Performance

Report

**1800 951 822**

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| Name of service: | Albert Moore Gardens |
| Service address: | 10 Short Street MERIMBULA NSW 2548 |
| Commission ID: | 0113 |
| Approved provider: | RSL LifeCare Limited |
| Activity type: | Site Audit |
| Activity date: | 28 March 2023 to 30 March 2023 |
| Performance report date: | 23 April 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 Albert Moore Gardens (**the service**) has been prepared by E Blance, 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.
* other 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

I find this Standard compliant.

Care planning documentation reflects each consumer’s identity and preferences, including activities that may involve risks identified during admission and through routine assessment and care planning review. Staff demonstrated an understanding of what is important for consumers and provided examples of how they promote dignity and respect. Staff were observed attending to individual consumers’ choices and preferences and speaking to consumers politely, responding to consumers in an engaging manner and allowing time for consumers to speak while staff listened attentively.

Care planning documentation showed consumers and their representatives were asked about their cultural, spiritual, ethnic, sexuality and relationship status upon entry to the service. Consumers and representatives described how staff value their spirituality and relationship status and how it influences the delivery of their care and services. The approved provider’s strategic documentations, policies and procedures have an inclusive, consumer-centred approach to organisational practices and care and service delivery.

Consumers and representatives said the service supports consumers to make decisions affecting consumers’ health and well-being. The consumer handbook demonstrates the organisation supports the consumers and representatives to understand what choices are available to them. Consumers were observed being supported by staff to make choices about what they wanted to do, such as activities they would like to participate in, where they would like to sit and what they would like to eat.

Consumers and representatives said the staff understand what matters to them and knows what consumers’ want. Consumer care documentation showed mitigation strategies to support the decisions and activities chosen by consumers that may involve risk. Staff said they encourage consumers to live their best lives. The consumer handbook provides information on dignity of risk. The Charter of Aged Care Rights was on display throughout the service. The approved provider’s policies and procedures, Risk Management and Dignity of Risk support the workforce.

Consumers and representatives said consumers get information in a way they can understand. Consumers and representatives said they are involved in meetings and are encouraged to participate and ask questions about consumers’ care. Changes and upcoming events were communicated via newsletters and emails. Posters for announcements, newsletters and menus were observed on noticeboards and in the service’s corridors. Information was provided in a large font to assist consumers who are visually impaired.

Consumers and representatives said the service and staff respected privacy and maintained the confidentiality of consumers’ information. Consumers and representatives said the service respects consumers’ personal space and privacy when consumers have visitors. Staff showed they understood the importance of privacy and encouraged consumers to verbalise how they wanted their privacy to be maintained. The approved provider’s privacy policy outlined how the service maintains and respects the privacy of personal and health information.

I have placed weight on the information as assessed within the Site Audit report in finding this Standard compliant.

# 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

I find this Standard compliant.

Consumers and representatives said consumers receive the care and services they need, and they are partners in the care planning process. Staff were able to describe the care planning process, and how it informs the delivery of care and services. Review of care documentation showed involvement of specialists and allied health professionals in assessing risks and supporting risk taking in line with consumers’ wishes. The approved provider’s policies and procedures support the planning of care considers consumers’ choices and right to take risks. A suite of evidence-based assessment tools aids in informing the delivery of safe and effective care and services to consumers such as skin, changed behaviour, continence and falls assessments.

Consumers and representatives advised assessment and planning address the consumer’s needs, goals and preferences. Staff were able to describe what is important to consumers in terms of how their care is delivered. Care plans are individualised, and they reflect the consumers’ individual needs and preferences, including end of life care as applicable.

Consumers and representatives said they are involved in the assessment, planning and review of consumers’ care and services and staff regularly communicate with them. Consumers and representatives advised allied health professionals are regularly involved in care planning, including wound consultants, dementia specialists, physiotherapy, podiatry, speech pathology and dietitian. Staff can describe the processes in place to ensure the service partners with consumers to assess, plan and review care and services. Care documentation demonstrated integrated and coordinated assessment and planning involving relevant organisations, individuals, and service providers.

The approved provider’s policies and procedures guide staff in completing assessments in partnership with the consumer and representatives, and others involved in care delivery. This is attended to on admission to the service, and following incidents such as falls, hospital admissions, unplanned weight loss and changes in pain.

Consumers and representatives are involved in developing the care and services plan and when the service conducts care plan reviews. Staff were able to describe processes for documenting the outcomes of assessment and planning in the care and services plan. Staff said the care and services plans reflect the outcomes of the most up-to-date assessments and reviews of consumer needs, goals or preferences; and contain enough detail to deliver appropriate and correct care and services for the consumer. Case conferences documented the consumer or their representative have been offered a copy of the care plan.

Consumers and representatives say when something goes wrong, or things change, staff communicate with them about it and seek consumers’ input to ensure safe and effective care and services can be delivered. Staff provided evidence of how they contribute to reviews, and management and clinical staff provided an overview of the review process. The approved provider has policies and procedures guide a suite of assessments and charting tools. Care and services plans are regularly reviewed for effectiveness every three months and when circumstances change or when incidents impact the needs, goals and preferences of consumers.

I have placed weight on the information as assessed within the Site Audit report in finding this Standard compliant.

# 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

I find this Standard compliant.

Consumers are satisfied care meets their needs and optimises their health and well-being. Staff demonstrated they were familiar with the personal and clinical needs of consumers. Care plans contain care that is safe, effective and specific to each consumer. Consumers who are receiving restrictive practices have a consent and assessment in place, alternatives are trialled, Behaviour Support Plans (BSP) are in place and restrictive practices are used as a last resort. Consumers at risk of impaired skin integrity have a wound management plan which includes directives for care such as for the application of specialised dressings, emollients and repositioning to prevent pressure injuries, and are reviewed in accordance with the approved provider’s policy. Consumers at risk of pain, have an appropriate pain management plan. Staff demonstrated comprehensive knowledge of consumers’ care including for restrictive practice, mobility and falls, nutrition and weight management, skin care, pain management, and other personal and complex clinical care provided. The approved provider has policies and procedures in place to support the delivery of care provided.

Consumers and representatives were satisfied that high impact or high prevalence risks are effectively managed. Care planning documentation contained effective identification of risk, and strategies to manage these were recorded in assessment tools, care plans and progress notes. Clinical staff were able to articulate the care plans for consumers with high risks such as for those with pressure area risk, falls risks, swallowing difficulties, restrictive practices, weight loss and pain including the strategies to mitigate and manage these risks.

Care plans reflect changes in care and services, in line with the consumer’s end of life care needs, goals and preferences. Staff say they attend to mouth care, skin care, repositioning and personal hygiene of the consumer to prioritise comfort and dignity during end-of-life care. Management said families are encouraged and welcomed to be present or stay throughout the end-of-life care of the consumer. Staff were able to respectfully describe how they support consumers who are approaching end of life, and their representatives. Consumers said they were aware of advance care planning, and this is discussed during reviews.

Consumers and representatives said consumers are satisfied with the delivery of care, including the recognition of deterioration or changes in consumers’ conditions. Care planning documents, progress notes and charting demonstrate deterioration in consumers’ health, capacity and function are recognised and responded to. Clinical staff were able to describe a range of signs related to deterioration in clinical and cognitive status including changes in mobility, cognition, mood, and changed behaviour. The approved provider has clinical procedures for managing clinical and cognitive deterioration in consumers.

Information about consumers’ care is documented and effectively communicated. Consumers and representatives are satisfied with the delivery of care, including the communication of changes to consumers’ conditions. Staff described how changes in consumers’ care and services are communicated through verbal and written handover processes, accessing care plans and through electronic notifications. Staff were able to demonstrate current knowledge of consumers’ changes in care needs and knew where to access the most current information. Access to clinical information is available to attending medical officers and visiting allied health professionals.

The service maintains processes to ensure timely and appropriate referrals are made. Consumers and representatives said consumers are satisfied with the delivery of care, including referral processes. Clinical staff were able to describe the process for referring consumers to health professionals and allied health services. Consumers’ care planning documentation includes input from other providers of care such as physiotherapists, podiatrists, speech pathologists.

The approved provider has policies to guide infection control practices and all staff receive training on infection control practices and antibiotic practices in line with antimicrobial stewardship (AMS) guidelines. Consumers said they were satisfied with the measures the service has in place for the management of COVID-19 and the minimisation of other infection-related risks. The service shares an Infection Protection Control (IPC) lead with a nearby service of the same approved provider. Staff demonstrated an understanding of precautions required to prevent and control infection and the steps they could take to minimise the need for antibiotics. The service has a staff and consumer vaccination program.

I have placed weight on the information as assessed within the Site Audit report in finding this Standard 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

I find this Standard compliant.

Consumers receive safe and effective services that maintain their independence, well-being, and quality of life. Staff demonstrated knowledge of consumers’ needs and preferred activities. Care planning documentation identified consumers’ choices and provided information about the services and supports consumers needed to do the things they want to do.

Consumers felt connected and engaged in meaningful activities that are satisfying to them. Staff demonstrated how they support consumers for their emotional, spiritual and psychological well-being. Care planning documentation recorded consumers’ individual support strategies and how these are implemented including for emotional, spiritual and psychological needs and preferences. Consumers described a broad variety of activities, outings and volunteers and faith based services available at the service.

Staff described services and supports being adapted to consumers’ needs when their situation changed. Care planning documentation identified the people important to individual consumers and the activities of interest to the consumer. Consumers described their preferences which included for their rooms, going into town to visit family, driving and attending ceremonies of significance.

Consumers said staff are aware of their needs and preferences and they don’t need to repeat their preferences to multiple staff members. Representatives said they receive regular and timely updates when consumer conditions change. Staff said they are made aware of any changes to a consumer's needs through verbal and documented handover process, information available in the care management system, communications book, and dietary spreadsheets.

Consumers’ care planning documentation showed the service collaborates with external providers to support the diverse needs of consumers. Consumers said they are supported to attend appointments either with external providers visiting the service or by attending them in the community. Documentation demonstrated consumers are referred to other providers of care and services including the hair salon, the library services and the community visitor scheme.

Consumers said they like the food and there were alternative choices available to them. The service has processes and systems in place for consumers to provide feedback on the quantity and quality of food, as well as if they request an alternative that is not on the menu. Staff described various ways they meet consumers’ dietary needs and preferences. The approved provider has a suite of documents and processes to ensure the safe delivery of meals. Kitchen staff are informed of dietary change and requirements.

Consumers felt safe when using the equipment and said the equipment was easily accessible and suitable for their needs. Consumers were comfortable raising issues if equipment needed repair, knew the process for reporting any issues and said items were replaced when necessary. Staff ensure mobility equipment is safe, suitable, and well maintained by either onsite or external contractors. Equipment used for activities for daily living was observed to be safe, suitable, clean, and well-maintained. Observations showed suitable and clean equipment being provided for consumers.

I have placed weight on the information as assessed within the Site Audit report in finding this Standard compliant.

# 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

I find this Standard compliant.

Consumers felt the service environment was welcoming to visitors and they felt comfortable and safe. Consumers stated they feel at home, and the service optimises their sense of belonging and independence. Consumer spaces are personalised to their preferences, and they choose their personal furniture and decorations while considering space and movement requirements within the area. Areas of the service are decorated and comfortable, free of clutter and hazards, and with plenty of seating areas. Couches and lounge chairs with cushions were in many areas of the service. Consumers were observed sitting with each other in the various areas as well as receiving visitors in their rooms and in the large café/library.

Consumers were satisfied the service was clean, safe, and well maintained. Communal areas and outdoor spaces were observed to be welcoming, tidy and free of hazards. Consumers said their rooms were cleaned regularly and maintenance issues were dealt with quickly. Staff and consumers could describe what to do if they identified a hazard or safety issue, and how maintenance is managed at the service. Consumers and staff confirmed sufficient equipment is available.

Consumers were observed to move around the service freely and independently or with the use of mobility aids and staff assistance if necessary. The furniture in the communal areas and consumers’ rooms was observed to be suitable for purpose. Mobility aids were observed to be in reach of consumers and were well maintained and cleaned regularly. Staff were able to describe how shared equipment used for moving and handling consumers, including hoists, slings, and shower chairs, was cleaned.

I have placed weight on the information as assessed within the Site Audit report in finding this Standard compliant.

# 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

I find this Standard compliant.

Consumers and representatives said they were comfortable to provide feedback or complaints and would do so directly to the manager or other staff. They described avenues to raise feedback or make complaints including contacting the approved provider and the Commission directly. The approved provider has policies and processes to manage feedback and complaints. The Consumer handbook details an internal and external process and contact details for complaint avenues along with advocacy support; this information is displayed throughout the service.

Staff described how they act as advocates for consumers by communicating concerns to management on their behalf, encouraging them to provide feedback and assisting consumers to complete feedback forms as required. Staff and management were aware of how to access interpreter and advocacy services for consumers as required. The service displays information about advocacy services.

Consumers and representatives expressed satisfaction with the complaints process and described responses from management that aligned with the principles of open disclosure. The service has policies and procedures to guide the complaints management and open disclosure processes and staff demonstrated awareness of these procedures. The complaints register demonstrated complaints and feedback are managed in line with the approved provider’s Open Disclosure and Complaint and Feedback Management Policy.

Consumers and representatives expressed satisfaction that complaints or feedback had resulted in improvements to care and services. The service demonstrated systems used to record and analyse complaints to identify trends and inform improvements. Minutes of meetings showed feedback and complaints are discussed to ensure trends are understood across the service and complaints are used to inform improvements. The Plan for continuous improvement included items in response to complaints and feedback.

I have placed weight on the information as assessed within the Site Audit report in finding this Standard compliant.

# 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

I find this Standard compliant.

Consumers and representatives said there are sufficient staff to meet consumer’s needs and when consumers call for assistance, staff are prompt to attend. Staff reported they have sufficient time to undertake their allocated tasks and responsibilities based on priorities. Unplanned leave is managed through current staff in accordance with the approved provider’s policy or by utilising contracted agency staff.

Consumers and representatives said staff engage with consumers in a respectful, kind, and caring manner. Staff demonstrated an in depth understanding of consumers, including their needs and preferences. Interactions with consumers is monitored through observations, and formal and informal feedback and complaints processes utilised by consumers, representatives, and other staff. Staff complete mandatory training in cultural awareness. The consumer handbook includes information about dignity, respect, privacy, spiritual and cultural care needs and preferences.

Consumers and representatives said staff are sufficiently skilled to meet consumers’ care needs. Management detailed processes for ensuring the workforce are competent and have the qualifications or knowledge to effectively perform their roles. The approved provider has documented policies in relation to key qualifications and knowledge requirements of each role employed by the service in their position descriptions. Documents demonstrated staff have the relevant qualifications to perform their duties as outlined in their position descriptions.

Consumers and representatives said staff generally know what they are doing. Members of the service’s workforce are trained, equipped, and supported to deliver care and services that meet consumers’ needs and preferences and the quality standards. Documents evidence staff induction, mandatory training, eLearning programs and toolbox talks include topics which align with the Quality Standards.

The approved provider has processes to regularly undertake assessment, monitoring and review of the performance of each member of the workforce. Management described other methods for monitoring and reviewing performance of the workforce and actions taken if this performance is outside of behaviours expected by the approved provider.

I have placed weight on the information as assessed within the Site Audit report in finding this Standard compliant.

# 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

I find this Standard compliant.

Consumers and representatives said they provide ongoing input into how care and services are delivered. They said the service seeks their input in a variety of ways, such as resident meetings, regular surveys and face-to-face discussions. Feedback or suggestions made by the consumers and representatives are included in the service’s continuous improvement register.

Management demonstrated changes driven by the governing body because of consumer feedback, experience, and incidents. The governing body uses the information from reports to identify the service’s compliance with the Quality Standards, to initiate improvement actions, enhance performance and to monitor care and service delivery. The approved provider has meetings which oversees systems and processes to facilitate continuous improvement of care provided. The approved provider has policies and procedures promoted a culture of safe, inclusive and quality care and services and the governing body was accountable for the delivery. Management described the organisational structure that governed the delivery of quality care and services across the organisation.

The approved provider has governance committees that support audit, risk, compliance, people and culture, finance, quality, and care. Appropriate governance was observed across all aspects of the service. Access to information is available to the governing body, executive group, management, and staff according to delegation and need. Information, feedback, and data is collated and summarised and reported through various committees to the governing body. The approved provider has policies and procedures to support all governance systems. Staff said they can readily access the information they need to deliver safe and quality care and services, and to support them to undertake their respective roles through the online care management system, meeting minutes, emails and handovers. The plan for continuous improvement has clear goals in alignment with the Quality Standards. Improvement actions are implemented across the organisation as necessary. Budgets are reviewed and risk assessments are conducted to ensure all equipment for consumer care is available. The responsibilities and accountabilities of managers and staff are set out in position descriptions. Individual members of the workforce are required to comply with the requirements of their role; for example, all staff are required to have a current criminal history check and registered nurses are required to maintain their professional registration. The governing body has responsibility for monitoring aged care law and regulations to identify changes and to communicate changes to the service. Regulatory changes are communicated via email, information releases and memorandums from the governing body. The service demonstrated staff were up to date with probity checks and required vaccinations. The approved provider has an effective feedback and complaints system in place which is evidenced within other Standards of this report.

Effective risk management system and practices are in place in relation to high impact/high prevalence risks, abuse, and neglect, supporting consumers to live their best lives, and incident management. Staff understood their responsibilities in relation to incident management and how to support consumers to live their best lives. Management could describe the ways in which incident trends have influenced service improvement.

The service was able to demonstrate the approved provider’s clinical governance systems ensure the quality and safety of clinical care, and promote antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process. The approved provider has a clinical governance framework, a policy relating to antimicrobial stewardship, minimising the use of restraint and an open disclosure. Antimicrobial stewardship is discussed within meetings as well as staff having had completed training on antimicrobial stewardship. Clinical and care staff were able to describe strategies to minimise the risk of infections. Staff were able to identify types of restraints and were aware of the requirements around using restrictive practices, including the need to seek alternative interventions prior to using any form of restraint. There was evidence restraints are minimised where possible and staff and management shared an understanding of the approved provider’s open disclosure process.

I have placed weight on the information as assessed within the Site Audit report in finding this Standard compliant.

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)