Performance

Report

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| Name of service: | Baptcare Coasthaven Community |
| Service address: | 45 Robin Avenue NORLANE VIC 3214 |
| Commission ID: | 4590 |
| Approved provider: | Baptcare Ltd |
| Activity type: | Site Audit |
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| Performance report date: | 12 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 Baptcare Coasthaven Community (**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.
* other information and intelligence held by the Commission in relation to the service.

# 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 said staff treated them with dignity and respect, and that staff valued their identity, culture, and diversity. Staff knew consumers’ personal circumstances, life experiences and cultural backgrounds, and their knowledge aligned with the content of consumers’ care documents. The service provided new consumers with a copy of its consumer handbook, which set out consumers’ rights to freedom of choice, dignity of risk, and a home-like environment. During the site audit, staff treated consumers with dignity and respect by using their preferred names, knocking on doors before they entered, and closing doors behind them while attending to personal care.

Consumers said the service provided culturally safe care and that staff valued their cultures. During interview, staff knew consumers’ specific preferences, and how to deliver care according to those preferences. Care documents showed consumers’ cultural needs and preferences, including who was important to them, information about their life journey, cultural backgrounds, spiritual preferences, and individual personal circumstances.

Consumers said staff supported them to make choices about their care and about who was involved in it. They said staff supported them to communicate their decisions, make connections, and maintain relationships of choice. Care planning documents contained a range of information about people who were important to consumers, including the relevant consumer’s nominated contact person, their enduring power of attorney, their family and friends, and their preferred contact method. The service’s policies and procedures encouraged staff to preserve consumers’ rights and enabled consumers to live according to their preferences.

Consumers said the service supported them to take risks and live the best life they could. The service conducted risk assessments to ensure consumers understood the potential harm when making decisions about taking risks. Staff knew which consumers took risks and how to support them to understand the benefits and possible harms when doing so. Staff engaged consumers as part of the process of determining appropriate risk mitigations. Care planning documents identified consumers’ risks, and strategies to mitigate them while ensuring consumers remained safe. The service’s policies enshrined its commitment to consumer dignity and choice.

Consumers said staff gave them up-to-date information about activities, menu changes, COVID-19, and special events at the service. The service relayed this information through newsletters and other regular communication, which staff sent by email and made available in hard copy. The service had a monthly ‘residents and relatives’ meeting, and staff placed a copy of the meeting minutes near the service’s reception desk and notice boards. Consumers had access to interpreter services to assist them to understand information if required.

Consumers said staff respected their privacy and kept their personal information confidential. Staff protected consumers’ privacy using a variety of practices, including keeping computers locked and password-protected, knocking on bedroom doors and waiting for a response before entering, and closing doors when providing care. The service secured all nurses’ stations with electronic access control systems, and staff required cards to access them. The service had an up-to-date privacy policy that guided staff privacy practices, and it provided a copy of this to new admissions in its ‘resident handbook’.

# 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 said staff actively involved them in developing their care plans. Staff knew the service’s assessment and care planning processes and how these supported them to deliver care safely. Care planning documents clearly showed the outcomes of assessment and planning, and they also contained evidence showing that staff delivered safe and effective care. The service had an assessment and care planning procedure that governed how staff should assess new admissions, and how they should review existing consumers’ care plans as part of the service’s ‘resident of the day’ process.

Consumers said the service’s assessment and planning processes identified the current needs, goals, and preferences of consumers and that staff had discussed and documented their preferences for end-of-life care. Staff knew the end-of-life needs and preferences of consumers, and their information aligned with consumer feedback and care planning documentation. Consumers’ assessment and care planning documents showed their individual preferences for end-of-life care.

Consumers said that, to assess and plan their care, the service partnered with them, other staff and various external providers. They said staff also promptly informed them of changes to their care. Staff frequently reviewed consumers’ care and care plans and progress notes confirmed a range of people were typically involved in consumers’ care, including consumers, their representatives, medical officers, chaplains and others. During the site audit, several allied health professionals and medical officers were in the process of reviewing consumers.

Consumers said staff consulted them throughout the assessment and planning process, and when planning changes to their care. Staff communicated among themselves about the outcomes of assessments any care changes using the service’s electronic care management system, and during end-of-shift handovers. Care plans contained information about the outcomes of assessment and planning for each consumer, including directives, changes, reviews, updates, and records of communication with consumers and their representatives.

Consumers said staff regularly reviewed their care, including when their circumstances changed. The service had policies and procedures to guide staff in completing reviews and staff knew the content of those processes. Staff knew the various triggers for reviews. They completed assessments at recurring frequencies, including an initial assessment 15 days after admission, then reviews every two months as part of the service’s Resident Of The Day review process, and following an incident or change in circumstances. Consumer care plans contained information to show staff regularly reviewed care and services for effectiveness.

# 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 said they received care which is safe and right for them and meets their needs and preferences. Staff knew consumers’ individual needs and preferences and how to deliver care that aligned with them. Care documents showed documented care strategies which were consistent with staff information. The service had policies and procedures to guide staff in delivering personal and clinical care that was best practice and the service’s care records showed staff delivered care according to these standards.

Consumers said the service managed high impact, high prevalence risks effectively. Staff knew which consumers within the service were susceptible to high-impact, high-prevalence risks, and what strategies the service had in place to mitigate those risks. Care documents showed evidence staff considered risks as part of the service’s assessment and planning processes, and information directing clinical and care staff in how to manage those risks. The service had guidance documents on minimising restrictive practices, diabetes management, pain management, pressure injury management, and other high-impact, high-prevalence risks.

Consumers said they had advance-care directives in place, if they wanted them, and that staff had discussed end-of-life care with them. Following discussions with consumers and their representatives about end-of-life care, the service developed a paper-based end-of-life care document, to direct staff on how to care for the relevant consumer. Clinical staff knew how to support consumers during the end-of-life phase, including helping consumers to be as pain free as possible, have their loved ones nearby, and have their social, cultural, religious and spiritual preferences respected. The service gave relevant medical officers carriage of significant decisions during the end-of-life phase, such as in deciding whether to involve an external palliative care outreach team. The service had an assessment and care planning procedure and an advance-care procedure to guide staff in delivering advance and end-of-life care.

Consumers said staff responded to changes or deterioration in their conditions promptly and the service’s care records corroborated their statements. Staff knew the service’s procedure for responding to identified changes or deterioration, which included first contacting a registered nurse, and then subsequently making referrals to specialist practitioners as clinically indicated. The service had registered staff onsite 24 hours a day and staff had access to the service’s senior clinical team and medical officers. The service had documented policies and procedures to guide staff through the clinical escalation process.

Consumers said staff documented their condition, needs, and preferences accurately, that staff communicated this information effectively among themselves, and that consumers did not have to repeat their instructions to different staff. Staff knew consumers’ preferences and they exchanged up-to-date information during handovers. Care planning documents contained accurate information about consumers’ preferences. During the site audit, staff exchanged information about consumers during the morning to afternoon shift handover. This included information about what monitoring was required for the following shift.

Consumers said staff referred them to external providers promptly and appropriately, however 4 of 8 sampled consumers were dissatisfied with their Medical Officer who did not visit during the day. Management provided a plan to address this issue and refer those consumers to an alternative MO. Staff knew the process for referring consumers to their medical officers and other health care professionals, and how this informed consumers’ care and services. Referral records showed staff had made timely referrals to a range of providers, including podiatrists, dietitians, speech pathologists, physiotherapists, and medical officers.

The service had policies and procedures to guide staff in managing infection-related risks, including policies concerning antimicrobial stewardship, infection control and outbreak management. To manage infection risks, the service screened all staff, visitors and contractors, and required that those being screened presented a negative rapid antigen test. Staff had received training in infection prevention and control strategies, hand hygiene, personal protective equipment, anti-microbial stewardship, and managing COVID-19. Staff knew various strategies to minimise antibiotic use and the service had infection control supplies located throughout the facility. Consumers said they were happy with how the service managed COVID-19 outbreaks.

# 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 said the service supported them to do things they were interested in. This included participating in activities through the service’s lifestyle program, or engaging in independent activities of their choice. During the site audit, consumers engaged in various group and independent activities. Lifestyle staff engaged consumers about their needs and preferences during resident meetings and they used the resulting feedback to shape the service’s activities schedule. Care plans contained information about consumers’ needs and preferences for daily living activities.

Consumers said staff supported them to maintain important social, emotional, and spiritual connections. The service’s activities calendar showed it conducted monthly church services for consumers of Roman Catholic, Baptist, Anglican, and Presbyterian faiths. Staff said they knew consumers well and if a consumer was feeling emotionally unwell or agitated, they could explore why and provide emotional support. Care plans showed consumers’ spiritual preferences, and strategies to maintain emotional, spiritual, and psychological well-being. The service had procedures to guide staff in supporting consumers’ emotional, spiritual, and psychological well-being.

Consumers said staff supported them to participate in activities within and outside the service, to do things they were interested in, and to maintain their personal relationships. The service maintained a wide variety of options for daily living activities and lifestyle staff considered consumers’ preferences when designing the service’s activities program. Care planning documents identified the people important to individual consumers, and activities they liked. The service’s lifestyle program included regular visits from volunteers and other external lifestyle service’s providers.

Consumers said staff communicated information about their condition effectively and that staff understood their needs. During interview, staff knew consumers’ care needs and preferences. Staff said they refer to care plans when delivering care, and that they identified changes during their shifts and relayed them to other staff immediately if warranted, or during their end-of-shift handover meeting. Care planning documents identified consumers’ conditions, their needs and preferences and provided adequate information to support safe and effective care.

Care documents showed staff made timely and appropriate referrals to individuals, other organisations and providers of other care and services. Consumers said staff made referrals promptly and they could access other providers’ services as needed. Lifestyle staff understood what organisations, services and supports were available in the community should a need be identified for a consumer.

Most consumers said they were happy with the service’s food including the variety of meals and the quantity of servings. Care documents contained information about consumers’ dietary requirements and preferences, and they showed records that the service prepared meals in-line with individual consumer’s nutrition requirements. During the site audit, the service provided consumers with 2 meal options for lunch and dinner, and the service’s kitchenettes were topped up with cereals, biscuits, cheese, and fruit. Staff discussed consumers’ dietary requirements daily handover meetings and they documented changes in the service’s electronic care management system.

Consumers said the service’s equipment was safe, suitable, clean, and well-maintained. The Assessment Team corroborated this information, finding the equipment to be in good working order during the site audit. Equipment for daily activities and mobility equipment such as walking aids and wheelchairs were clean and well-maintained. The service had preventative and reactive maintenance logs, which were up to date, and showed no outstanding requests. The service had a process for identifying equipment that required maintenance, and staff knew and used this process when raising maintenance requests.

# 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

Consumers said the service environment was open and welcoming and that they felt at home living there. Consumers moved independently throughout the service, including between their rooms, the service’s lounge and its dining areas. The service was easy to navigate, with natural light, wide hallways and handrails for support. Staff helped consumers feel at home by keeping the service clean and tidy, welcoming consumers’ visitors, and enabling consumers to do activities of their choosing, such as read quietly, play cards or board games, or participate in the service’s scheduled activities. The service encouraged consumers to decorate their rooms with their belongings. During the site audit, consumers’ rooms featured their own furniture, personal belongings and other personal effects.

Consumers said the service environment was clean, well maintained, and comfortable. They said they could move freely around the facility, including throughout the service interior and in the outdoor courtyard spaces. The service had its own cohort of cleaning and laundry staff, and its cleaning staff worked to daily, weekly, monthly, and quarterly cleaning schedules. The service had a cleaning log, which was up to date. The service had trained its cleaning and catering staff in infection prevention and control, and in using personal protective equipment. During the site audit, the service environment was clean, and well-maintained.

Consumers said the service’s equipment was well-maintained, safe and clean. During the site audit, furniture and fittings were safe, practical, clean, well-maintained and sturdy. The service had suitable equipment available for daily living activities. Laundry staff laundered consumers’ clothing and linen on respective weekly and daily schedules. The service carried out routine, preventative, and corrective maintenance, which included testing and tagging electrical equipment and regularly auditing the service’s fire equipment.

# 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 said they were comfortable raising their concerns and feedback directly with the service. They said they thought management would listen to their feedback and address their concerns. Staff knew how to assist consumers to raise complaints, which included offering or assisting them to fill in complaints forms, and escalating their concerns to management. Staff said management encouraged them to provide feedback, either through feedback forms or by contacting management directly. The service sought feedback through a range of channels, including through surveys, during Resident and Relative Meetings, and via feedback forms. Meeting minutes showed that staff had recorded consumer feedback.

Consumers said they knew they could raise their concerns through external advocacy organisations, but that they felt comfortable raising issues directly with management and staff. They said the service had given them information about how raise complaints using external advocates. Staff knew the external organisations available to consumers and how to support consumers to access those resources if required. The service had posters and leaflets advertising the Commission and other advocates displayed in various locations around the service, in English and various other languages.

Consumers said the service responded promptly and appropriately to their feedback. They said that when things went wrong, the service apologised, acted to resolve the issue and communicated well. The service’s feedback register contained information to show staff applied open disclosure principles, and that they managed complaints in accordance with the service's feedback procedures. Staff knew how to apply open disclosure and could cite recent examples of having done so.

Consumers and their representatives said staff listened to feedback and that the service responded by improving its care. The service aggregated data about feedback and complaints, and analysed it for trends as part of its continuous improvement activities. The service’s governing body maintained oversight of complaints trends within the service.

# 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

Consumers said the service had an adequate number and mix of staff to meet the needs of consumers. Staff confirmed the service had the right number and combination of staff and said that, if they were short staffed, the service responded by redistributing the available staff to ensure better coverage, and expanding the roles of clinical staff to provide additional support. The service’s roster was comprehensive and well-planned and its workforce scheduling documents showed the service had enough staff to provide quality care. Staff said they enjoyed working at the service and most had worked there for several years.

Consumers said staff treated them with dignity and respect and that staff were caring and considerate of consumers’ needs. Staff interacted with consumers in a kind and caring manner during activities, at meal services, and in general interactions. The service had documented policies that fostered dignity and respect for consumers and it provided a range of training and resources to staff to encourage respectful conduct.

Consumers said staff were competent in providing care and that they knew what they were doing. The service’s head office and human resources division verified the qualifications and security status of the service’s staff. The service’s governing body used an online tool to communicate with the service about the outcomes of its security processes. Staff said the onboarding process was comprehensive and they were confident the service employed suitable and qualified candidates.

Consumers said they were confident in the service’s staff and that they thought staff had been well-trained. Staff confirmed they received mandatory and ongoing training. The service had an online training system, which facilitated delivery of online modules and kept records about staff completion rates. The service had policies and procedures that supported its performance against the Quality Standards and helped to ensure it effectively recruited, trained, and supported its workforce.

The service regularly assessed, monitored, and reviewed the performance of its workforce. It had a probationary and ongoing performance review system in place and it conducted performance reviews for new staff 6 months after they commenced, and for continuing staff once per year. The service had a suite of documented policies and procedures to guide its senior staff in various aspects of workforce management, including selecting and recruiting staff, orientation, probation, monitoring performance and managing under performance. Consumers said they were happy with the quality of staff employed at the service.

# 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 to provide feedback through consumer meetings, feedback forms, surveys, Resident of the Day meetings and care planning reviews. The minutes of Resident and Relative meetings showed the service actively involved consumers in providing feedback and staff meeting minutes showed the service actively sought feedback from its workforce. The service made changes to its care in response to consumer feedback and staff could cite recent examples of this, such as the service reviewing its catering process, buying bariatric beds, updating its main courtyard and buying different towels at the request of consumers.

The service’s Board was accountable for the quality of the service’s care and it promoted a culture of safe, inclusive and quality-driven care. Consumers said they felt safe at the service, that the service environment was inclusive and that the service communicated with them about changes within the service or to its care. Staff confirmed the service promoted and maintained a culture of safe, inclusive care. The service’s management team was well-equipped and the service had a policy framework designed to maintain a culture of safe and inclusive care.

The service had effective governance systems for information management, continuous improvement, financial governance, workforce management, regulatory and legislative compliance, and complaints handling. Staff members said the service’s information management system was effective and that it supported them to perform their roles. The service’s Board maintained effective oversight through a structured organisational reporting and management framework.

The service had risk management systems to monitor and assess high-impact, high-prevalence risks associated with consumers’ care. Staff identified risks, reported them, and senior staff escalated them, before management aggregated them and reviewed and analysed the resulting data for patterns. Various committees throughout the service’s management structure were involved in this process, including the clinical governance committee, medication advisory committee, and others. Senior staff within the service’s parent organisation analysed the service’s risk data as part of an aggregate of all services under the Approved Provider’s auspices. The service also reported risk data to its Board over the course of its organisational reporting activities.

The service had a clinical governance framework and systems to ensure staff dispensed clinical care according to relevant protocols. This included prioritising anti-microbial stewardship, minimising restrictive practices, and applying open disclosure. The service’s clinical governance framework was consistent with the approved provider’s clinical governance policies, and its constituent procedures supported effective clinical governance. Clinical staff said the service's clinical framework functioned effectively and that it enabled them to administer their responsibilities safely. They also reported the service routinely trained them in its various systems of clinical governance.

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)