plans included known risks and the strategies to mitigate those risks, which were understood and applied by staff. A review of consumers’ care plans confirmed the service conducted needs assessments which identified their needs, goals and preferences, including end of life planning where consumers wished.

The service partnered with consumers, their representatives, medical and allied health professionals when assessing, planning and reviewing care needs. Consumers’ care plans showed their needs were reviewed and consumers were satisfied with the quality of care and services received from the service’s own staff. Staff said the outcomes of assessment and planning were communicated to consumers and their representatives by providing the care plan and through discussion, which was confirmed by a review of care plans signed by the consumer or their representative. Consumers and representatives confirmed they were notified when circumstances changed or incidents occurred, which led to a review of consumers’ care needs.

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

Consumers received care that was safe, effective, consistent with their needs and supported their health and wellbeing. Staff understood consumers’ individual needs and preferences, which were recorded in their care plans. Staff were guided by policies and procedures which addressed high-impact risks to consumers such as falls management, pressure area care, behaviour management and restrictive practices. Management advised risk assessments formed part of consumers’ care plans.

Consumers confirmed staff had discussed advanced care planning and end of life preferences with them, which were recorded in care plans. Staff who had previously provided palliative care explained they tended to consumers’ mouth, skin and personal care, provided comfort care in a dignified way and families were welcomed throughout the end of life process.

Changes in consumers’ conditions and care needs were responded to in a timely manner, which was confirmed by consumers, representatives and a review of care plans. Consumers were satisfied with the delivery of care, including how changes to their conditions were communicated within the organisation and with others providing care. Staff said information about consumers’ conditions were communicated during shift handovers. The service made timely and appropriate referrals to other care providers, which was confirmed by consumers and a review of their care plans. The service had processes in place to minimise infection-related risks and support the appropriate prescribing of antibiotics.

# 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. | Non-compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the service is non-compliant with Requirement 4(3)(f).

*Requirement 4(3)(f):*

Where meals were provided, consumers were mostly satisfied with the quantity available. However, all interviewed consumers were unhappy with the quality of the food and lack of options provided to them.

Consumer feedback regarding meals included: lack of consumer involvement in menu development; unable to change their meal order outside of the daily menu; a sandwich was the only option if the daily menu was not to their liking; having to choose meals four week in advance; menu changes had to be notified two weeks in advance; menus were not seasonal and had not changed for one year; mealtimes were not enjoyable; meals were monotonous, uninteresting and tasteless; some consumers chose to miss meals rather than eat what was offered; and there was a lack of freshly cooked food.

The Assessment Team spoke with management regarding the quality of meals provided to consumers. Management were aware consumers were unhappy with the food but could not describe how consumer satisfaction was being improved. The Assessment Team informed the head of hospitality services, the food production manager and the senior hotel services manager of consumer complaints about food at the service. The food and hospitality managers advised they were unaware of previous complaints about the quality of consumers’ food.

In its response of 16 February 2023, the Approved Provider acknowledged the ‘not met’ finding for Requirement 4(3)(f) and advised it had taken steps to address the non-compliance. For example: asking for additional consumer feedback about food quality and the options available to them; feedback was given to the central kitchen team; a new head of hospitality has been employed; development of an action plan to improve food services; consumers were invited to tour the organisation’s central kitchen to see it operate and provide direct feedback to chefs; fresh vegetables will be prepared on-site; meal descriptions and available alternatives were put into the central kitchen and communicated to consumers and staff; nourishing milkshakes were offered; fruit platters are now available twice weekly; and barbecues will be cooked onsite each fortnight.

While I acknowledge the Approved Provider is now taking steps to remedy the deficiencies, at the time of the Site Audit, management acknowledged consumers were unhappy with the meals provided and no strategies were implemented to improve consumers’ meal experiences. The service is still implementing its remedial actions and it may take time for them to be fully effective. Therefore, I find the service was non-compliant with Requirement 4(3)(f) at the time of the Site Audit.

*The other Requirements:*

I am satisfied the service is compliant with the remaining Requirements in Standard 4.

Consumers received safe and effective services that maintained their independence, well-being and quality of life. Staff understood consumers’ needs and what was important to them. Information about consumers’ goals, social and lifestyle needs were recorded in their care plans and updated when they changed. Consumers confirmed they were engaged in meaningful activities which they found satisfying. The service supported consumers’ spiritual, emotional and psychological needs by assisting them to maintain contact with family and friends for support. Staff were aware of consumers’ emotional needs and how to support their emotional well-being. Where equipment was provided, it was safe, clean, suitable for consumers’ needs and well maintained. Maintenance records showed equipment was regularly maintained.

# 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

The Quality Standard is assessed as Compliant as three of the three specific requirements were assessed as Compliant.

Consumers said the service was welcoming, easy to navigate and they felt comfortable and safe. Consumers felt at home within the service, particularly as they personalised their rooms according to their preferences. The service environment was clean, well maintained and consumers moved freely within and outside of the building. Consumers could enjoy outdoor gathering spaces, gardens, lounge rooms, dining rooms, kitchenettes and a communal activity area. The Assessment Team noted hallways and corridors were generally clean and free of clutter. Maintenance was promptly attended so consumers were safe and comfortable in their environment.

The Assessment Team noted furniture, fittings and equipment were safe, clean, well maintained and suitable for use by consumers. Furniture and equipment was maintained under maintenance requests which were promptly tended to by the maintenance officer. Shared equipment such as mobility aids were clean, in good condition and cleaned between each use.

# 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. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the service is non-compliant with Requirements 6(3)(c) and 6(3)(d).

*Requirement 6(3)(c):*

Where consumers and representatives made complaints, in most cases the service did not take appropriate action and in some instances took no action. However, consumers and representatives confirmed staff and management did apologise when something went wrong. The Assessment Team noted staff received education in complaints management and they understood how to escalate issues to senior personnel for investigation.

Consumer and representative feedback about lodging a complaint included: no confidence an appropriate response would be received; repeated complaints about food quality were not addressed; no response to complaints about quality of care; representatives’ complaints were more likely to be addressed than if a consumer raised an issue; repeated complaints about agency staff were not addressed; and no acknowledgement of, or response to, a complaint made several months prior to the Site Audit.

Staff interviewed by the Assessment Team said when concerns were shared with management about the quality of care provided by agency staff, their concerns were dismissed before being told to train the agency staff themselves.

The Assessment Team reviewed the service’s ‘feedback detailed report’ and noted the absence of complaints about food quality, despite consumers having provided unanimously negative feedback about the issue. When raised with the head of residential customer care, it was explained the previous service manager had not entered feedback forms into the organisation’s electronic care management system, through which feedback and incidents were monitored.

*Requirement 6(3)(d):*

Where consumers and representatives made complaints, not all were recorded and therefore, could not be used to improve the quality of care and services. For example, consumer and representative feedback about food quality was not recorded or shared with the organisation’s hospitality team, resulting in ongoing, unmet nutritional needs of consumers.

In its response of 16 February 2023, the Approved Provider acknowledged the ‘not met’ recommendations in the site audit report for Requirements 6(3)(c) and 6(3)(d) and advised it had taken steps to address the non-compliance. For example: a new site manager was appointed in late January 2023, who was provided with training in the organisation’s feedback management system and using open disclosure; and ongoing support will be provided to the site manager to ensure all feedback is appropriately collected, managed and documented in accordance with the organisation’s policies and procedures.

While I acknowledge the Approved Provider is now taking steps to remedy the deficiencies, at the time of the Site Audit, management acknowledged appropriate action was not taken in response to feedback and complaints, nor were feedback and complaints used to improve the quality of care and services. The service is still implementing its remedial actions and it may take time for them to be fully effective. Therefore, I find the service was non-compliant with Requirements 6(3)(c) and 6(3)(d) at the time of the Site Audit.

*The other Requirements:*

I am satisfied the service is compliant with the remaining Requirements in Standard 6.

The service encouraged consumers and representatives to make complaints and provide feedback. Consumers said they were comfortable raising concerns directly with staff or management, though they were not confident any action would be taken in response to their issues. Information about how to make an internal or external complaint was available in communal areas and within service publications. Consumers were aware of how to access internal and external complaints mechanisms, access advocates and find support through an interpreting service.

# 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. | Non-compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied the service is non-compliant with Requirements 7(3)(a) and 7(3)(b).

*Requirement 7(3)(a):*

The service had a roster system; however, it was ineffective in ensuring the workforce was planned and had the necessary mix of skills to deliver safe and quality care and services. The service could not provide evidence to show sufficient staff were rostered to deliver personal and clinical care. Consumers described waiting extended periods of time for assistance with personal care, mobility and receiving meals. Care staff said increased numbers of agency staff, who were described as generally “not competent” in providing safe, quality care, resulted in an increased workload for the service’s own staff.

The Assessment Team discussed its findings with management, who advised their preference was to fill shifts with the service’s own staff rather than agency staff. Management further advised the service was attempting to recruit a pool of local, casual staff to fill shifts with trained personnel.

*Requirement 7(3)(b):*

Workforce interactions with consumers were not always kind, caring and respectful of each consumer’s identity, culture and diversity. All interviewed consumers said agency staff were not respectful when providing care. Consumer representatives said their loved ones did not feel safe when agency staff provided care.

Notwithstanding consumer and representative feedback about the way in which agency staff interacted with them, feedback about the service’s own staff was positive. For example, consumers confirmed staff were kind, caring and treated them like family. Service staff spoke respectfully about consumers and were observed interacting with them in the same way.

The Assessment Team discussed its findings with management, who advised a new residential service manager had been employed to improve the quality of care at the service.

In its response of 16 February 2023, the Approved Provider acknowledged the ‘not met’ findings for Requirements 7(3)(a) and 7(3)(b) and advised it had taken steps to address the non-compliance. For example: a new site manager was appointed in late January 2023; a meeting was held with the nursing agency and feedback was provided about its staff, whereby actions were agreed with a goal of improving consumer care; and the nursing agency remained on a trial basis and will be evaluated against its staffs’ performance and agreed actions.

While I acknowledge the Approved Provider is now taking steps to remedy the deficiencies, at the time of the Site Audit, management acknowledged its workforce was not delivering safe and quality care and services, nor did its workforce interact with consumers in a kind, caring and respectful way. The service is still implementing its remedial actions and it may take time for them to be fully effective. Therefore, I find the service was non-compliant with Requirements 7(3)(a) and 7(3)(b) at the time of the Site Audit.

*The other Requirements:*

I am satisfied the service is compliant with the remaining Requirements in Standard 7.

The service’s own staff were competent and had the qualifications and knowledge to effectively perform their roles, which was reflected in positive consumer feedback. Service management said new staff participated in an orientation process, completed role-based mandatory competencies, participated in ‘buddy’ shifts and attended annual training. Staff were guided by position descriptions which included expectations relevant to the role. The service regularly assessed, monitored and reviewed staff performance which included annual performance reviews.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

Consumers and representatives said they were engaged in the development and delivery of their care and services, primarily through resident meetings. Though consumers and representatives confirmed they were included in discussions, they were not confident their input was considered or would result in change.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services, for which they were accountable. The organisation’s board of directors (the board) maintained visibility of the service’s performance through its sub-committees focused on: property and planning; clinical governance; finance, investment and risk; and audit and compliance. The service had organisation-wide governance systems that guided information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The service had risk management systems, policies and procedures to monitor, assess and manage high-impact or high-prevalence risks associated with the care of consumers. Risks were reported, escalated and reviewed by service management and the board. Staff understood the service’s risk management process, which included risk identification and mitigation.

The service had systems in place to support clinical governance, the delivery of safe care, promote antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong.

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