Performance

Report

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| Name of service: | Banfields Aged Care |
| Service address: | 192-198 Thompson Avenue COWES VIC 3922 |
| Commission ID: | 3955 |
| Approved provider: | Australian Aged Care Group Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 8 May 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 Banfields Aged Care (**the service**) has been prepared by G.Hope‑Simpson, 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 21 April 2023.
* other information and intelligence held by the Commission in relation.

# 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 | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-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

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

* **Requirement 4(3)(f) –** The Approved Provider ensures meals are of suitable quality and aligned with consumers’ dietary requirements. The Approved Provider ensures improvements made to the quality and quantity of meals is sustained.
* **Requirement 6(3)(d) –** The Approved Provider ensures feedback and complaints are reviewed, actioned and used to improve the quality of care and services. The Approved Provider ensures the service maintains an effective complaints register.

# 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 said they were treated with dignity and respect, and they could make informed choices about their care. Diversity was embedded in service policies and procedure, and staff demonstrated respect for consumers through their interactions.

Consumers said they received culturally safe care. Care and services delivered considered consumers’ cultural preferences and needs, including respecting consumers’ choice of staff for personal care. Cultural events and celebrations were aligned with consumers’ cultural backgrounds.

Overall consumers said they were supported to exercise choice and independence when making and communicating decisions about their care, who should be involved, and to maintain relationships.

Most consumers said they were supported to take risks which enabled them to live their best lives. The Assessment Team found however one consumer whose request for a toaster in their room had been refused for safety reasons, however no risk assessment had been completed to support this, and no consideration to possible risk mitigation measures were considered, to support the consumer’s right to take risks safely. Documentation reviewed otherwise demonstrated the service generally undertook risk assessments for consumers who wished to take risks.

Consumers were provided timely information that was accurate, easy to understand and enabled them to exercise choice. Staff described how they facilitated consumer choices and varied communication methods to suit consumers’ needs. Menus, activity calendars and notices were displayed throughout the service.

Consumers’ privacy was respected, and their personal information kept confidential. Staff were guided by the service’s privacy policy and procedure which included protocols to protect consumers’ privacy, such as locked staff rooms, password protection of computers and knocking on doors prior to entering consumers’ room.

# 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

Care planning documents reflected a comprehensive assessment and care planning process was undertaken to identify consumers’ needs, goals, preferences and risks. Where risk were identified, risk assessments were generally in place and risk mitigation strategies developed and implemented. Care plans were inclusive of advance care and end of life planning and updated as the consumer’s care needs changed.

Care planning documents evidenced the involvement of consumers, representatives and other health professionals in the assessment and planning process. Staff described how they partnered with consumers and representatives in the assessment and planning process. This was reflective of consumer and representative feedback.

Consumers and representatives said staff explained information about care and services, they could access a copy of the consumer's care and service plan when they wanted to and knew how to do so. Staff described processes for documenting and communicating outcomes of assessment through the service’s electronic care management system (ECMS).

Care planning documents evidenced care and services were reviewed for effectiveness every 4 months, and when circumstances changed or when incidents occurred.

# 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 considered they received safe and effective care that was tailored to their needs and optimised their health and well-being. Staff were guided by organisational policies and procedures to direct care that was best practice. Restrictive practices were managed in line with legislative requirements. Skin integrity and pain management care were effectively delivered.

Consumers and representatives said they were satisfied high impact or high prevalence risks were effectively managed. Care planning documents reflected risks associated with clinical and personal care had been identified and were effectively managed, and risk mitigation strategies were in place.

Care planning documents showed consumers who were nearing end-of-life had their dignity preserved, and care was provided in accordance with their needs and preferences. Staff described practical ways in which consumers’ comfort was maximised and their dignity preserved. The service partnered with external palliative care services to ensure consumer comfort was maximised.

Care planning documents reflected the identification of, and response to, deterioration or changes in consumers’ condition and health status. Staff provided examples of recognising and responding to deterioration or changes, such as early detection of coronavirus. Representatives of consumers who had experienced deterioration said they were satisfied the service identified the deterioration and responded in a timely manner.

Consumers and representatives were satisfied consumers’ needs and preferences were effectively communicated between staff, and consumers received the care they needed. Care planning documents and progress notes provided adequate information to support effective sharing of the consumer’s condition, preferences, and care needs.

Care planning documents reflected referrals to other health professionals were timely and staff understood the process to refer matters to other providers. Consumers confirmed referrals were made in a timely manner and in consultation with them.

Consumers and representatives were satisfied with the service’s management of COVID-19 and the minimisation of infection-related risks. The service had an Infection Prevention Control lead, and members of the workforce understood the precautions required to prevent and control infection, and the steps they would take to minimise the need for antibiotics.

# 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. | Non-compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* Where meals are provided, they are varied and of suitable quality and quantity.

I have had regard to the Assessment Team’s findings, evidence documented in the Site Audit Report and the Approved Provider’s response of 21 April 2023.

The Site Audit Report brought forward negative feedback from consumers and representatives regarding meals and the dining experience. Consumers said there was not enough quantity of food at times, the quality was poor, such as tough meat, and the meals were not to their liking, or dietary requirements. For example: one consumer who requires a gluten-free diet felt hospitality staff were not aware of their dietary requirements and was served food which they could not eat. Most consumers said often they do not receive the meals they ordered as the kitchen runs out of food, and consumers and representatives expressed dissatisfaction with the overall dining experience, such as the disorderly layout of the buffet breakfast; food not being served in a timely manner; dirty cutlery and dinner plates, and no salt and pepper shakers on the tables. A lunchtime service was observed by the Assessment Team during which the kitchen ran out of one meal option mid-service with 7 consumers not provided with the meal they had ordered as a result. Consumers said their feedback had been often raised with the service; however they felt the process of implementing improvements was very slow, or any improvements, short-lived.

The Assessment Team found food focus and consumer advisory meeting minutes evidenced complaints were raised, however the actions required to resolve the complaints were not consistent or sustained, and the service did not communicate with consumers about resolutions or actions taken in response to their complaints. Other evidence brought forward by the Assessment Team was not relevant to my decision as it was refuted by the response and has not been considered.

The Approved Provider responded on the 21 April 2023 and disagreed with the site audit report findings. The response advised there were overall more compliments than complaints about food at the service in the year to date, including a high number of recent compliments. The response noted and provided evidence to show the service actively seeks and monitors feedback and has strong communication with the catering contractor to address consumer complaints and feedback. The response described actions taken before and after the Site Audit in response to consumers’ feedback, including implementing food post cards and food service surveys, toolbox training for staff and replacement of crockery.

In response to site audit findings the service frequently ran out of food, the Approved Provider clarified these shortages resulted from consumers changing their mind and opting for a different meal than the one they had ordered in advance. The response clarified that the catering contractor allows for 20% surplus in meal choice to accommodate such changes, and that the service’s chef was empowered to purchase additional food items should any immediate need arise. On occasions when consumers were not able to be offered their first choice, they were provided their second choice of meal. The response also demonstrated training had been provided to staff to address the feedback that a named consumer did not consistently receive food in line with their dietary requirements.

I have carefully considered the evidence in the site audit report and approved provider’s response. While I acknowledge the service has established systems and processes to gather and evaluate consumer feedback on the quantity and quality of meals, I find the overwhelmingly negative consumer feedback during the site audit demonstrates these systems and processes were not always effective. I acknowledge the response that there had been a high volume of compliments about food since the site audit. However, I was not persuaded that this signifies a return to compliance since the site audit, because the response did not also address the negative consumer feedback that complaints made about food in the past had resulted in only short-term improvements. I find that any improvements made since the site audit will require monitoring to ensure they are effective and sustained over the long term. I have had regard to the detailed action plan provided with the response, and the completed continuous improvement plan item, however these did not assure me that concerns about quality and quantity of meals provided had been completely addressed in the time since the site audit. For these reasons, I find the service is non-compliant with Requirement 4(3)(f).

Regarding the remaining Requirements: Consumers were satisfied with services and supports for daily living which maintained their independence, well-being, and quality of life. Staff said consumers were involved with developing the activities program and described how the service worked in partnership with consumers and their representative to facilitate activities they were interested in and/or were better suited to their needs and abilities.

Consumers said their emotional, spiritual, and psychological needs were supported. Staff interviewed said that if they identified a negative change in a consumer’s demeanour they would attempt to address the issue through documented strategies as outlined in the consumer’s care planning documentation and would escalate concerns to registered staff.

Consumers were supported to participate within and outside the service environment, keep in touch with people important to them, and do things of interest. Care planning documents showed consumers were involved in the community, pursued their interests, and maintained personal and social relationships.

Information about each consumer’s condition, needs and preferences was communicated within the organisation, and with others where responsibility for care was shared. Consumers and representatives considered information was effectively communicated between staff and other providers.

Regular, timely and appropriate referrals were made to other individuals, organisations, and providers of care to maximise consumers’ health and well-being, including the service’s hairdressing salon.

Equipment for daily living and lifestyle supports were observed to be safe, suitable, clean and well maintained. Consumers said they had access to equipment, including mobility aids, to assist them with their daily living activities. Lifestyle staff said a surplus supply of equipment was available to consumers in the event their personal items required unexpected repairs.

# 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 was welcoming, easy to understand and promoted consumer independence, function and enjoyment with multiple areas for social interaction, including outdoor green spaces. Consumers were encouraged to personalise their rooms with memorabilia and furniture of their choice. Lifestyle staff described how several consumers enjoyed gardening and participated in maintaining the service’s plants and gardens where possible.

Consumers said the service environment was safe, clean and well maintained, and allowed them to move around freely. The Assessment Team observed consumers moving freely through the service, including consumers enjoying quieter areas of the service. Management advised fire training had been organised from consumer feedback, for those consumers who wanted to be aware of their responsibilities in the event of fire.

Consumers and staff confirmed sufficient equipment was available. Call bells and mobility aids were observed to be within reach of consumers. Dining and lounge chairs, and equipment used for leisure and lifestyle activities were observed to be clean and appropriate for the needs of the consumers. Documentation reviewed by the Assessment Team evidenced regular maintenance of equipment and furniture, and issues resolved promptly.

# 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. | Non-compliant |

Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

* Feedback and complaints are reviewed and used to improve the quality of care and services.

The Site Audit Report identified that various complaints raised by consumers about the quality and quantity of food was not recorded or trended in the service’s complaints register, therefore management and the governing body were not provided with a full visibility of complaints and feedback to be reviewed to support improvements to meals. The Assessment Team found the food focus and consumer advisory committee meeting minutes had multiple complaints by consumers and representatives documented, however these were not transferred into the service’s feedback and complaints register for appropriate and timely investigation, actions, and outcomes. Interview evidence showed that three of the complaints had inadequate follow up and action taken to address the concerns. During the Site Audit, the operations manager provided an action plan for issues raised with the catering contractor, however, it was not reflective of the complaints around food. Management was not aware that verbal complaints, or those raised in meetings, emails, and phone calls should be captured in the feedback register. The service’s policy on feedback and complaints did not guide staff on how and where to log feedback. Consumers advised that repeated complaints about food had not resulted in sustained improvements to the food service.

The Approved Provider responded on 21 April 2023 however did not include a detailed response addressing the specific evidence outlined above for requirement 6(3)(d). The response only contained supporting documents. Attachments I have had regard to includes documents outlining the results of an external audit performed at the end of 2022, which identified deficits in the complaints and continuous improvement processes at the service. The response also included a Plan for Continuous Improvement (PCI) entry dated November 2022, outlining steps that had been taken to address the external audit findings. The plan item was recorded as being completed prior to the site audit but with further long-term evaluation needed. A complaint register dated February to April 2023 was also included with the response, which recorded a high volume of negative feedback about food in the first half of April, as well as increases in compliments towards the end of April. Other documents provided also reflected an increase in compliments in April 2023, while a second completed PCI item created in response to the site audit findings showed actions taken to address consumer complaints. These actions included the recording of all feedback and complaints, educating members of the workforce on the process for recording feedback and complaints into the service’s register, and ensuring ongoing review of feedback and complaints is implemented through an action item registered on the service’s PCI. Lastly a feedback and complaints policy was provided, which included guidance on recording of all formal and informal complaints and feedback.

In the absence of a clear written response to the not met Requirement 6(3)(d), I have had regard to the evidence in the site audit report and the attachments to the Approved Provider’s response as outlined above, as well as their comprehensive response to not met Requirement 4(3)(d). I find that the response demonstrated the service has been taking appropriate steps to enhance the effectiveness of processes and to ensure complaints and feedback are used to drive improvements at the service. It is also clear the service has been attempting to respond to complaints about food in a meaningful way. However, the volume of ongoing complaints about food at the service up to and after the time of site audit indicates that any enhancements to the way the service uses feedback and complaints to inform improvements is recent. I consider these will require more time to embed, and a period of monitoring to ensure that improvements are sustained.

For these reasons, I find the service is not compliant with Requirement 6(3)(d).

Regarding the remaining Requirements: The service had multiple methods for consumers to provide feedback and make complaints including feedback forms, speaking with management, and at consumer meetings. While the Assessment Team found feedback forms and boxes were not prominently located and accessible to consumers, management took immediate corrective action to relocate these throughout the facility. Consumers said feedback was generally actioned quickly when raised, however complaints around food and the dining experience were not acted on, as considered in Requirements 4(3)(f) and 6(3)(d).

Consumers were aware of, and had access to advocates, language services and other methods for raising and resolving complaints. While the consumer handbook required updating with information about advocacy and interpreting services, advocacy organisation posters were displayed and contact details for both services were available to consumers. Although no consumers required interpreters, staff were aware of how to access them if needed.

The service had an open disclosure framework that outlined the concept and the actions to be taken when things go wrong. However, the feedback and complaints policy did not provide guidance to members of the workforce on what do to with feedback once received, as outlined above. Overall, the Assessment Team found most complaints not related to food were promptly actioned, and open disclosure was used on most occasions. Concerns around the service not taking sustained action in response to complaints about food, is more relevant to Requirements 4(3)(f) and 6(3)(d), where they have been assessed.

# 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 service had a designated role to ensure the number and mix of personnel deployed was sufficient to support delivery and management of safe and quality care and services. Consumers and representatives considered staffing levels were adequate and call bells were answered quickly. The organisation had an ongoing recruitment process to ensure any shortages were filled quickly due to the regional placement of the service.

Overall, most consumers said staff were respectful, kind and caring. Although the Assessment Team observed several kind and respectful interactions between staff and consumers, one consumer was not satisfied with the behaviour of a staff member who they considered spoke inappropriately to them. Refer to Requirement 7(3)(e) for further detail.

Consumers and representatives considered staff perform their duties effectively and were confident staff were trained appropriately and skilled to meet their care needs. Position descriptions set out the expectations for each role and recruitment processes include verification of minimum qualification and registration requirements.

Although the workforce had the qualifications and knowledge to effectively perform their roles, and consumers felt staff were competent in providing care, the Assessment Team found gaps in attendance for mandatory training on the Serious Incident Response Scheme (SIRS) and the Quality Standards. The service’s quality manager was aware of the gaps identified and provided a new training schedule including the Quality Standards and SIRS, along with proof the deficit had been registered on the service’s PCI. Management further clarified all clinical staff understood their obligations under SIRS and the Quality Standards.

While most consumers were satisfied with how staff provided care and services, not all staff had appraisals completed annually. Management advised performance was reviewed on an ongoing basis based on consumer feedback and observation, and actions registered on the service’s PCI. Overall consumers and representatives said staff were performing well, and all but one consumer had no concerns in relation to any members of the workforce. However, one consumer was dissatisfied about two occasions where they considered staff had spoken to them inappropriately. Although management said performance counselling had been provided to one staff member, the personnel file did not confirm this. Management gave an undertaken to investigate the second incident. On balance, the Assessment Team were satisfied the service was compliant with requirement 7(3)(e), noting the service had plans in place to bring performance appraisals up to date and ensure they remained current in future.

# 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

Overall consumers and representatives were involved in discussions and development of the service through a number of strategies including, feedback forms, surveys, and resident and representative meetings. The Assessment Team identified deficiencies relating to recording of consumer feedback on the quality and quantity of meals. This evidence has been considered in previous Requirements.

The service’s governing body promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery. The governing body used information from consolidated reports provided by management to monitor the service’s compliance with the Quality Standards, with reports including data from internal audits, clinical reports, SIRS, incidents or near misses, consumer/staff feedback and visits from the Safety Commission. While communication to the board concerning feedback and complaints was found to be deficient, this was more relevant to elsewhere.

The Site Audit Report reflected the service mostly demonstrated effective organisation wide governance systems to support information management, financial governance, and regulatory compliance. The Assessment Team brought forward concerns regarding feedback and complaint management and continuous improvement as outlined in Requirements 4(3)(f) and 6(3)(d). Although concerns were raised with one staff member’s behaviour, the Assessment Team found the service complied with Standard 7.

The organisation had an effective risk management system to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks were reported, escalated and reviewed at the service level and by the governing body. Although the Assessment Team identified that some staff’s mandatory training aligned with SIRS was overdue, the service provided evidence of an outstanding training schedule with expected completion dates. All clinical staff were aware of their obligations to identify and respond to abuse and neglect, under SIRS.

The service had a documented clinical governance framework, which included policies and guidelines relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Overall staff demonstrated their understanding of open disclosure and antimicrobial stewardship. Most consumers confirmed open disclosure was applied when things went wrong.

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)