Performance

Report

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| Name of service: | Arcare Thornlands |
| Service address: | 1 George Thorn Dr THORNLANDS QLD 4164 |
| Commission ID: | 8210 |
| Approved provider: | Arcare Pty Ltd |
| Activity type: | Site Audit |
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| Performance report date: | 02 June 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Arcare Thornlands (**the service**) has been prepared by S Turner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 31 May 2023.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives said staff were kind, caring and treated them with dignity and respect. Consumers spoke highly of staff and provided detailed information about how they were attentive and knew their work; one consumer said that while they could do some things, they needed help in other areas and that staff were willing and respectful. The Assessment Team observed staff interactions with consumers throughout the site audit and confirmed consumer and representative feedback. Staff demonstrated knowledge of individual consumers’ identity, culture and diversity, and care planning documentation reflected what was important to consumers to ensure they maintained their identity. The organisation completed surveys to monitor consumer satisfaction and recent results demonstrated that 100% of consumers surveyed said staff treated them with dignity and respect.

The Charter of Aged Care Rights was displayed throughout the service and staff demonstrated respect for the consumers and an understanding of their identity and individuality. Care plans included details about consumers’ emotional, spiritual, and cultural preferences and consumers and representatives described how consumers’ care and services were delivered in a way that ensured they felt respected and valued.

Consumers and representatives said they were supported by staff to exercise choice and independence, by making decisions about how their care and services were delivered and were provided with the opportunity to maintain relationships of choice and make decisions about who else to involve in their care. They said consumers were supported to take risks in order to live the best life that they can. Staff provided examples of how they helped consumers to make choices and assisted them to achieve their outcomes. Staff described how they supported consumers to understand the benefits and possible harm associated with any risks they chose to take. The organisation had policies and procedures relating to dignity and risk which guided staff in the way they provided support to consumers. Risk assessments were reviewed and demonstrated the documentation of benefits, possible harm, and interventions to mitigate risks to consumers.

Consumers and representatives said they received up to date information about activities, meals, events, and COVID-19. A monthly newsletter was circulated and client meetings were held monthly. Posters and flyers of upcoming activities, advocacy and interpreter services, complaints processes, meeting minutes and the menu were displayed throughout the service. One representative said the service did an ‘excellent job communicating to consumers and families’ and that management staff maintained an ‘open door policy’ which they would utilise if they required further information.

The service was guided by the organisation’s policies and procedures relating to confidentiality. Consumers and representatives said they felt assured consumer information was kept confidential and said that staff always respected consumers’ privacy. Staff confirmed how they respected consumers’ privacy during personal care and said that consumers’ personal information was kept confidential, never discussed in front of other consumers or in any communal areas, and never discussed on social media sites. The consumer handbook addressed privacy and confidentiality and provided the contact details for the organisation’s Privacy Officer for consumers who wished to make contact.

# 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

Consumers and representatives considered assessment and care planning delivered safe and effective care and services. Care planning documentation showed a range of validated clinical risk assessment tools were completed on entry and when a change to a consumer’s condition occurred, including skin integrity, pain, mobility, nutrition and hydration, falls, behaviour, medication, wounds, and diabetes. Where risk was identified through the assessment process, management strategies were implemented to minimise associated risks. Registered staff described the assessment, care planning and review process, how they identified risks and how consumers and representatives were involved in undertaking assessments and care planning.

Consumers and representatives considered, and review of care documentation confirmed, consumers’ needs, goals, and preferences, including advance care and end of life planning were included in the assessment and planning process. Staff advised there was discussion about a consumer’s end of life wishes when they entered the service, at care plan review and if a consumer's condition deteriorated. Staff described how consumers were referred to palliative care services if a need was identified and provided an example of how this had occurred for a consumer, following discussion with their representative, when they had experienced a deterioration in their condition.

Consumers and representatives said assessment and care planning was completed in partnership with consumers and others they wished to be involved which could include representatives, allied health professionals, medical officers, specialist medical professionals such as geriatricians and specialist health services such as palliative care teams and dementia advisory services. Staff described how consumers and those they wished to be included in the care planning process were involved and how referrals were initiated if required. Care documentation confirmed staff consulted with consumers’ representatives and other health care providers and organisations during assessment and planning.

Consumers and representatives said staff discussed consumers’ care needs and the information in the consumers’ care plan; some consumers and representatives provided examples of how they had been provided with a copy of the care plan. Staff advised they had access to information about consumers’ care needs through the electronic care management system, information shared at handover, and a daily management meeting. Consumer files demonstrated the outcomes of assessment and planning were documented and care planning documentation was observed to be readily available to staff.

Consumers and representatives said staff discussed consumers’ care needs and preferences with them and were responsive when there was a change. The service demonstrated care plans were reviewed every six months by a registered nurse, when circumstances changed or if there was an incident that involved a consumer. The electronic care management system alerted staff when care plans were due for review and consumers’ care documentation demonstrated case conferences and care plan reviews occurred on a regular basis.

# 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

Consumers and representatives said consumers received the care they needed and were happy with the service. Staff described their practices in relation to wound management, pain, pressure area care, falls, diabetes management, continence management, changed behaviours and restrictive practice. Care planning documentation demonstrated consumers were receiving individualised care that was safe and right for them and was based on best practice. The service had policies and procedures to guide staff in care delivery, and these were readily available via the electronic care management system. Management knew care was safe and effective because they monitored the consumer’s condition, referred consumers to other health providers when required, received feedback from consumers about their care, reviewed care documentation and analysed incidents to identify any emerging concerns or care needs.

The care of consumers with high impact, high prevalence risks including complex wounds, chronic diseases and weight loss was reviewed and was found to be managed effectively via clinical review and through referral to other health professionals when required. Staff described the main risks to consumers and the risk mitigation strategies that were in place and consumers and representatives were satisfied with care. Strategies to mitigate risks were implemented, management reviewed trends and analysed clinical incident and quality indicator data which was reported within the organisation.

The service demonstrated the wishes of consumers nearing end of life were honoured and consumers and representatives confirmed this. Consumers’ comfort and dignity was maintained through discussions with consumers and their representatives, medical officers, palliative care teams if required and anyone else consumers wished to be included in their end of life care. Staff described the palliative care pathway, resources available to them to support consumers nearing their end of life and ways in which they maintained the comfort of consumers including the provision of one-on-one support for the consumer and their family.

Consumers and representatives said the service identified changes in a consumer’s health and well-being and responded in a timely way. Care documentation confirmed staff recognised, reported, and responded to changes in a consumer’s condition. Registered staff advised actions taken included assessment of the consumer, discussion with the consumer and representative, referral to the medical officer or other allied health professionals and transfer to hospital if necessary. Care staff advised they notified registered staff if they had concerns about a consumer’s condition.

Consumers and representatives said consumers’ care needs and preferences were effectively communicated between staff and consumers received the care they needed. Care documentation contained adequate information to support effective and safe care. Registered staff notified the medical officer and consumer representatives when the consumer experienced a change in condition, a clinical incident, was transferred to or returned from hospital, or was ordered a change in medication. Registered and care staff confirmed they received up to date information about consumers at handover and via the electronic care management system.

Referrals to other healthcare providers or organisations were made in a timely way and were appropriate. Care documentation identified, and consumers and representatives confirmed, other health professionals assessed consumers and provided directives for their care. Management and staff described how changes in consumers’ health or well-being prompted referral to a relevant health professional. Management advised, and care documentation demonstrated, the service was supported by a dietitian, medical officers, physiotherapist, occupational therapist, and other health professionals. Referrals were made to external health professionals including, but not limited to, a geriatrician, dementia support service, palliative care consultancy service, and a mental health service.

Consumers and representatives were satisfied and the service demonstrated effective processes were in place for prevention and control of infection including management of an infectious outbreak and there were practices to promote evidence-based use of antibiotics. The service maintained a current outbreak management plan and policies and procedures to guide staff in prevention and control of infection and antibiotic management. Infections and outbreaks were analysed and reviewed monthly via the service’s clinical indicators. The service had entry screening requirements which included a questionnaire and health declaration, and Rapid Antigen Testing prior to entry. The service has an infection prevention and control lead and was provided with support from the organisation with infection control and outbreak management.

# 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

Consumers and representatives said the service’s lifestyle and activities program supported their lifestyle preferences and that staff assisted them to be as independent as possible. They said staff were aware of their preferences and needs including engagement with other organisations, to deliver care and support a shared approach to their care. Staff demonstrated knowledge of consumers’ needs, goals and preferences and the support they required to participate in activities or pursue individual interests. Consumers provided examples of how they had been supported to regain and optimise their independence and how this had supported their well-being.

Consumers said the service provided emotional, spiritual, and psychological support when needed. Consumers said they participated in church services, and that ministers provided Communion and visited those consumers who desired it. Staff explained how emotional support was available through various groups and activities that occurred including for example a visiting men’s group that met on a weekly basis in the café and a carer’s group meeting that provided informal emotional support for carers.

Consumers and representatives said consumers were supported to take part in a range of activities that were of interest to them. Staff described the ways in which they supported consumers’ relationships with their loved ones. Care planning documentation reflected consumers’ needs, goals, and preferences, including preferred activities, and identified people that were important to individual consumers and those involved in providing care.

Consumers provided examples of how they attended seniors’ group, shopped, pursued hobbies, shared meals, or spent time in private. Lifestyle staff demonstrated an understanding of individual consumers’ interests and described how they endeavoured to support consumers’ interaction in activities of interest to them.

The organisation demonstrated how it collaborated with other organisations or providers to deliver timely and appropriate referrals that met the care and service requirements of individual consumers. Consumers provided examples of how they were supported by volunteers who provided them with emotional support.

Consumers said the meals were varied and of suitable quality and quantity. One consumer stated the ‘food is first class’ and other consumers commented that they often had two serves of the food they enjoyed and that they were provided the menu in advance which supported decision making. They said they had opportunities to provide feedback in relation to the meals through consumer meetings, feedback forms and via direct communication with the chef. The service had a six-week menu, developed by the organisation, and reviewed by a dietician, which was discussed at consumers’ meetings prior to implementation. Consumers were offered a range of other meal options if they chose not to select a meal on the daily menu. The Assessment Team observed consumers enjoying their meals in various dining rooms; large, covered platters of sandwiches and salad ingredients were available at each servery for consumers to create their own salad combination if they decided not to have the meal options on the daily menu.

Consumers said they felt safe when using equipment and knew how to report any concerns they may have had about the safety of the equipment. Consumers’ clinical needs were documented in care documentation to inform staff of the type of equipment modifications required to suit the consumer and staff were observed using equipment which was appropriate for the consumer’s ability.

# 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

The service environment was welcoming, with wide unobstructed corridors and all common rooms opened to outdoor areas that provided a light and airy atmosphere. There were several areas for consumers and representatives to relax, socialise and congregate. Consumers had their rooms decorated with furnishings and personal items that reflected individual tastes and styles. The service had an allocated well-being room, theatre, activity rooms, multiple common areas and several large outdoor garden areas that encouraged interaction and well-being. Each outdoor area provided spaces for consumers to sit and shelter from the sun or weather. There were raised garden beds and planting containers that provided easy access for consumers who liked to garden and grow flowers and herbs.

The service was clean, safe, well maintained, and comfortable and consumers were able to move freely, both indoors and outdoors. The service had several garden and courtyard areas and communal areas which were easily accessible, safe, clean, and welcoming. Consumers were satisfied with the cleaning of their rooms and the common areas within the service. Staff explained how they were guided by a cleaning schedule and said that high touch points such as handrails were cleaned twice daily. Consumer surveys that had been recently completed demonstrated high levels of satisfaction with the cleanliness of the service and the environment, with most respondents providing a rating of ‘excellent’.

Consumers and representatives said the furniture, fittings and equipment assisted consumers to be independent and that it was kept clean and well maintained. Cleaning and maintenance were scheduled and monitored by management and responded to in a timely manner.

# 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

Consumers and representatives said they felt encouraged, safe, and supported to provide feedback and make complaints, and could describe the various methods available to them to do so, including speaking with the manager, or staff directly, attending meetings or submitting feedback forms. Management said a reminder of the complaints process was a standing agenda item at all consumer meetings. They said they had an open-door policy and were happy to talk to consumers or representatives at any time.

Consumers and representatives said they were aware of the availability of advocates, language services and alternative methods for raising and resolving complaints. Consumers said they had not needed to access external complaints mechanisms as any feedback they provided to management was actioned promptly. Management advised that they have not had to access language services to date, however, have made referrals to the Older Persons Advocacy Network when a need was identified. Staff understood the processes for accessing interpreter services and information about advocacy and language services and alternative methods for raising and resolving complaints was displayed throughout the service.

The service provided information that action was taken when a complaint had been received and demonstrated that an open disclosure process was implemented when things went wrong. Consumers and representatives said appropriate action was taken in response to their complaints and that management and staff acknowledged their concerns in a timely manner and actioned them promptly. Staff had been provided with education relating to open disclosure.

Consumers and representatives said if they provided feedback or made a complaint management would take action to improve the quality of care and services. Consumers, representatives, and staff provided examples of improvements that had been made by the service in response to feedback and complaints. Improvements included the establishment of a carer support group, the introduction of regular shopping trips and a ‘food focus’ added to the consumer meeting agenda, in addition to observation of meal services by the catering manager and the provision of staff education.

# 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

The number of staff and the skill mix of staff was based on the number of consumers at the service and their care and service needs and preferences. Registered nurses were rostered 24 hours a day, seven days a week. Consumers and representatives were satisfied with the availability of clinical, care and service staff, and many provided compliments about staff. Staff were satisfied they had sufficient time to complete their assigned tasks. Care staff promptly responded to requests for assistance from consumers. Management monitored consumers’ care and service needs and rostered additional staff as required.

Interactions between staff and consumers were kind, caring and respectful. Consumers and representatives were satisfied consumers were treated kindly and with respect. Consumers provided feedback including staff were ‘amazing’, ‘excellent’ and ‘it is good here because of the staff’. Staff provided care and services in a kind and caring manner while respecting consumers’ identity, culture, and diversity. They knocked on doors prior to entering, provided care behind closed doors, and addressed consumers using their name in a respectful manner. Management monitored workforce interactions and recent results from a consumer survey found all respondents reported staff always treated them with dignity and respect.

Staff were competent and had the qualifications and knowledge to deliver care and services that met consumers’ needs. Consumers and representatives were satisfied with the availability of qualified staff and felt that staff were competent and knew what they were doing. Staff demonstrated an effective knowledge of their role and consumers’ care and service needs and preferences. Position descriptions and policies established the qualification and knowledge requirements of each role.

Staff were recruited, trained, equipped, and supported to meet consumers’ needs and preferences. Consumers and representatives were satisfied they received safe and qualify care and services. The service had a training program that provided training which was mandatory for all staff and training that was designed for individual roles. Training was aligned to the Aged Care Quality Standards and records were maintained for each staff member to monitor completion. Regular ‘check ins’ occurred after the first six months following commencement and then a formal performance appraisal was planned to occur each year on the staff member’s anniversary date. Consumers and representatives were satisfied with the performance of staff.

# 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

The service engaged consumers and their representatives in the evaluation of care and services. Management met regularly with consumers and representatives and discussed and evaluated the quality of care and services. Consumers and representatives were satisfied with the quality of care and services provided.

The governing body promoted and was accountable for the delivery of safe, quality care and services. Policies, processes and procedures implemented to deliver safe and quality care and services were effective. The governing body monitored service performance and an audit program monitored the service’s compliance with the organisation’s internal standards. Identified issues were added to the plan for continuous improvement. Examples included, equipment operation, cleaning, laundry operation, environmental safety and food safety.

The organisation had effective governance systems and processes including in relation to information management, continuous improvement, feedback and complaints, financial governance, workforce management and regulatory compliance. For example:

* The service and the organisation maintained a plan for continuous improvement. Inputs to continuous improvement included feedback from consumers and representatives, audit reports, incident reports, hazard reports and advice on best practice equipment or processes. Recent examples of improvement initiatives included the implementation of a new medication management system, a new program that supported consumers to pay respect to those who had recently died, and a review of assessment processes for advance care planning to clearly identify the consumer voice.
* An online regulation update service provided advice to the organisation on relevant aged care regulations and changes to these regulations. When new regulations were introduced, or when regulations were amended, the organisation’s policies and work instructions were reviewed and amended as required and staff were informed about changes in regulatory requirements. The service complied with relevant aged care regulations.

The service had effective risk management systems and consumers were satisfied they received safe care and services. The service’s risk management systems covered high impact and high prevalence risks, incident management, identifying and responding to abuse or neglect and supporting consumers to live the best life they can. Assessment processes identified consumers’ risks and care planning processes documented risk management or minimisation strategies. Staff were provided with training in the service’s incident management system.

The service had a clinical governance framework. The service had policies and work instructions that covered antimicrobial stewardship, minimising the use of restraint and open disclosure; service managers and clinical staff understood these concepts. Consumers and representatives were satisfied with clinical care.

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)