Performance

Report

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| Name of service: | Aegis Alfred Carson |
| Service address: | 30 Bay Road CLAREMONT WA 6010 |
| Commission ID: | 7414 |
| Approved provider: | Aegis Aged Care Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 29 March 2023 to 31 March 2023 |
| Performance report date: | 29 May 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 Aegis Alfred Carson (**the service**) has been prepared by G-M.Cain, 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 05 May 2023.
* information and intelligence held by the Commission in relation to the service.

# 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

Consumers and representatives spoke of staff caring and treating consumers with respect and dignity, and culture and diversity valued. Observations showed staff interacting with consumers respectfully, demonstrating an awareness of individual consumer choices and preferences. Care planning documentation reflects what is important to consumers to maintain their identity and dignity. Service documentation demonstrated processes to support consumers' rights to privacy, respect, dignity, and confidentiality. For example, the consumer handbook provided contact details for advocacy organisations. The service can access interpreter assistance, and spiritual services are held on-site twice weekly.

Consumers and representatives said staff provide services and care which is culturally safe. The confirmed being involved in assessment and care planning to identify consumers' needs and preferences to enable culturally safe care and services. The service had a diversity and inclusivity policy, and staff received training in the values and expectations of the service relating to respect for cultural identity and dignity.

Consumers are supported to exercise choice and independence and confirmed that the service respects these choices. Care documentation identifies whom the consumer has chosen to be their representative or if a public guardian has been appointed.

Consumers and representatives said the service supports consumers to do the things they enjoy to live the best life, even if activities hold an element of risk. Staff and management were aware of consumers who engaged in activities that posed a risk and described strategies to support them to continue to do this whilst ensuring their safety. Review of documentation identifies appropriate risk assessments and strategies in care plans for consumers who choose to take risks.

Consumers and representatives stated they received regular information to support decision-making, including in relation to social events, meals, COVID-19 and infection outbreaks. The service demonstrated that information is provided to consumers via various avenues, including at consumer and representative meetings, newsletters, noticeboard displays and activity and events calendars. The service utilised technology tools to enable information to be shared with consumers with visual or hearing-impaired consumers. Staff described how they share information in a timely and accurate manner, and observations showed a range of information available to consumers throughout the service, including the activities calendar.

Consumers confirmed that the staff at the service respected their privacy. Staff spoke of receiving training on consumer privacy and confidentiality principles, and observations showed staff knocking on doors to seek permission before entering consumers' rooms. Access to the electronic care management system is password protected. The service had procedures to manage requests for information from family members or external agencies, which protects consumers' privacy and confidentiality.

# 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 identify 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

Consumers and representatives are involved in the assessment and care planning processes and stated they were 'happy' with the care consumers received. They spoke of staff having regular discussions about consumers' care needs, goals and preferences, including end-of-life care if they wished. Staff described the assessment and care planning process and how it informs care and service delivery. Care documentation showed individualised care that reflected consumers' identified risks, needs, and preferences. The service utilised an 'admission pathway' checklist and validated assessment tools.

Whilst consumers have regular risk assessments completed, the site audit report contained information, under this and other requirements, about incomplete assessments for consumers subject to environmental restrictive practices. Immediate actions were implemented by management as a result of feedback at the time of the site audit and were documented in the services plan for continuous improvement. The Approved Provider’s response to the site audit report, including a plan for continuous improvement, evidenced improvement actions taken by the service, including assessing consumers who are, or maybe, subject to environmental restrictive practice. I am satisfied that the plan for continuous improvement effectively described how the service addressed the deficiencies identified and that the services assessment and care planning processes included consideration of all consumer risks.

Consumers and representatives said consumers' needs and preferences are effectively communicated between staff, and they are informed of the outcomes of assessment and planning. They confirmed they had access to a copy of their care plan. Staff described how they communicate changes to the care and services plan with consumers and their representatives and can access care planning information when needed. Registered nurses spoke of care staff members informing them of any changes to consumers' health and preferences, such as when consumers don't eat a meal, have reddened skin, decline to take medications or have responsive behaviours.' Care documentation reflected 3-monthly care plan reviews and the involvement of other care providers and services such as medical officers, physiotherapists, and other health professionals and services.

Staff described, and care documentation evidenced that a review of care plans occurred at least every 3 months or in response to consumer health and/or well-being changes. Consumers and representatives said clinical staff regularly discuss their care needs with them, and any changes requested are addressed promptly. Care documentation identified 3-monthly care plan reviews; and reviews when consumers' circumstances changed, such as consumer deterioration or after a fall.

# 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

Consumers and representatives said they felt the service managed consumers' care well. Staff described how they are supported to deliver personal and clinical care that is best practice and meets the needs of each consumer. Staff had received training in restrictive practice, behaviour management, palliative care, and pain and skin assessments. Care documentation reflects the consumers’ needs and preferences, and personal care and clinical care tailored to the needs of the individual. The site audit report contained information about incomplete environmental restraint authorisation for consumers, as the service had a 'perimeter' restraint being a locked entrance/exit, which required a key code to access. Management stated that no consumer had been given access to the code, but they could exit with assistance from a staff member. Care documentation evidenced consent forms only for the use of locked doors and did not evidence consultation with the consumer/representative in relation to any associated risks. The Approved Provider’s response to the site audit report, including a plan for continuous improvement, evidenced improvement actions taken by the service, including the assessment of consumers, discussion of risk with representatives, appropriate consent and authorisations completed and review of the environmental restrictive practice for consumers annually. The Approved Provider's response also included clarifying information about 11 consumers with cognitive impairment who would be unsafe to exit the service alone. I believe it is reasonable for the service not to provide these consumers with the access code and to expect staff would accompany and support any consumers with a cognitive impairment to leave the service and assist them in return. I am satisfied that the plan for continuous improvement effectively described how the service addressed the deficiencies identified, including consumers subject to restrictive practices having behaviour support plans in place.

Consumers and representatives were satisfied that risks were effectively managed. Staff were aware of consumers' risks and strategies in place to minimise the risk. Care documentation identified strategies were in place to manage the consumers' identified risks, including directives from health professionals. The service analyses clinical indicators and identifies high-impact and high-prevalent risks to consumers at the service, including falls, weight loss, skin integrity, pain management and diabetes.

The service demonstrated that consumers nearing the end of life have their dignity preserved and care provided according to their needs and preferences. Care documentation included an advance care plan and the consumer's needs, goals, and preferences for receiving end-of-life care. Staff described how they provide care to consumers at the end of life, such as using aromatherapy, playing music, repositioning, skin care and mouth care. Staff receive training in palliative during induction, and the medical officer and other specialist services support the service.

Consumers and representatives expressed satisfaction that staff recognise and respond to changes in consumers' health and/or well-being in an appropriate and timely manner. Staff explained how deterioration is recognised, responded to, and, if appropriate, referred to other individuals and providers of care. Care documentation evidenced the identification of, and response to, deterioration or changes in condition. The service had a deterioration policy and a suite of clinical pathways to guide staff when a change or deterioration of a consumer's health or well-being is identified.

Consumers and representatives said communication about consumers' conditions, needs and preferences is effective. Staff said consumers' information is documented in the electronic care management system and communicated to staff via shift handover and verbal discussions.

Timely and appropriate referrals to other providers and organisations were confirmed via interviews with consumers, representatives, and staff and reflected in care documentation. The medical officer, other health professionals, and services support the service in consumers' personal and clinical care. Care documentation included directives from health professionals to guide staff in consumer care.

The service has documented policies and procedures to support minimising infection-related risks, including an outbreak management plan and antimicrobial stewardship. Clinical staff understood the principles of antimicrobial stewardship, including minimising the use of antibiotics through non-pharmacological strategies used when possible and ensuring appropriate antibiotic usage. The service had an appointed Infection Prevention Control lead, and staff demonstrated an understanding of key infection control practices. Service documentation reported that 100% of staff are vaccinated against influenza, and COVID-19, and vaccination clinics have been held at the service for consumers and staff.

The service has a suite of policies and procedures relevant to this Quality Standard.

# 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

Consumers expressed satisfaction with the services and supports provided for daily living, confirming they meet their care needs and activity preferences. One consumer spoke of staff knowing her activity preferences, including preferring to complete crosswords than participate in group activities. Consumers described how they are supported to do meaningful activities and allowed to be independent and participate in activities that promote their well-being and quality of life. Staff described the activities and supports of importance to consumers; this information aligned with care planning documentation. Observations showed consumers participating in various activities, including an external excursion and 'happy hour' drinks.

Consumers described how the service supports their emotional, spiritual, and psychological well-being, stating they can engage in meaningful activities of importance. Staff demonstrated an understanding of consumers' individual preferences. The service provides spiritual services weekly for consumers, and the service allows Consumer pets are allowed at the service and in consumers' rooms to provide comfort. Consumers described how staff supports them to participate in the community, do things of interest to them, and maintain social and personal relationships. Staff described how they support consumers to participate in activities and engage in the community, and the service promotes a 'wellness and enablement' model of consumer care. Care documentation identifies what is important to consumers and provides information to guide staff in supporting their needs.

Consumers' condition, needs, and preferences are effectively communicated within the service and with others responsible for care. Consumers confirmed they are advised of information being shared with others about them and their consent is sought for this to occur. Staff described various ways information about the consumer is communicated, including shift handover and meetings. Staff demonstrated an understanding of how they work with other individuals, organisations, and providers of other care and services to ensure consumers had access to the care and support they needed and wanted. For example, a nurse practitioner and other specialist services, including religious services, support the service.

Consumers' views on food quality were diverse; however, they confirmed being offered a range of alternatives by staff, snacks are readily available, and they had input into the menus, including a 'resident's choice' meal provided twice a month. The service had systems and processes to involve consumers in menu choices and feedback on their experiences. Observations showed the dining rooms to be bright and spacious, with tables with flowers, glassware, nameplates, and cloth napkins. Care documentation included consumers' dietary needs, dislikes, allergies, and preferences. The kitchen manager receives a weekly menu summary sheet that identifies each consumer's dietary requirements, such as food allergies or the requirement for modified diets which has been reviewed by clinical management and the dietitian.

Consumers said they had access to suitable equipment and confirmed they were comfortable raising issues if equipment needed repair or replacement. Staff described the processes in place to ensure equipment is clean. Equipment used for activities of daily living was observed to be safe, suitable, clean, and well-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

Consumers and representatives spoke of the service being easy to navigate, and they felt welcomed, safe and comfortable. Staff said they assist consumers to mobilise in and around the service and support them to go wherever they like. Consumers' rooms were personalised with decorations and items of importance, such as furniture, artwork and photographs. The service environment was observed to be clean and well-maintained. Observations showed the service environment to be welcoming, with light-filled living areas and wide and well-lit corridors. Consumers socialised together, participating in activities in communal areas and accessing outdoor areas accompanied by representatives or staff.

Consumers and representatives spoke of the service as safe and said consumers could move freely inside the service. Staff explained the cleaning and maintenance processes, and a review of service documentation identified no outstanding issues. Observations showed consumers moving freely throughout the indoor and outdoor areas of the service. The site audit report contained information about consumers being unable to move freely as the service had a 'perimeter' restraint, the entry door had a key code, and no consumers had access to the code. I have considered this information under my decision for Requirement 3(3)(a).

Consumers said the service's furniture, fittings, and equipment are clean and well-maintained. The service had a scheduled preventative maintenance plan with specialist contractors in place where required. Observations showed that furniture, fittings, and equipment were clean and well-maintained.

# 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

Consumers and representatives said the service supported them in providing feedback and making complaints. One consumer stated, 'I have no hesitation in raising any issues, and anything mentioned gets followed up by management'. They were also aware of the advocacy and interpreter services available. Staff described avenues for consumers to provide feedback or make a complaint, including discussing with staff, consumers and representative meetings by telephone or electronic messaging. Management said they have an 'open door' policy for consumers and representatives. Observations showed noticeboards displaying information on advocacy services, feedback forms, and collection boxes were available for consumers and representatives to submit forms. Information was available in a variety of languages.

Consumers and representatives said their concerns are addressed after raising complaints, and when incidents occur, they are notified, actions are taken, and an apology is offered. One consumer representative spoke of their complaint being responded to, including management offering an apology and replacing the lost item. Review of service documentation, including the complaints register and Serious Incident Response Scheme register, demonstrated the use of open disclosure and timely management of complaints in accordance with the service's 'Incident Management and Open Disclosure policy'.

Consumers and representatives reported that their feedback is used to improve services. The service's continuous improvement plan and consumer and representatives' feedback confirmed that complaints are used to improve care and services. Management described how improvements had resulted from actions taken in response to feedback and complaints and how they are evaluated in consultation with consumers/representatives at meetings, with staff and through surveys and audits. Consumer meeting minutes, the service's complaints register and plan for continuous improvement demonstrated that complaints, feedback and suggestions were documented, and changes at the service were communicated with consumers.

# 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

Consumers and representatives provided feedback that there is enough staff and that consumers do not have to wait to receive care and services. Management described key personnel changes at the service, including the clinical nurse manager, how the number and skill mix of staff can be adjusted according to consumer acuity, and how the service’s clinical management team support in direct consumer care to ensure safe and effective care. The service has a registered nurse on site 24 hours a day, 7 days a week, and a review of documentation show shifts were consistently replaced.

Consumers interviewed described staff engaging with consumers in a respectful, kind and caring manner and knowing consumers well. Staff demonstrated an understanding of individual consumers, including their needs and preferences. Observations showed interacting with consumers in a kind and respectful way and referring to consumers by their preferred names.

Consumers and representatives described staff as competent staff knew what they were doing. One consumer spoke of staff as ‘highly intelligent, caring and well qualified.’ Management described the service’s orientation process, mandatory training for all staff and role-specific education for care and registered staff. Position descriptions include key competencies and qualifications that are either desired or essential for each role, and staff must have relevant qualifications.

Consumers expressed satisfaction with the skills of the staff providing care and services, and staff said they had access to training and the variety of topics provided. Management described the minimum qualification and registration requirements for respective staff roles, such as Certificate III in Aged Care, and ensured staff had current national criminal history checks. Staff described mandatory training sessions and the toolbox sessions provided to support their knowledge in care delivery. The service’s mandatory training included infection control, manual handling, Serious Incident Response Scheme, privacy and confidentiality, and the Aged Care Quality Standards.

The service had performance appraisal processes established for staff and demonstrated regular assessment, monitoring, and review of the performance of each staff member. Consumers and representatives described staff being monitored while delivering care and services. Management said staff competency is assessed regularly, and the service reviews and analyses internal audit results and clinical data, including incidents and feedback and complaints from consumers and representatives, to monitor staff practice and competency. The service has a suite of documented policies and procedures that guide the monitoring of staff performance and performance management.

# 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

Consumers and representatives said the service is well run, and they had input into how consumers’ care and services are delivered. They were aware of engagement opportunities that informed service design, delivery and evaluation, including regular case conferences, consumer and representative meetings, consumer committee meetings and via consumer surveys. Management advised that they encourage feedback and complaints and service policy, places expectation on staff to advocate on behalf of consumers and assist them to be involved and engaged in their care.

The governing body promoted a culture of safe, inclusive, quality care and services. Management described how they complete internal audits, review clinical data and work closely with the executive leadership team to identify trends and gaps in providing safe care and quality services. Staff confirmed that clinical indicators, quality initiatives and incidents are discussed at relevant meetings and that they had input into service decisions through staff meetings, huddles, and surveys and have direct access to management. Consumers and representatives said the service had managed the COVID-19 pandemic and its impacts effectively; management described the implementation of vaccination clinics and how updates concerning the management of COVID-19 were communicated promptly.

The service had established organisational governance systems for information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. However, while the organisation demonstrated systems and processes for legislative changes and updates, the site audit report contained information that the service failed to identify consumers subject to restrictive practices. The service had a 'perimeter' restraint being a locked entrance/exit, which required a key code to access, and no consumer had been provided with the code. The Approved Provider’s response to the site audit report, including a plan for continuous improvement, evidenced improvement actions taken by the service, including the assessment of consumers, discussion of risk with representatives, appropriate consent and authorisations completed and review of the environmental restrictive practice for consumers annually. The plan for continuous improvement effectively described how the service addressed the deficiencies identified. I have decided that Requirement 8(3)(c) is Compliant, and I am of the view that the organisation had effective organisation-wide systems for regulatory compliance. Information under this and other requirements demonstrated the effectiveness of organisational systems in response to recent legislative changes, including the Serious Incident Response Scheme and Aged Care Code of Conduct.

The organisation implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers, including serious incident reporting through the Serious Incident Response Scheme. The service demonstrated the implementation of these frameworks, policies, and guidelines. Staff demonstrated an understanding of what constitutes elder abuse and neglect and could describe their responsibilities when they become aware or have a suspicion of a reportable incident. Staff described consumer dignity of risk and provided examples of how they support consumers to take risks and what measures the organisation has to monitor those risks. A review of the organisation's Serious Incident Response Register identified appropriate and prompt reporting of incidents.

The clinical governance framework supports the service and guides staff to ensure the delivery of safe, high-quality care and services. This included policies and procedures that cover antimicrobial stewardship, minimising the use of restraint, and open disclosure. Management and staff understood and described their accountabilities and responsibilities under the clinical governance framework and provided relevant examples.

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)