Performance

Report

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| Name of service: | Allambie Heights Village Residential Aged Care Facility |
| Service address: | 3 Martin Luther Place ALLAMBIE HEIGHTS NSW 2100 |
| Commission ID: | 0392 |
| Approved provider: | Allambie Heights Village Ltd |
| Activity type: | Site Audit |
| Activity date: | 28 June 2023 to 30 June 2023 |
| Performance report date: | 4 August 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 Allambie Heights Village Residential Aged Care Facility (**the service**) has been prepared by K Peddie, 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 17 July 2023.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

This Quality Standard is compliant as all requirements have been assessed as compliant.

The service demonstrates each consumer is treated with dignity and respect and can maintain their identity. Consumers can make informed choices about their care and services and are supported to live the life they choose.

Consumers and representatives stated that staff are kind and respect each consumer’s identity, culture and diversity. Staff explained to the Assessment Team how they ensure consumers are responded to in a timely manner and how staff provide care that is respectful and maintains the consumer’s dignity. Staff are able to tell the Assessment Team about individual consumer’s interests and preferences and the Assessment Team observed kind and respectful interactions between staff and consumers throughout the assessment.

Consumers and representatives feel the service knows about each consumer’s background, personal identity, and culture. Staff can describe how the service provides culturally safe care and services, and how staff adapt their care to suit consumer’s individual needs and preferences. Care plans demonstrate that the service is aware of the consumer’s background along with their cultural and spiritual needs and preferences.

Consumers said they are supported to exercise choice when making decisions about their care and believe these are communicated with others involved in their care. Staff described how they involve consumers in their care, and support consumers to maintain their independence and relationships. The service has policies to support consumers to make choices regarding their care. The Assessment Team observed consumers participating in activities of their choice at the service.

Consumers described how they are supported to take risks to enable them to live the best life they can. Staff can describe how they support consumers to do things which may involve risk yet add value to their lives. Care planning documentation includes information for consumers who are supported to take risks. The service has a policy which guides them on ensuring that a consumer is supported to make decisions including where there may be risk involved.

Consumers and representatives told the Assessment Team they are provided with up-to-date information that enables consumers to make decisions in relation to their daily living and care. Staff can describe how they provide accurate and timely information to consumers and support consumers to make decisions.

Consumers feel that staff, and the service, respect their privacy. Clinical and care staff can describe how the service respects and protects each consumer’s privacy and ensures that their personal information is kept confidential. The service has policies which guide staff practice in respecting the consumer's privacy and protecting their personal information. The Assessment Team observed staff respecting consumer privacy throughout the assessment.

# Standard 2

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

Findings

This Quality Standard is compliant as all requirements have been assessed as compliant.

The service demonstrates consumers are a partner in ongoing assessment and planning which helps consumers get the care and services they need for their health and well-being.

Consumers and representatives are satisfied with the assessment and care planning process at the service and said the care delivered meets the consumer’s needs. Staff can describe the assessment and care planning processes, which identify risks to the consumer’s safety, health, and wellbeing. The Assessment Team identified the service undertakes comprehensive assessment and care planning when the consumer enters the service to identify their needs, goals, and preferences. The service has clinical guidelines, policies, and procedures to guide staff in their practice when risks are identified or incidents occur, how they are recorded and investigated, and how care plans are updated to reflect changes and interventions recommended.

Consumers and representatives are involved in general and ongoing assessments as well as advanced care planning and how consumer needs, goals and preferences of care will be provided. Clinical and care staff demonstrate knowledge and are aware of their responsibility for initial assessments of consumers and ongoing reassessment identifying consumers’ needs, goals, and preferences as changes occur. Registered staff stated advance care planning and end of life planning information is discussed with consumers and representatives on admission, or when the consumer wishes, and as consumer care needs change. Care plans identify whether there is an advanced care directive, and the consumer’s needs, goals and preferences for end-of-life care, and evidence of consultation with families, if requested.

Consumers and representatives said they are involved in assessment and planning on an ongoing basis. Care documentation identifies consumers and their representatives are consulted in assessments and care planning. Other multi-disciplinary team members are also involved, such as general practitioners, geriatricians, physiotherapists, occupational therapists, podiatrists, dietitians, speech pathologists and dementia support services. Management and clinical staff said they involve consumers and their representatives in assessment and planning on entry to the service and then on an ongoing basis to ensure the consumers are actively involved and their personal preferences are identified.

Consumers and representatives advised they understood what is included in the consumer’s care and services plan and they would be comfortable requesting a copy of the consumer’s care planning documentation if they chose to. Some consumers choose to have a copy of their care plan in their room. Staff described how they communicate changes to the care and services plan with consumers and their representatives and said they can access care planning information when they need it. Care planning documents were observed to be accessible to staff delivering care.

Consumers and representatives advised that consumers’ care, and services are reviewed every 3 months or when the consumer’s circumstances have changed, there is a deterioration of condition or when incidents impact on the needs, goals, or preferences of the consumer. Care plans demonstrate evidence of review on a regular basis (3-monthly), or when circumstances change and when incidents occur, including falls and changes in mobility and behaviour. Clinical staff and management are all aware of their responsibilities in relation to the incident reporting process, escalation of incidents and the requirement to report any change in the consumer’s condition, needs or preferences which may prompt a re-assessment.

# Standard 3

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

Findings

This Quality Standard is compliant as all requirements have been assessed as compliant.

The service demonstrates consumers get personal care and clinical care that is safe and right for the consumer.

Consumers and representatives confirmed consumers receive the care they need and are satisfied with management of individual risks, including behaviour support, weight loss, falls, pressure injuries and pain. Care documentation for consumers which reflects individualised care is safe, effective, and tailored to the specific needs and preferences of the consumer. Clinical staff demonstrate individual knowledge of consumers’ personal and clinical care needs, and how they meet these. The service has policies, procedures, and tools to support the delivery of care provided.

Consumers and representatives are satisfied with how the service manages risks associated with consumer care and services. Staff described the high impact and high prevalence risks for consumers at the service and how they manage these risks. Care documentation describes the key risks for those consumers. Management discussed and documentation demonstrated, the service has processes related to the effective management of high impact risks, including dignity of risk for consumers.

Consumers and representatives advised the service has discussions with them in relation to advance care planning or end of life planning. Care plans contain relevant end of life documentation and preferences. Staff can describe how they adjust their care to support the needs and preferences of consumers receiving palliative and end of life care. The service is guided by a procedure on palliative care and their end of life care approach.

Consumers and representatives are happy with the care consumers are receiving including where consumers experience a change in condition. Clinical and care staff interviewed described how changes in consumers’ care and services are communicated in the service’s online progress notes and at handover, including identification of consumers whose care needs have changed or who’s condition has deteriorated. Care is adjusted where consumers experience a change or deterioration and care changes communicated to consumers and representatives.

Consumers and representatives are satisfied that their care needs and preferences are documented and communicated between staff and are happy with the care they are receiving. Clinical and care staff described how changes in consumers’ care and services are communicated in the service’s online progress notes and at handover. Care planning documentation demonstrated progress notes, care and services plans and handover reports provided adequate information to support effective and safe sharing of the consumers’ information to support care.

Consumers and representatives advised that referrals are timely and appropriate and occur when needed, and consumers have access to relevant health professionals, such as allied health and medical specialists. Staff described the process of referring to internal and external providers when necessary. Care plans show input from other health professionals including general practitioners, physiotherapists, podiatrists, speech pathologists, dietitians, geriatricians, and palliative care specialists. Management and clinical staff said the service documents all referrals and each referral is followed up to ensure the referral is accepted and responded to in a timely manner. The service has policies around accessing and referring to allied health and other health professionals.

Consumers and representatives expressed satisfaction with the infection control measures that the service has to prevent and control any outbreak. Staff can describe how they apply infection control practices in the service. The service has documented policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. The service is able to demonstrate preparedness in the event of an infectious outbreak, including for a COVID-19 outbreak. Clinical and care staff can describe how they ensure antibiotics are used appropriately and minimise the use where possible. Observations by the Assessment Team indicated the service was following appropriate infection minimisation practices.

# Standard 4

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

Findings

This Quality Standard is compliant as all requirements have been assessed as compliant.

The service demonstrates consumers get the services and supports for daily living that are important to each consumer’s health and well-being and enable them to do the things they want to do.

Consumers and representatives advised the supports for daily living meet consumers’ needs, goals and preferences while also optimising their independence and quality of life. Staff provided evidence consumer preferences and needs are considered when providing supports for daily living. A review of care planning documentation shows that a range of lifestyle and daily living information is recorded in care plans, including consumer’s preferences and needs.

Consumers and representatives described how staff support their emotional and spiritual wellbeing. Staff explained how they support consumers’ emotional needs and promote consumers’ well-being by engaging consumers in activities and practices specific to their needs. Care plans contain information about consumers’ emotional and spiritual needs.

Consumers and representatives said consumers are supported to maintain their personal relationships and encouraged to participate in social activities. Staff are able to describe how consumers are encouraged to do things of interest to them and engage with others. Care planning documentation contains information about consumer goals, relationships, and preferences. The Assessment Team observed consumers leaving the service to go out, socialising with one another in the dining room and during group activities.

Consumers and representatives told the Assessment Team they feel staff communicate well with other staff and with others, where responsibility for care is shared. Consumers feel staff are kept up to date with any changes to consumers’ condition, needs and preferences. Staff are able to describe how they receive updates about consumers, and how they ensure they have up to date information at all times. Staff said that they refer to consumer care plans and ensure these are updated if a consumer has changes to their condition, needs or preferences.

Consumers and representatives are aware of services that are available to them from outside organisations and individuals. Many consumers said that they enjoyed the supports provided from outside organisations. Staff are able to describe how they work with outside organisations to ensure suitable supports and activities are available for consumers.

Consumers and representatives are satisfied with the food at the service, with several consumers saying they greatly enjoyed the meals on the menu at the service. Some consumers advised they do not always like what is on the menu, but they are able to access alternative meals that suit their preferences. Care staff at the service are able to describe how they know about each consumer’s preferences, and ensure they have a meal that meets this. The Assessment Team observed a pleasant dining experience throughout the assessment, with a variety of different meals available.

Consumers found equipment at the service to be safe, clean, and well-maintained. Staff advised they have the clinical and lifestyle equipment to deliver quality care. The Assessment Team observed equipment used 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

The service demonstrates there is a safe and comfortable environment for consumers that promotes consumer independence, function and enjoyment.

Consumers said they feel happy and safe living at the service, and they can navigate easily to their rooms and around the service. Consumers said they can move through the service environment freely with or without the use of their mobility aids, and with staff assistance for those who are unable to walk independently. Staff can describe how they ensure consumers are able to move freely and comfortably through the service. Consumer rooms were observed to be homely and personalised, with their names printed and a personalised photo of their choice displayed at the door. The shared spaces in the service were observed to be clean, tidy, and comfortable for consumer use.

Consumers and their representatives told the Assessment Team consumer rooms are kept clean and well maintained. Consumers said the shared areas of the service including the dining room and lounge areas are always clean and well maintained. Cleaning staff can describe how they ensure consumer spaces and shared spaces of the service are kept clean and safe. Maintenance staff at the service can describe how they ensure furniture is safe and suitable. The Assessment Team observed the service environment to be safe, clean, and well maintained, with clear wide walkways to ensure consumers are able to move freely. The Assessment Team observed many consumers moving through the service environment independently, with staff assistance, or with the support of mobility aids.

Consumers advised furniture and equipment is safe, clean and suitable to their needs. Consumers had easy access to call bells and said that staff responded quickly. Staff can describe how equipment was maintained, and that it was available in sufficient quantity. The preventative maintenance log included evidence of regular equipment checks. Cleaning staff can describe their tasks, and how they communicate with the maintenance supervisor and care teams if needed. The Assessment Team observed furniture, fittings and equipment used to be 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

The service demonstrates consumers are safe, encouraged and supported to give feedback and make complaints. Consumers are engaged in processes to address their feedback and complaints and appropriate action is taken.

Consumers and representatives are aware of their options for giving feedback or making a complaint, and they would feel comfortable raising any concerns directly with staff. Staff and management are familiar with the options for providing feedback or making a complaint at the service, and said consumers and representatives are always encouraged to give feedback. Both staff and management identified the options for staff to report any concerns they had about a consumer or the service and stated they feel able to raise any concerns. The Assessment Team observed information about feedback and complaint mechanisms available at the service during the assessment.

Consumers and representatives are aware of different options for raising complaints, including external complaint mechanisms such as the Aged Care Quality and Safety Commission. Management could identify advocacy services and external complaint mechanisms available to consumers and representatives and can describe how and when they would use language services if necessary. The Assessment Team observed information about advocacy services and external complaint options available at the service during the assessment.

Representatives felt satisfied that the service responded appropriately and in a timely manner to complaints, including describing the use of open disclosure, and the service kept them informed about the outcome of any complaints. Staff and management described the principles of open disclosure, and how they respond to and resolve minor concerns and report serious complaints for resolution. The Assessment Team reviewed documentation including the Complaints, Feedback and Suggestions Policy which supports the service to respond to complaints in an appropriate and timely manner.

Consumers and representatives feel the service listens to feedback and complaints and uses the information to improve the quality of care and services. Staff can identify the options for consumers, representatives and staff to provide feedback to the service, and are confident the service takes action to improve care and services in response. Management can describe how feedback and complaints are reviewed and used, including when information would be added to the Continuous Improvement Plan and how this information prompts actions to improve the quality of care and services.

# Standard 7

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

Findings

This Quality Standard is compliant as all requirements have been assessed as compliant.

The service demonstrates consumers get quality care and services when needed from people who are knowledgeable, capable and caring.

Consumers and representatives feel there are sufficient staff to provide timely, quality care. Care staff are confident there are enough staff at the service and shifts are usually filled. Management described how the service ensures sufficient staff numbers, including filling shifts, and how the service plans to ensure an appropriate skill mix and number of staff are available to provide safe and quality care and services, inclusive of the change to legislative requirements for Registered Nurse hours from 1 July 2023. Documentation indicates there is appropriate staffing on each shift.

Consumers and representatives said all staff treat consumers kindly and respectfully and are aware of consumers’ individual backgrounds and diversity of needs. Staff and management advised staff interact with consumers in a respectful way, use respectful language and treat consumers as individuals. The Assessment Team observed staff and management interacting with consumers in a respectful manner throughout the assessment.

Consumers and representatives are confident that staff know what they are doing and are competent in their roles. Management described how they determine whether staff are appropriate for their role, and how staff competency and knowledge to effectively perform their role is assessed. The Assessment Team reviewed documentation indicating staff are appropriately qualified for and have the knowledge to perform their roles.

Consumers and representatives feel staff are trained and equipped to do their jobs. Care staff and management described the education and training they received, including in relation to the Aged Care Quality Standards, and affirmed they are supported and adequately equipped to do their jobs. Management described how the service recruits, trains, and supports staff to perform their role, including when gaps in education become apparent, and stated staff are welcome to request further support and training. Documentation shows that the workforce is recruited, and the service is training, equipping, and supporting staff to deliver the outcomes required by the Aged Care Quality Standards.

Staff and management can describe the processes for monitoring staff performance, what actions would be taken in response to concerns about staff performance and described the performance assessment process. Documentation pertaining to staff performance was reviewed and supported this.

# Standard 8

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

Findings

This Quality Standard is compliant as all requirements have been assessed as compliant.

The organisation’s governing body is accountable for the delivery of safe and quality care and services and consumers can partner in improving care and services.

Consumers and representatives advised the service is well run, they are encouraged to provide regular feedback, and they are supported to engage in the development and delivery of the care and services provided to them or the consumer they represent. Staff and management identified how consumers are supported to engage with the care and services provided by the organisation, and how consumers and representatives are encouraged to provide feedback, including directly with staff, over the phone or through the service’s feedback forms, and in the bimonthly Resident Meeting. Documentation provided supporting evidence that the service is seeking consumer engagement in care and services and taking action in response.

The service is an independent service, governed by a Board of Directors. Care and services are managed by the organisation’s management team, who report to the chief executive officer. The chief executive officer then reports to the Board.

Consumers feel safe at the service and receive quality care inclusive of their personal needs. Management described how the organisation’s governing body, promote a safe and inclusive culture at the service, and are involved in overseeing the delivery of quality care and services as outlined in the service’s organisational framework. Review of documentation including the monthly chief executive officer reports to the Board and communication from the Board to staff provided further evidence that the Board is involved in promoting the delivery of safe, inclusive and quality care at the service.

The organisation demonstrates there are appropriate governance systems at the service, including a clear reporting structure, effective information management, workforce management, continuous improvement processes and financial governance. Policies, procedures, meeting minutes and reports for the executive team are available for the Board to satisfy itself that the Aged Care Quality Standards are met. In the assessment of regulatory compliance, the Assessment Team identified there are systems for the identification and understanding of all relevant legislation, regulatory requirements, professional standards and guidelines and the governing body ensures compliance with all relevant obligations. It was identified while the service has an infection prevention and control lead, they had not completed the required training course.

The approved provider response provided further evidence to show the previous infection prevention and control lead had left the service, and the organisation has implemented a number of strategies to ensure their preparation and response to infection control has been maintained. The current infection prevention and control lead is enrolled to start the next training course available.

I am satisfied the organisation does have effective governance systems for regulatory compliance.

The organisation has risk management systems, procedures and training in effect at the service which guides staff in identifying and responding to existing and potential risks, including high-impact and high-prevalence risks, or potential abuse or neglect. Staff and management can describe how the service identifies, assesses and manages risk whilst supporting consumers to live life according to their choices, even when that involves risk. Staff and management can describe their responsibilities in managing and responding to incidents, including their responsibilities under the serious incident response scheme, can identify their relevant reporting lines, including to management and the Board.

The organisation has clinical governance processes in place at the service supported through policies, procedures, service practices and mandatory training covering areas including antimicrobial stewardship, restrictive practices, and open disclosure. The Assessment Team reviewed policies, training records and meeting minutes which evidenced this.

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)