Performance

Report

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| Name: | Anglican Care C A Brown |
| Commission ID: | 2365 |
| Address: | 87 Toronto Road, BOORAGUL, New South Wales, 2284 |
| Activity type: | Site Audit |
| Activity date: | 4 December 2023 to 6 December 2023 |
| Performance report date: | 24 January 2024 |
| Service included in this assessment: | Provider: 3186 Anglican Care  Service: 780 Anglican Care C A Brown |

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 Anglican Care C A Brown (**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; and
* the provider’s response to the assessment team’s report received 4 January 2024.

# 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 | **Not Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

* The provider ensures the number and mix of staff deployed enables the delivery and management of safe and quality care and services, in relation to both personal and clinical care.

# 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 Standard is assessed as Complaint, as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives described staff as respectful, kind, and caring, saying overall they were treated with dignity and respect and valued as individuals. Staff spoke of consumers in a respectful manner and demonstrated familiarity with consumer backgrounds and preferences. Care planning documentation included information specific to consumer backgrounds and cultures, detailing how this was used to inform care.

Policies and procedures, including the Diversity and inclusion policy, outlined the service’s commitment to respect and value diversity of consumers, including relating to customs, cultures, and beliefs. Consumers and representatives explained how staff provided care consistent with cultural needs and preferences. Staff described how they ensured provision of culturally safe care and services.

Consumers explained how they were supported to maintain important relationships, and staff respect choices made on care and services. Staff said they encouraged consumer independence and decision making by offering choices and respecting documented preferences within care plans. Policies and procedures guide staff on supporting consumer choice and independence.

Staff were aware of consumers taking risks, describing how they promoted and supported consumer rights to do so whilst ensuring strategies were developed to mitigate risks. Within the assessment process, conversations are held with the consumer and/or representative to discuss the risks and agree on strategies, which are captured in a risk assessment. Consumers gave examples of how they were supported to take risks to maintain independence and live life on their terms.

Consumers and representatives said they were kept informed with written information and verbal reminders. Staff explained how information is communicated to consumers to inform choices in multiple ways and adapted for consumers with sensory impairment. Noticeboards were used to display activities schedules, newsletters, menus, and complaints processes and information was noted to be up to date.

Most consumers said they considered the service respected their privacy, with staff knocking on doors and ensuring privacy when delivering care. Some consumers felt staff did not always wait for response to permit entry to consumer rooms and the provider’s response includes evidence of appropriate responsive actions, such as providing training and reminders to staff, and evaluating effectiveness with named consumers. Staff explained how they respected privacy and confidentiality, seeking permission before entering consumer rooms and ensuring conversations about consumers are in private and not repeated. Computer systems were secured with password protection and observed to be locked when unattended.

# 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 Standard is assessed as Complaint, as 5 of the 5 Requirements have been assessed as Compliant.

Staff outlined the care planning process, and explained how this was used to consider consumer risks and inform safe delivery of care and services. Care planning documentation demonstrated consideration of individual risks and mitigating strategies for clinical and personal care to inform a care and services plan. The electronic care management system incorporates assessment checklist and action items for assessment and care planning processes for new consumers.

Consumers and representatives said goals and preferences were considered within care planning processes. Staff explained how they ensured care planning documentation reflected consumer preferences, and approaches taken to discuss end-of-life wishes on admission and following change of condition. Care planning documentation identified consumer needs and preferences, including advance care directives and end-of-life wishes.

Consumers and representatives described how the service involved them in assessment and planning of care. Staff outlined how they partnered with consumers, representatives, and others involved in care, and ensured outcomes from external providers were reflected in care planning documentation. Policies and procedures identified the service’s commitment to working with other individuals and organisations for provision, planning, and assessment of care and services.

Consumers and representatives said the service was proactive with communication about care and services, staff explained things, and they were offered a copy of the care and services plan. Staff explained processes to update consumers, representatives, and others involved in care with outcomes of scheduled reviews and when things changed through face-to-face and phone conversations and emails. Care and services plans were accessible within the electronic care management system and a copy made available to consumers and representatives.

Consumers and representatives were aware of regular care and services reviews, and said reviews were also undertaken when changes or incidence occurred. Management and staff explained routine care review schedules, and monitoring undertaken in the interim to identify change. Documentation following incident demonstrated the care and services plan was reviewed, evaluated, and updated in line with policies and procedures.

# 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 Standard is assessed as Complaint, as 7 of the 7 Requirements have been assessed as Compliant.

Consumers described receiving care that was personalised to their needs. Staff demonstrated knowledge of best practice principles in relation to sampled areas of clinical care and could describe care needs of consumers in line with care planning documentation. Care planning documentation demonstrated tailored strategies had been developed to inform safe and effective care and charting for monitoring and evaluation of effectiveness and/or escalation to specialist services.

Staff could explain high impact high and/or prevalence risks for consumers and the mitigating strategies used in line with care planning documentation. Representatives said they were satisfied risks were managed well and the optimised preventative strategies. Following incident, monitoring processes were mostly commenced in line with procedures, with management taking comprehensive action in response to feedback provided during the Site Audit. The provider’s response demonstrates a comprehensive review of reported deficiencies, identifying a documentation error and describing training provided to staff to prevent recurrence.

Staff explained how they recognise and address needs of consumers nearing end of life with emphasis on maximising comfort through medications and repositioning and offering spiritual services if wished. Documentation for a late consumer demonstrated provision of care meeting comfort needs with consideration of consumer dignity. Policies and procedures are available to inform staff of palliative and end-of-life care assessment and provision.

Consumers and representatives expressed confidence that staff recognise deterioration or change in care needs and provide updates. Staff explained how they would recognise and monitor consumer deterioration, escalating proactively or reactively to Medical officers, Allied health staff, or specialists dependent upon consumer needs. Management explained monitoring processes, including use of incident reports and undertaking daily documentation reviews, to identify deterioration and ensure appropriate monitoring. Indicators of clinical deterioration and responsive strategies or actions are outlined within policies and procedures. The provider’s response included outcomes of investigation relating to weight loss of a named consumer, with clarifying details and explanation of planned training for staff to ensure ongoing effective identification and management.

Care planning documentation included progress notes and care and services plans with sufficient information to support delivery of care, and staff explained other communication processes including handover and meetings. Consumers and representatives said staff and external providers were familiar with their care needs, preferences, and goals.

Clinical staff explained they escalate referral needs to clinical management with supportive information, such as written and/or verbal handover and relevant progress notes. Consumers said referrals made were timely and appropriate to their needs, and this was evidenced in care planning documentation.

Consumers and representatives expressed confidence in the service’s actions to minimise infections, and said they observed staff using hand hygiene. Staff could detail infection prevention and control precautions and demonstrated familiarity with outbreak management plan responsibilities in line with documentation. Clinical staff explained how they ensured appropriate antimicrobial prescribing for infections through collection and review of pathology. The provider’s response detailed how they monitored and complied with state guidelines for use of personal protective equipment and ensured staff compliance with requirements.

# 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 Standard is assessed as Complaint, as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives described receipt of services to support their needs, goals, and preferences. Staff explained assessment procedures to identify needs and preferences and incorporate this into development of care, services, and programs.

Staff explained how they facilitate consumer connections to support emotional, social, and psychological well-being, and religious services are scheduled. Staff could identify when consumers were low or at risk of isolation, and said they’d ensure spending additional time or engage consumers in activities to support emotional needs. Consumers and representatives said staff provide emotional supports, and care planning documentation outlined consumer needs.

Consumers identified services and supports provided to do things of interest, including supplying equipment for hobbies, and participate in the community within and outside the service. Management outlined strategies to support relationships of importance, including during infectious outbreaks and lockdowns. Consumers were observed socialising with other consumers and participating in group activities.

Information about consumer condition, needs and preferences was communicated through documentation and handover processes, for example, kitchen staff said they receive updates on consumer dietary needs from clinical staff, but also consult with consumers on preferences. Consumers said staff knew their needs and preferences.

Staff explained referral processes for community services, such as volunteer schemes or pastoral care. Consumers said they were referred to appropriate providers. Care planning documentation demonstrated referrals were timely and appropriate to consumer needs.

Overall, consumers expressed satisfaction with the quality and quantity of provided meals, explaining a range of alternatives were always available. Staff were familiar with dietary needs of consumers in line with care planning documentation. The rotating menu was developed with input from consumers and a Dietitian, and consumers were encouraged to review menus and provide feedback. Where the Site Audit report referenced consumer or representative concern relating to food, the provider’s response has provided additional information with satisfactory explanation and understanding of underlying issues.

Consumers and staff reported having access to suitable equipment to meet consumer needs. Staff described cleaning processes for personal and shared equipment, and said where maintenance needs are identified, the equipment is removed, and a request raised. Personal and lifestyle equipment was observed to be in good condition, clean, and suitable for consumer use.

# 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 Standard is assessed as Complaint, as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said they found the environment welcoming, and they were encouraged to personalise their rooms to make home-like and foster the sense of belonging. Dementia friendly design principles had been implemented, such as use of distinct carpet and wall colours, sufficient lighting, and signage, with handrails to optimise independent consumer movement.

Consumers and representatives described the environment as clean, well-maintained, and safe. Consumers reported they could move freely throughout the service environment. Whilst access codes were not readily displayed at elevators to support access other floors, management advised codes were usually displayed and were unsure why they had been removed.

Staff explained cleaning processes and procedures for reporting and recording hazards and maintenance concerns, with environmental audits undertaken for monitoring. Furniture was observed to be clean and in good condition, and consumers said fittings and equipment was also kept 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 Standard is assessed as Complaint, as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they felt comfortable to provide feedback or make complaints, and demonstrated awareness of various ways they can do so. Staff could describe processes to capture and escalate complaints. Management explained how they encourage and support feedback and complaints through verbal methods, such as telling staff or raising it within consumer meetings, or written methods including feedback forms and surveys. Documentation, such as consumer handbook information and meeting minutes, demonstrated consumers were informed of methods for feedback and encouraged to do so.

Management and staff explained available advocacy and language services, and consumers are informed of these services through information pamphlets, posters, and information sessions. Consumers and representatives said they were aware of available supports but did not feel them required. Information on available services was displayed throughout the service, and explained in the consumer handbook, and management provided documentation relating to 3 consumers recently attending an external advocacy information and social event.

Consumers and representatives said the service appropriately responded to and resolved complaints. Staff demonstrated an understanding of open disclosure, detailing processes, and each step was reflected against complaints recorded within the register. Documentation demonstrated timely and appropriate action was taken, and complaints were recorded in line with policies and procedures.

Management explained how they reviewed feedback daily to ensure appropriate actions were taken and trends identified. An example of a recent trend in complaints resulted in development of continuous improvement activities, explained by management, and evidenced within documentation. Consumers and representatives described how they were informed of issues, for example, within consumer meetings, and they had observed actions being taken resulting in overall 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. | Not 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 Standard is assessed as Non-compliant, as one of the 5 Requirements has been assessed as Non-compliant.

The Assessment Team recommended Requirement 7(3)(a) not met, with a number of consumers, representatives, and staff providing feedback there were not enough staff to meet consumer needs. Some evidence was brought forward this was impacting provision of consumer care, complaints had also been raised within the feedback log. Some care staff reported they feel rushed when providing care, and at times consumers need to wait, and they were concerned this may result in mistakes or incidents although there was no evidence of this within incident reporting. Rosters demonstrated difficulties covering unplanned leave, resulting in clinical and care shifts not being filled. Management explained rostering strategies to ensure sufficiency of staff and skills to meet care minute requirements, regular consultation with the organisation’s human resources team and ongoing recruitment efforts.

The provider’s response acknowledges staffing challenges, explaining key actions, tactics, and strategies outlined within the Workforce strategy and plan which they state demonstrates understanding of workforce requirements. A new software system is being implemented to understand care minute requirements of consumers to support rostering, and monitoring processes developed to measure target to actual staffing levels. The provider has outlined current recruitment and retention strategies and says they are exploring all avenues to attract new staff and reduce agency use. Management have met with named consumers and representatives raising concerns, and are meeting with staff to gain better understanding of why they feel rushed and review rostering against staff perceptions. Continuous improvement activities reflect information explained by the provider, as well as reviewing duties guides, focusing on increasing casual pool for night shift, and educating consumers, representatives, and staff on how the new software will improve rostering.

I acknowledge the provider’s response. I have carefully considered the impact of staffing on consumer care, acknowledging overall consumer needs have been met and there is no evidence of increased incidents. The service is operating at near capacity, with 126 allocated beds and 124 consumers present at the time of the Site Audit. I consider the Workforce strategy and plan demonstrates presence of a governance system relating to workforce and have considered this relevant to findings in Standard 8 Requirement (3)(c).

However, in coming to my decision, I have placed weight on the number of consumers and representatives who are concerned there are not enough staff. Evidence has been brought forward in the Site Audit report on the impact of staffing levels on the service’s ability to meet preferences and maintain consumer dignity. Rostering priorities have focused on filling clinical care shifts, evidenced through reported processes, analysis of unfilled shifts, and feedback of clinical staff. However, care staff reported feeling rushed when providing care, unfilled care shifts are double the number of unfilled clinical shifts, and the service is unable to book agency care staff without authorisation of the organisation. The implementation of a new rostering system is still being developed, with outcomes and evaluation yet to be undertaken, and time will be required to embed changes determine the effectiveness of continuous improvement activities. On balance, I find the service did not demonstrate the number and mix of members of the workforce enabled the delivery of safe and quality care and services.

For these reasons, I find the service Non-compliant with Requirement 7(3)(a).

Consumers and representatives said staff were kind, caring, and respectful. Staff interactions were observed to be positive, caring, and respectful. Policies, procedures, and guidelines outlined organisational values and expectations of staff to provide person-centred care respectful of each consumer’s identity and culture.

Consumers and representatives said staff were effective and competent in providing care and services. Management explained how they determine staff competency, and recruitment processes and position descriptions outline essential qualifications and knowledge. Documentation demonstrated monitoring of legislative work requirements and registrations.

Staff explained mandatory and supplementary training to support provision of quality care, and deliver expected outcomes, including reporting elder abuse, mandatory incident reporting through the Serious Incident Response Scheme, and ensuring application of open disclosure. Management described how training was arranged in response to identified needs, and they monitored compliance with mandatory training. Some staff were not able to demonstrate knowledge of differing types of restrictive practices or explain their roles and responsibilities in relation to its use, with management stating they will use this feedback to develop further training.

Management explained methods to assess staff performance, including through formal performance appraisals, informal monitoring and review processes, and performance management if required. Staff explained the annual performance appraisal process and outcomes, with new staff reviewed after 6 months of employment. Documentation demonstrated appraisals included a self-assessment, consideration of competencies, areas for development and actions, and a comment from the appraiser. Oversight of compliance is undertaken through management monitoring of the register.

# 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 Standard is assessed as Complaint, as 5 of the 5 Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement 8(3)(e) not met, reporting whilst the service recognised 18 consumers subject to environmental restraint, 4 consumers had not been considered subject to the restrictive practice with staff reporting this was due to an absence of exit seeking behaviour.

The provider’s response demonstrates auditing of all consumers to identify restrictive practice use confirming outside these 4 consumers there was no further impact. Responsive action was taken through case conferences, use of open disclosure, consultation, and assessment, and all 4 consumers have now been assessed as being environmentally restraint. Informed consent has been obtained for the use of restrictive practice ad behaviour support plans developed, in line with legislated requirements, and training has been undertaken with staff. The provider states they have commenced organisational processes, beginning with an audit for all consumers in all services, and strengthened documentation within policies and procedures and training.

I acknowledge the provider’s response. I consider the evidence before me demonstrates the service has an effective clinical governance framework relating to antimicrobial stewardship and open disclosure. Evidence has also been brought forward in relation to identification, management, and monitoring of chemical restraint, and environmental restraint for most consumers. I have balanced this against the number of consumers impacted, and the provider’s response to address errors for this service and others within the organisation. I consider the organisation has demonstrated use of an effective clinical governance framework to inform and oversee clinical care provision.

For the reasons outlined above, I find the service Compliant with Requirement 8(3)(e).

Consumers and representatives described their involvement in development, delivery, and evaluation of care and services through feedback processes. Management explained how consumer input is collected and informs change, giving examples. Meeting minutes demonstrate consumer engagement through attendance, encouragement for feedback, and informing an opportunity to review a new menu prior to implementing.

Management described the role of the governing body and monitoring and reporting processes to inform the Board and various subcommittees. Meeting minutes demonstrated the governing body were informed of outcomes of audits and surveys and took responsibility for improvements.

The organisation had effective governance systems to ensure oversight over key areas, including information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Policies and processes were developed to ensure staff delivered best practice care. Management explained how governance systems informed the running of the service, for example, financial governance was achieved through budgets and authority limits, and processes for approval for extraordinary expenses to meet consumer needs or improve care and services.

Risk management systems and practices were supported by a framework of policies, procedures, and training. Management and staff demonstrated understanding of high impact or high prevalence risks identified through assessment and monitoring processes, and staff could outline their responsibilities to identify and report incidents, including through the Serious Incident Response Scheme. An electronic incident management system captured incidents, with critical incidents escalated to the quality team and governing body. Risk management policies informed clinical care, and supported consumers take risks.

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)