Performance

Report

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| Name: | Altona Gardens Care Community |
| Commission ID: | 3536 |
| Address: | 28-30 Rymill Court, ALTONA NORTH, Victoria, 3025 |
| Activity type: | Site Audit |
| Activity date: | 25 September 2023 to 28 September 2023 |
| Performance report date: | 15 November 2023 |
| Service included in this assessment: | Service: 2285 Altona Gardens Care Community |

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 Altona Gardens Care Community (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others.
* the provider’s response to the assessment team’s report received 03 November 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 | **Not Compliant** |

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

# Areas for improvement

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

* Requirement 8(3)(e) The service ensures there is an effective Clinical Governance Framework for delivering safe, quality clinical care, and continuously improving services encompassing up-to-date and best practice policies.

# 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 6 of the 6 Requirements have been assessed as compliant.

Consumers said they were respected by staff, and staff were aware of their needs. Staff demonstrated knowledge of consumers’ backgrounds and described how they tailored care and services in a dignified and respectful manner to meet consumers’ needs and preferences. Care planning documentation included information about consumers’ life history, cultural, and spiritual needs to support the delivery of care and services.

Consumers and representatives considered staff were aware of consumers’ cultural backgrounds, delivered appropriate care, and supported celebration of customs and traditions. Staff demonstrated an understanding of consumers’ cultural background and explained how they provided care and services in a culturally safe manner. The service had a policy to guide staff in the delivery of culturally safe care and services.

Consumers said they were supported to make decisions about their care and services, including who they would like to involve, and how care and services should be delivered. Staff said they provided information to consumers to support consumers in exercising choice and independence, and described how they supported consumers to communicate their decisions, such as asking questions and for consent. Care planning documents included information to inform staff of key relationships.

Consumers said they were supported to live life on their terms, with risks associated with their choices and decisions assessed and discussed with them, as evidenced in care planning documentation. Staff described ensuring consumers understood benefits and potential for harm when considering taking risks. The service had a policy and procedure which outlined the commitment to respect consumers’ right to make decisions including those that involve an element of risk.

Consumers and representatives said information was provided in a timely and easy to understand manner which helped to make decisions about care and services. Staff described how they communicated information in an appropriate way to help consumers make informed choices and decisions, adapting communication style to meet consumer needs.

Consumers and representatives said consumers’ privacy was respected by staff. Staff described how they respected consumers’ privacy and maintained the confidentiality of personal information. Policies and procedures were in place to support consumer privacy and confidentiality of personal information.

# Standard 2

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

Findings

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

Staff described how they considered risks to consumers’ health and well-being to inform the delivery of safe, effective care and services through assessments completed with input from consumers, representatives, and providers. Care planning documentation identified risks to consumers’ health and well-being and included risk mitigation strategies. Policies and clinical assessment tools guided staff in the assessment, planning, and consideration of risks to consumers’ health and well-being.

Staff said they discussed advance care and end of life planning with consumers and representatives upon admission to the service and if consumers and representatives wished to discuss the matter later, staff would revisit the conversation in future care plan reviews. Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and end of life wishes as appropriate.

Consumers, representatives, and staff said, and documentation evidenced, assessment and planning were completed in partnership with consumers, representatives, and others. Staff explained the service is guided by who the consumer wishes to be involved in care planning. Care planning documentation reflected organisations, individuals, and providers of other care and services were involved in the care of the consumer.

Consumers and representatives said they were involved in assessment and planning processes and staff explained what was in the care plan. Staff said they communicated changes to the care plan in various ways such as through personal meetings and over the telephone. The service has procedures to guide sharing of information about consumers.

Consumers and representatives said care and services were regularly reviewed for effectiveness including when circumstances changed, or incidents occurred. Staff explained how they responded to deterioration or incidents and reviewed consumers’ care and services to ensure they effectively supported consumers. Care planning documentation evidenced care and services were reviewed for effectiveness, consistent with feedback.

# Standard 3

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

Findings

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

Consumers and representatives considered consumers received safe, effective clinical and personal care which met their needs. Care planning documentation evidenced consumers received individualised care that was safe, effective, and tailored to specific needs and preferences. Staff demonstrated an understanding of consumers’ personal and clinical care needs and described how they tailored care and services to optimise health and well-being. Training, policies, and procedures were in place to support best practice personal and clinical care.

Staff identified high-impact, high-prevalence risks associated with the care of consumers, such as falls, and described the risk minimisation strategies. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place. Staff were guided by policies and protocols, including a risk management framework.

Staff described how the delivery of care and services changed for consumers nearing end of life, and documentation evidenced palliative care was delivered in a way to support consumers’ dignity and comfort. Palliative and end of life care guidance was available to support staff in recognising and addressing consumers’ needs, goals, and preferences.

Consumers and representatives considered deterioration or changes in consumers were recognised and responded to in a timely manner, as evidenced in care planning documentation. Staff described how they responded to deterioration or changes in consumers, such as completing assessments and observations, referrals, and monitoring processes. Policies and procedures supported staff in recognising and responding to clinical deterioration.

Staff described how they documented and communicated information about consumers, within and outside the service, to support the delivery of care and services, such as completing documentation and sharing verbal information during handover periods. Consumer care files reflected information about consumers was documented and shared with others as appropriate.

Consumers and representatives considered referrals were completed in a timely and appropriate manner and had access to relevant health professionals such as allied health staff and specialists. Documentation evidenced referrals were completed in a timely and appropriate manner and were completed in consultation with consumers and representatives.

The service had an infection prevention and control lead, processes, and protocols to minimise infection related risks. Staff in different roles described how they lessened infection related risks and promoted practices to minimise the use of antibiotics. Documentation and observations evidenced infection prevention and control measures were implemented.

# Standard 4

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

Findings

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

Consumers considered the service catered for their needs and preferences in a way which enhanced their quality of life. Staff said they consulted consumers and representatives during assessment and planning processes to gather an understanding of consumers’ needs, goals, and preferences, and develop appropriate supports for daily living. Needs, goals, and preferences were captured in care planning documentation.

Consumers and representatives considered consumers’ emotional well-being, religious and spiritual practices were supported. Staff described how they tailored services and supports in line with consumers’ well-being needs, such as religious services, and volunteers. Staff explained how they would identify changes in consumers’ well-being, and what they would do in response, such as providing emotional support, spending time with consumers, or completing assessments and referrals as appropriate. Care planning documentation evidenced consumers’ emotional and spiritual needs were considered and included individualised strategies to fulfil these needs.

Consumers and representatives advised consumers were supported to participate within their communities, have social and personal relationships, and do things of interest. Staff described the services and supports in place to promote consumers’ social interaction and relationships, such as bus outings and cultural clubs. Consumers were observed engaged in various group activities and interacting with other consumers and family members.

Staff explained the processes in place to communicate information about consumers within and outside the organisation, such as updating care planning documentation, shift handover processes, updating lifestyle and kitchen staff of changes, and completing referrals. Staff were observed sharing relevant information about consumers to support the delivery of care and services.

Staff described how they completed appropriate referrals for other individuals and other providers of care and services to support consumers’ current and emerging needs. In addition, staff advised they collaborated with external organisations and individuals to complement the existing activity program available at the service. Consumers said, and documentation evidenced referrals were completed in a timely manner for various individuals, other organisations, and providers.

Consumers considered meals were of suitable quality, temperature, and portion size, with a variety of options available. Consumers said their requests for alternative meals was accommodated. Consumers and staff advised consumers were supported in providing feedback about meals and would implement solutions to meet consumers’ needs. Staff had access to consumers dietary information to provide suitable meals for consumers. Meals were observed to be of suitable quality and quantity, and staff provided assistance for consumers as required during mealtime.

Consumers considered equipment was safe, suitable, clean, and well maintained. Staff said they had access to supplies and equipment for daily living and described the processes in place to maintain the safety and cleanliness of equipment. Suitable and well-maintained equipment was observed throughout the service environment.

# Standard 5

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

Findings

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

Consumers reflected they felt at home at the service and found the service environment easy to navigate. Staff demonstrated an understanding of how to support consumers in feeling at home, such as encouraging consumers to personalise their rooms and described how they assisted consumers to move freely around the service, supporting consumers’ sense of independence, interaction, and function. The service environment was observed to be clutter free and had sufficient lighting and handrails to assist with consumer movement and interaction.

Consumers advised their rooms were regularly cleaned and were able to access indoor and outdoor areas. Staff described the processes in place to maintain the service environment. Documentation demonstrated preventative and reactive maintenance was up to date. Staff described the cleaning schedule and processes in place to maintain the safety and cleanliness of the service environment, such as cleaning high touch point areas, common areas, and consumer rooms. The service environment was observed to be clean, and documentation evidenced daily cleaning tasks were completed and up to date.

Staff advised there was suitable, clean, and well-maintained equipment for consumers and described the processes in place to maintain the safety and cleanliness of equipment, fittings, and furniture. Documentation furniture, equipment, and fittings were checked for safety and functionality, and were up to date. Furniture, fittings, and equipment were observed to safe, clean, and suitable for consumers.

# Standard 6

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

Findings

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

Consumers and representatives said they were comfortable in providing feedback and complaints. Management described ways they encouraged and supported feedback and complaints, such as through meetings, surveys, focus groups, and feedback forms. Feedback forms and collection boxes were observed throughout the service environment to support consumers and others in providing feedback and complaints.

Consumers and representatives said they were aware of advocacy services, and other ways to raise and resolve complaints. Management and staff described external complaints resolution pathways available for consumers and others, such as advocates and language services. Information was observed throughout the service environment informing consumers of feedback and complaints options.

Consumers and representatives considered complaints were responded to in an appropriate manner. Management and staff described how they responded to complaints using an open disclosure process, such as communicating with those involved in a transparent manner and providing an apology. Documentation demonstrated complaints were resolved in an appropriate and responsive manner using an open disclosure process.

Management described how feedback and complaints were reviewed to inform improvements. Consumers and representatives said, and documentation evidenced, improvements were made to care and services as a result of complaints or feedback, such as lifestyle activities and meal selections. Policies and procedures were in place to guide staff in reviewing feedback and complaints to inform improvements.

# Standard 7

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

Findings

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

Consumers and representatives reflected that the service was adequately staffed and were satisfied with the quality of care provided. Management described workforce planning and management strategies, such as developing the staff roster based on the care needs of the consumer cohort and having contingencies to account for unplanned leave. Documentation demonstrated the service had systems in place to regularly review the delivery and management of safe, quality care and services.

Consumers and representatives advised staff interacted with consumers in a kind and caring manner which respected their cultural background. Management said they ensured the workforce maintained kind, caring, and respectful interactions with consumers through recruitment processes, monitoring staff performance, and through feedback mechanisms. Policy and procedure outlined the commitment to cultural safety, diversity and inclusion, and ways to uphold this in an appropriate manner for consumers.

Management advised staff competency was determined through appropriate selection and recruitment processes, performance reviews, informal meetings, and pairing new staff with an experienced staff member through a buddy shift program. Human resource documentation evidenced staff were appropriately qualified and had the necessary checks and registrations required for their role in line with position descriptions, and monitoring processes were in place to monitor expiry dates.

Staff said, and documentation demonstrated the workforce received training and education covering a range of topics relevant to these standards. Guidelines, policies, and procedures outlined recruitment and onboarding requirements, such as pre-employment checks and registrations. A clinical training and education framework established mandatory training requirements, including procedures in response to non-compliance with training such as performance management.

Management described how workforce performance was regularly assessed, monitored, and reviewed through performance appraisals, surveys, and feedback. Management advised performance appraisals occurred on a regular basis within 6 months of employment, and on an annual basis thereafter unless other performance matters were identified outside this period. Staff reflected that they were supported by management during the performance appraisal process, and documentation evidenced performance reviews were up to date.

# 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. | Not Compliant |

Findings

This Quality Standard is non-compliant as 1 of the 5 Requirements have been assessed as non-compliant.

The Assessment Team recommended Requirement 8(3)(c) not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report, and the provider’s response. I have determined the totality of evidence is applicable to Requirement 8(3)(e) and have considered the Assessment Team’s findings under this requirement.

The Site Audit report brought forward the following matters I have considered relevant:

* Whilst 3 consumers within the secure memory support unit were identified as being subject to environment restraint, other consumers residing in the secure unit did not have evidence assessment and informed consent for the use of environment restraint.
  + Management advised the Assessment Team restrictive practices were in response to managing changed behaviours, and if there were no behaviours to manage, such as exit seeking behaviours, this would not be considered environmental restraint.
* Service entrance doors were secured with keypads, and consumers did not have access to the code to enable them to leave independently, which also was not identified as environmental restraint.
  + In response, management placed a copy of the code next to the keypad, however, it was printed backwards. Limited information was available to demonstrate consumers had been assessed for physical and cognitive capability to understand and use the code, or that informed consent for environmental restraint had been obtained for those unable to independently use the keypad.

The provider’s response to the Site Audit report disagreed with the Assessment Team’s findings, and advised:

* The doors were secured with use of keypad for consumers’ safety and security, not as restrictive practice.
* Consumers and representatives were offered the door code upon admission to the service.
  + If consumers with decision making capacity decided they did not want the code, this did not constitute environmental restraint, and they were able to request staff assistance to open the door. In these cases, consumers did not have a behaviour that was being influenced by the presence of a keypad lock on the main door.
* The response provided some context to the physical and cognitive capacity of the consumers concerned.
  + Within the secured memory support unit, 6 consumers were not considered to be environmentally restrained as they were not able to mobilise to leave independently. Four consumers who were mobile, did not have exit seeking behaviours, did not speak of leaving, and did not demonstrate distress, and with consideration of these factors, were considered to have actively decided to remain in the memory support unit, so were not assessed as environmentally restrained.
  + Outside the memory support unit, only one consumer was environmentally restrained. Other consumers were either unable to mobilise independently, others had either not expressed an interest to leave, or had been offered the code but declined as staff would open the door.

I have considered the totality of evidence did not demonstrate:

* The identification and assessment of whether consumers impacted by locked doors were subject to environmental restraint.
* How consumers’ physical and cognitive capacity impacted their ability to use the keypad; and what was the associated implications on consumers’ freedom of movement.

There was limited evidence to demonstrate how the clinical governance framework was effectively implemented into practice to minimise the use of restraint, particularly in relation to the identification, assessment, and monitoring of environmental restraint for consumers respective of their cognitive and physical capacity. Whether or not consumers have exit seeking desires or behaviours, the decision to secure doors removes independence of choice for all consumers and is considered an environmental restraint. I have noted that consumers were offered staff assistance to leave, however, I have placed emphasis on the limited evidence presented to demonstrate how consumers individual circumstances were considered in line with their capacity to freely exit the service, and what review processes were in place to minimise this form of restrictive practice. Therefore, based on the balance before me, I find Requirement 8(3)(e) non-compliant.

In relation to Requirement 8(3)(c), on balance, other examples presented in the site audit report were demonstrative of regulatory compliance, such as for Serious Incident Response Scheme (SIRS) notifications and other forms of restrictive practices. I have considered management and staff demonstrated awareness of regulatory compliance relating to restrictive practices, and associated training, policies, and procedures were in place. Therefore, I have considered the findings as applicable to the implementation of the clinical governance framework, and minimisation of restrictive practice under Requirement 8(3)(e). In addition, I have placed emphasis on consumer and representative feedback and note there was no direct consumer impact reported, therefore I have not considered these findings as applicable to Requirement 3(3)(a) and Requirement 5(3)(b).

I am satisfied the remaining 4 Requirements in Quality Standard 8 are compliant.

Consumers and representatives advised they were engaged in the development, delivery, and evaluation of care and services, as evidenced in documentation. Management and staff described the mechanisms in place to engage and support consumers in providing input, such as through meetings and surveys.

Management described how the governing body was involved, and accountable for the delivery of safe, quality care and services, such as through regular meetings and communication. Documentation evidenced the governing body maintained oversight of the service by reviewing reports which covered various aspects relating to the performance and delivery of care and services, such as clinical indicators, feedback and complaints, and incidents. Compliance with the Quality Standards is monitored at site level and reported to the Board.

A reporting structure, policies, procedures, training, and audit mechanisms supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. For example, financial governance was supported by a framework which outlined budget and expenditure considerations and strategies with processes for funding extraordinary costs.

Effective risk management systems and practices were supported by a risk management framework and policies describing the management of high-impact, high-prevalence risks associated with the care of consumers, the identification and response to abuse and neglect, supporting consumers to live the best life they can, managing and preventing incidents. Staff demonstrated knowledge of the risk management framework, including reporting responsibilities, and described various risk minimisation strategies in place.

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)