Performance

Report

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| Name: | Arcare North Lakes |
| Commission ID: | 5587 |
| Address: | 65 Endeavour Boulevard, NORTH LAKES, Queensland, 4509 |
| Activity type: | Site Audit |
| Activity date: | 24 July 2024 to 26 July 2024 |
| Performance report date: | 23 August 2024 |
| Service included in this assessment: | Provider: 1706 Arcare Pty Ltd  Service: 5971 Arcare North Lakes |

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 Arcare North Lakes (**the service**) has been prepared by Dean Saunders, 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 staff, consumers/representatives and others

# 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

At audit the Assessment Team found as follows.

Consumers and representatives sampled said that consumers are treated with dignity and respect, with their identity, culture and diversity valued. Management and staff spoke about consumers in a respectful manner and were able to describe the measures taken to uphold this respect when providing care such as asking for consent, acknowledging their choices, and taking time to understand their background, life history and needs. Care planning documentation outlined information about consumers’ background and interests. The Assessment Team observed staff interacting with consumers respectfully throughout the Site Audit and reviewed policies outlining dignity and respect.

All consumers and representatives sampled said the service recognises and respects consumers’ cultural background and provides care that is consistent with their cultural traditions and preferences. Staff described how consumers’ cultural needs influence the delivery of day-to-day care and services. Care planning documentation evidenced specific cultural needs and preferences for consumers such as incorporating lifestyle activities to engage consumers with their culture, faith and background. The service’s documents, such as the inclusivity policy, demonstrated the service’s commitment to supporting cultural diversity.

Consumers and representatives sampled said consumers are supported to exercise choice and independence when making decisions about their own care, when family, friends and carers should be involved in their care and maintaining relationships of choice. Management and staff described how each consumer is supported to make informed choices about their care and services, and how they support consumers to maintain relationships of choice. Care planning documentation identified consumers’ individual choices around how care is delivered, who is involved in their care and how the service supports them in maintaining relationships. The Assessment Team observed staff respecting consumers’ decisions to maintain relationships of choice.

Consumers and representatives sampled described how the service supports them to take risks. Management and staff demonstrated an awareness of the risks taken by consumers and outlined how they support consumers who choose to take risks, by informing them of the potential risks and how they could be minimised, before completing a risk assessment in consultation with consumers and their representatives. Care planning documentation reflected how consumers are supported to take risks, and the safeguarding mechanisms in place to facilitate risk-taking.

Consumers and representatives sampled described how they are informed to make choices through printed information and verbal reminders. Care planning documentation reviewed evidenced the inclusion of communication assessments to facilitate the delivery of information in a way that is accurate and timely to every individual. Staff interviewed described different ways information is provided to consumers, including for consumers with cognitive and sensory impairments, in line with their documented needs and preferences. The Assessment Team observed information displayed throughout the service to inform and support consumers and representatives to exercise choice.

The service demonstrated that each consumer’s privacy is respected, and personal information is kept confidential. Consumers and representative sampled said that they feel the service is considerate of consumer privacy and none expressed concerns about the confidentiality of personal information. Staff and management could describe the practical ways they respect the personal privacy of consumers at the service. The Assessment Team observed that the service has protocols in place to protect consumer privacy and confidentiality.

For the above reasons I find this standard compliant.

# Standard 2

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

Findings

At audit the Assessment Team found as follows.

Care planning documentation of sampled consumers demonstrated assessment and planning considers risks to consumer health and well-being and informs the delivery of safe and effective care and services. Sampled consumers and representatives expressed satisfaction with the care planning and assessment processes at the service. Management and staff described the care planning processes in detail, and how it informs the delivery of care and services. The service has documented staff guidelines about ongoing assessment and care planning with consumers and their representatives.

The service demonstrated that care planning documentation identifies and addresses consumers' current needs, goals, and preferences, including advance care planning and end-of-life (EOL) planning if the consumer wishes. Sampled consumers and representatives said assessment and planning identifies and addresses the consumer’s current preferences and EOL wishes. Staff described how the service ensures that assessment and planning reflect consumers' current preferences and how they approach conversations around EOL care planning in line with the service’s policy. The service had systems in place which facilitated assessment and planning to capture the current needs of each consumer.

Care planning documentation of sampled consumers evidenced ongoing partnership with consumers, representatives, and other healthcare professionals such as MOs, AHPs and specialists involving assessment, planning and review of consumer’s care and service. Consumers and representatives interviewed identified who was involved in consumers care, including internal and external healthcare providers. Management and staff described systems in place that enable consumers and their representatives to be involved in the ongoing review of care planning and other providers of care to ensure quality of care is provided. The service has documented staff guidance and procedures about ongoing care planning evaluation with consumers and representatives, and other healthcare services.

Consumers and representatives interviewed said the service regularly communicates changes relating to care and services with them and that staff explain things to them if needed. Management and clinical staff were able to describe how they effectively communicate outcomes of assessment and planning to consumers and their representatives and described the processes in place to ensure that they are regularly in touch with consumer representatives. The Assessment Team observed staff at various levels using the service’s bespoke database to record, store and communicate assessments, charting and information into consumers’ care plans.

Consumers and representatives interviewed confirmed that care and services were reviewed regularly and when changes occur. Sampled consumer care planning documentation evidenced regular reviews for continued effectiveness, when circumstances changed, or when incidents occurred which impacted on the needs, goals, or preferences of the consumer. Management and staff were able to explain the process for scheduled review of care planning documentation. The Assessment Team observed all care plans are reviewed at least annually, in line with the service’s policy.

For the above reasons I find this standard compliant.

# Standard 3

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

Findings

At audit the Assessment Team found, in summary, as follows.

Almost all sampled consumers and representatives interviewed said or indicated that they are receiving personal and clinical care that is safe and right for them and meets their individual needs and preferences. The service demonstrated that there are processes in place to manage restrictive practice, skin integrity and pain in line with best practice. Care planning documentation for sampled consumers demonstrated individualised care is provided that is safe, effective and tailored to the specific needs and preferences of consumers. Staff interviewed demonstrated a strong understanding of sampled consumers’ care needs and described how they provide safe and quality care.

The Assessment Team noted that high-impact and high-prevalence risks were being effectively managed through regular clinical data monitoring, trending, and reporting and that implementation of suitable risk mitigation strategies for individual consumers was taking place.

Management and clinical staff described the service’s high-impact, high-prevalence risks, how these were managed and measures that had been implemented to mitigate the risks to individual consumers. Consumers and representatives interviewed expressed their satisfaction with how these risks were managed by the service and described how the interventions that had been put in place for each consumer were effective. Review of care planning documentation evidenced consideration of risks to each individual and strategies to manage and minimise these risks.

Sampled consumer care plans evidenced discussions with representatives regarding palliative care, where appropriate. Consumer representatives described how consumer’s needs, goals and preferences were recognised and met at end of life, with measures taken to ensure their comfort. Management and staff demonstrated an understanding of how they recognised and addressed the needs and preferences of consumers nearing end of life and how they maximised their comfort and preserved their dignity. The service had policies that detailed how staff are to provide care for consumers nearing end of life to ensure that their wishes were being met and their comfort maximised.

For the consumers sampled, care planning documentation and progress notes recorded the identification of, and response to, deterioration or changes in their condition. Consumers and representatives interviewed said the service recognises and responds to changes in condition in a suitable and timely manner. Clinical and care staff described how they monitor signs, changes, or deterioration from consumers, and described a range of signs related to deterioration. Management and clinical staff explained how deterioration would be discussed during handovers, staff meetings, trigger an medical officer review, hospital transfer if needed and a subsequent review of care planning documentation.

Consumers and representatives interviewed said that staff work together to meet consumer care needs and preferences, and that they do not have to repeat themselves when staff change over. Staff described how information about consumer needs, conditions, and preferences are documented and communicated with the service and with others where clinical care is shared. For consumers sampled, the Assessment Team observed care planning documentation and handover procedures to outline information to support effective and appropriate sharing of the consumer’s information to support care.

Consumers and representatives interviewed said referrals made were timely and appropriate, and described how they had access to a range of other organisations and health professionals. Management and clinical staff described how referrals were made to other organisations and providers of care and services to supplement the care delivered at the service and ensure quality outcomes for each consumer. Care planning documentation and progress notes for consumers interviewed evidenced the involvement of medical officers, allied health professional and other providers of care.

The service was able to demonstrate preparedness in the event of an infectious outbreak, including for a gastroenteritis outbreak, and the application of better practice antibiotic practices. Consumers and representatives interviewed said they were satisfied with the service’s cleanliness, management of COVID-19 precautions and other infection control practices. The service has one appointed IPC Lead who has completed the related competency training and supports staff training and competencies. The Assessment Team observed staff following all infection control procedures and noted that the COVID-19 screening procedure in place at the service was strictly adhered to. The service has policies and procedures such as an outbreak management plan (OMP) to guide and support staff in managing infection related risks.

For the above reasons I find this standard compliant.

# Standard 4

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

Findings

At audit the Assessment Team found as follows.

Consumers and representatives described how the service supported them to engage in activities that met their needs, goals, and preferences and further expressed satisfaction at how their quality of life was maximised. Lifestyle staff and management explained how they partner with consumers to conduct a lifestyle assessment upon entry, which collects the consumer’s individual preferences, including likes, dislikes, interests, and social, emotional, cultural and spiritual needs. For the consumers interviewed, staff could explain what is important to them and what they like to do, and this aligned with information within the consumer’s care plan. The Assessment Team observed lifestyle activities that aligned with consumer interests. Review of documentation showed a robust lifestyle program informed by consumer interest.

Consumers and representatives said consumers are supported when they are feeling low, and described how the service promotes their emotional, spiritual and psychological well-being. Management and lifestyle staff advised that the consumer’s emotional, social and psychological needs can be supported by facilitating connections with people important to them, and by delivering religious services. Care planning documentation included information on consumers' well-being needs, goals and preferences. Review of documentation evidenced activities and supports to promote emotional, spiritual, and psychological wellbeing.

Consumers and representatives confirmed that consumers are supported to participate in their community within and outside the service environment, keep in touch with people who are important to them and do things of interest to them. Staff described how consumers are participating in their community within and outside the service environment. Care planning documentation aligned with the information provided by consumers, representatives, and staff regarding consumers’ continued involvement in their community and maintaining social and personal relationships. The Assessment Team observed consumers and their relatives entering and exiting the service and participating in group activities.

Consumers said that information about the consumer’s conditions, needs and preferences are communicated within the organisation and with others where responsibility for care is shared. Staff said they communicate and document changes in the service database as well as during shift handovers. Care planning documentation for consumers sampled provided adequate information to support safe and effective care related to services and supports for daily living. The Assessment Team observed that information about consumer’s dietary needs were accessible to hospitality staff in the central kitchen.

Consumers and representatives said they are supported by other organisations, support services and providers of other care and services. Care planning documentation identified timely referrals to other organisations and services. Staff could describe other individuals, organisations and providers of other care and services and specific consumers who utilise these services. Documentation showed that consumers receive timely referrals and support from other providers of services and supports.

All consumers and representatives sampled expressed satisfaction with the quality, quantity and variety of meals provided at the service and said that they can provide feedback and comments on the food which are acted upon. Staff described how they ensure that consumer choices are supported and arrange alternatives if the consumer wishes. Documentation was available that described the dietary needs and preferences of consumers. Observations indicated that meal services in all dining areas were punctual and well-coordinated, with staff providing supervision and assistance as needed.

The service demonstrated that equipment provided to consumers is safe, suitable, clean and well maintained. Consumers reported having access to clean equipment, including personal equipment to assist them with their mobility needs. Staff were able to describe how the equipment is kept safe, clean and well maintained. The Assessment Team observed clean and well-maintained equipment throughout the service.

For the above reasons I find this standard compliant.

# Standard 5

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

Findings

At audit the Assessment Team found as follows.

The service was able to demonstrate an environment that is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction, and function. Consumers and representatives said, and the Assessment Team observed, that the service environment is welcoming and easy to understand. Management and staff were able to describe features of the service that help each consumer to feel welcome and optimise their sense of belonging, independence, interaction, and function.

The service was able to demonstrate it is safe, clean, and well-maintained and consumers were able to move freely, both indoors and outdoors.

Almost all consumers and representatives interviewed said they thought the service environment is safe, clean, and well-maintained and allows them to move around freely as they wish. Staff could describe how the service environment is cleaned and maintained in accordance with a cleaning schedule.

The service demonstrated that furniture, fittings and equipment were safe and well maintained. The Assessment Team observed, and consumers confirmed, that equipment and fittings were cleaned and maintained regularly. Staff described their role and the processes for cleaning and maintaining personal equipment, furniture, and fittings in the service and how they were made suitable for each consumer.

For the above reasons I find this standard compliant.

# Standard 6

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

Findings

At audit the Assessment Team found as follows.

All consumers and representatives interviewed described how they would provide feedback or make a complaint, and that they would feel safe doing so via various mechanisms such as feedback forms, through consumer meetings, directly to staff or management, and electronic channels. Management and staff were able to describe the processes in place to encourage and support consumers and representatives to provide feedback and make complaints. The service has pamphlets, policies and systems to ensure consumers and their representatives are aware of the various ways to provide feedback and complaints.

Consumers and representatives were able to describe the language, external complaints, and advocacy services available to them. Management and staff described how the service promotes these services. Documentation reviewed, and observations by the Assessment Team identified, that the service is actively promoting language, external complaints, and advocacy services with the information easily accessible to consumers and representatives.

All consumers and representatives sampled said the service responds to and resolves their complaints or concerns when they are raised or when an incident has occurred. Management and staff demonstrated an understanding of open disclosure, explaining how they are open and honest in the event of something going wrong. Sampled complaints and incident reports showed action is taken and open disclosure is practiced by acknowledging the concerns, apologising, remaining transparent and resolving the issue whilst keeping the consumer informed. The service has policies and procedures that guide staff around complaints management and open disclosure.

All consumers and representatives interviewed expressed satisfaction with the service’s feedback and complaints process, including how they are reviewed to improve the quality of care and services. Management and staff were able to speak to various feedback they had received, and the actions taken or proposed actions to be completed. The Assessment Team reviewed documentation which confirmed that feedback and complaints were actively trended to make improvements across the service.

For the above reasons I find this standard compliant.

# Standard 7

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

Findings

At audit the Assessment Team found as follows.

Most consumers and representatives interviewed expressed satisfaction with staffing levels and call bell response times at the time of the Site Audit. Most staff interviewed said that there are enough staff to meet personal and clinical care for consumers. Management described the rostering system and explained how they ensure there is enough staff to provide safe and quality care, and the current plans in place to recruit more staff. The Assessment Team observed staff attending to consumers in a timely manner.

A minority of consumers and representatives expressed concerns regarding staffing numbers and timely delivery of care and services.

Consumers and representatives interviewed indicated that staff are kind, caring, respectful and gentle. Staff were always observed to greet consumers by their preferred name and demonstrated that they are familiar with each consumer’s individual needs and identity. Management described how they encourage positive interactions between staff and consumers and noted that staff are provided with training on respect and dignity in the provision of care and services.

A number of consumers and representatives interviewed said that overall, they consider staff to be skilled and competent in their role. Management described how they determine if staff are competent to perform their role and the mandatory and compulsory training required for staff. Staff reported that they are confident the training provided has equipped them with the knowledge to carry out care and services for consumers. The service has documented core competencies for distinct roles.

Consumers and representatives sampled said staff were trained, performed their roles effectively, and expressed their confidence in staff being skilled to meet their care needs.

Management described how they ensure staff are trained and equipped to deliver care to consumers. Staff interviewed said they do not lack training in any areas, that they have the necessary skillset to carry out their roles, and that they were provided with regular training. Staff interviewed were able to describe their understanding of key topics undertaken as mandatory training.

Management described how the performance of staff is monitored through formal performance appraisals and informal monitoring and discussions. Staff confirmed that performance appraisals were regularly conducted to review staff performance. The service has a suite of policies, documents and trainings that informs expected performance and behaviour for staff, and the Assessment Team observed a performance appraisal system was in place to review staff performance.

For the above reasons I find this standard compliant.

# Standard 8

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

Findings

At audit the Assessment Team found as follows.

The service demonstrated that consumers and representatives are actively engaged in the development, delivery and evaluation of care and services. Consumers said that they were able to provide feedback in the operations of the service and management provided practical examples of how this occurs. Management described a variety of mechanisms in place to ensure consumers provide input and make their own decisions about the care and services provided to them. The Assessment Team reviewed documentation, such as consumer meeting minutes and care plan reviews, which evidenced that consumers are engaged in the development and evaluation of care and services.

The service demonstrated that they are supported by their governing body in the delivery of safe, inclusive, and quality care and services. Consumers and representatives explained the measures taken by the organisation’s governing body to promote a culture that was safe and inclusive for all consumers. Management described the role of the governing body in ensuring that safe and quality care is delivered and the systems in place to support this. The Assessment Team reviewed service documentation, including policies and CIPs, which evidenced that the governing body is kept informed and held accountable for the outcomes at the service.

Management and staff were able to describe processes and mechanisms in place for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service was able to demonstrate an effective system in relation to all these areas. Observations and documentation reviewed corroborated information outlined in these policies demonstrating that procedural information was translated into practice.

The service was able to demonstrate systems to effectively manage high-impact high-prevalence risks associated with the care of consumers and that consumers are supported to live the best life they can. Management could describe the systems and processes in place to manage high-impact high-prevalence risks at the service. Staff could describe how they manage and implement strategies to minimise high-impact and high-prevalent risks to consumers. The service demonstrated that the incident management system in place is effective in managing, preventing, and responding to incidents, including incidents involving potential abuse of consumers.

The service provided documented policies and procedures relating to antimicrobial stewardship, restrictive practices, open disclosure, and a documented clinical governance framework. Staff described their role in relation to these policies and procedures and demonstrated an understanding of these concepts. Management described roles, responsibilities and policies relating to the clinical governance framework, and staff interviewed demonstrated that they had an applied understanding of these policies.

For the above reasons I find this standard compliant.

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)