Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | BaptistCare Cooinda Court |
| Service address: | 159 Balaclava Road MACQUARIE PARK NSW 2113 |
| Commission ID: | 0063 |
| Approved provider: | BaptistCare NSW & ACT |
| Activity type: | Site Audit |
| Activity date: | 13 December 2022 to 15 December 2022 |
| Performance report date: | 06 January 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 BaptistCare Cooinda Court (**the service**) has been prepared by K. Reed, 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

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 were treated with dignity and respect and staff valued their identity, culture, and diversity. Staff demonstrated an understanding of what was important to each consumer and how they treated consumers with respect.

Consumers confirmed the service recognised and respected their cultural background and provided care that was consistent with their culture and preference. Staff identified consumers from culturally diverse backgrounds.

Consumers were supported to make decisions about their care and the way their care and services were delivered. Consumers confirmed family and friends were involved in their care decisions and how they maintained relationships. Consumers were given a choice as to when their care was provided and that their choices were respected. Care planning documentation identified consumers’ individual choices around when care was delivered, who was involved in their care and how the service supported them to maintain relationships of importance to them.

Consumers were supported to take risks to enable them to live the best life they can. Staff demonstrated they were aware of the risks taken by consumers and confirmed they supported the consumers’ wishes to take risks to live the life they chose.

The service demonstrated information surrounding care and services was provided to consumers and representatives in a timely manner and in a clear, easy to understand way, and allowed them to make informed choices. Consumers confirmed they were provided with a monthly menu, activities calendar, and monthly newsletters which kept them well informed of what was happening around the service.

Consumers believed the service respected their privacy and their personal information was kept confidential. Staff described how consumers’ personal information was kept confidential and secure and confirmed personal information was not discussed in front of other consumers.

This Standard is compliant, as all six Requirements are Compliant.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 stated they felt safe and confident the workforce knew what they were doing. Documentation reviewed, demonstrated consideration of risks to the consumer’s health and well-being, and informed the delivery of safe and effective care and services. Registered staff demonstrated an awareness of assessment and care plan review processes, that identified risks to consumers’ health, safety and well-being. Identified risks included, but were not limited to, pain, diabetes management, wounds, cognitive decline and falls. Staff stated consumers were referred to medical officers, allied health professionals or medical specialists if required. The organisation had policies and procedures available to guide staff practice regarding assessment and care planning for consumers.

Care planning documentation demonstrated the consumers’ current needs, goals and preferences, including advance care planning were identified on entry and reviewed regularly. Consumers described what was important to them in terms of how their care was delivered. Staff understood consumer needs and said they could refer to the Registered nurse if they require more information. Management advised end of life care planning was discussed with consumers and representatives on entry to the service and at care plan reviews.

Consumers explained who was involved in their care and were confident their care needs were being met. Clinical staff described the importance of consumer-centred care planning and explained how they initiated conversations around care planning with consumers and representatives face to face or over the telephone. The service demonstrated it partnered with consumers and others who consumers wished to be involved in the planning and assessment of care. Care planning documentation showed evidence of care conferences, and involvement of a diverse range of external providers and services such as Medical officers, speech pathologists, physiotherapists, podiatrists and dietitian services in consumer care.

Consumers confirmed staff discussed their care needs and the information in their care plan. Staff advised they had access to care plans for consumers they are providing care for, through the electronic care system and handover records. Consumer files demonstrated the outcomes of assessment and planning were documented. Consumers and representatives stated they had been offered a copy of the consumer’s care plan and were aware how to access this information if they wished. Care planning documents and handover records were observed to be readily available to staff delivering care.

Consumers stated clinical staff regularly discussed their care needs with them, and any changes requested were addressed in a timely manner. Care planning documentation identified evidence of review on both a regular basis and when circumstances changed; such as consumer deterioration or incidents such as infections, falls and wounds. Clinical staff described how and when consumer care plans were reviewed. Registered staff confirmed they updated consumer care and service plans every three months in conjunction with information obtained from the care staff, allied health professionals and specialists. Staff were aware of incident reporting processes and how incidents may trigger a reassessment or review. The service monitored clinical indicators, including pressure injuries, medication incidents, restraint and falls.

This Standard is compliant, as all five Requirements are Compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 are satisfied they received safe and effective personal and clinical care. The service demonstrated timely identification, effective assessment, management and evaluation of consumers’ restrictive practices, skin integrity and pain. Where restrictive practices were used, assessments, authorisation, consent and monitoring were demonstrated.

Behaviour support plans were in place for consumers who were subject to restrictive practices. The psychotropic register maintained by the service identified diagnosis, medications prescribed and consumers who had their medications reduced or ceased.

Care documentation supported wounds were consistently attended to in accordance with the wound management plan. Pressure area care was completed as prescribed. Consumers with active pressure injuries or wounds had a wound care plan and chart which were completed following treatment and review.

Care documentation for consumers with chronic pain had regular pain assessments to identify the site, severity and type of pain experienced by the consumer. Staff used assessment tools depending on the consumer’s ability to verbalise their pain. Pharmacological and non-pharmacological strategies were included in care plans and when pain relief medication was used, it was reviewed for effectiveness.

The service had policies and procedures to support the delivery of care provided, in relation to restrictive practices, pressure injury prevention and management, and a pain management policy that incorporated ongoing pain assessment to guide staff practice.

The service had effective processes to manage high impact or high prevalence risks associated with the care of each consumer. Care planning documentation identified consumers at risk, including falls, wounds and challenging behaviours. Documentation demonstrated the service was effectively managing high impact and high prevalence risks. Physiotherapists completed falls risk assessments for consumers identified as a falls risk, and documented mobility aids required and non-pharmacological strategies for the management of pain. The service had a risk management framework that guided how risk was identified, managed and recorded. Policies were available to all staff regarding high impact or high prevalence risks associated with care of consumers.

Care plans reflected consumers’ end of life needs and wishes. Advance health directives and statement of choice documents were uploaded into the electronic care system. The workforce demonstrated an understanding of processes to support the needs, goals and preferences of consumers nearing the end of their life. Advanced care planning was discussed on entry to the service and during the care plan review process. The service had clinical procedures to guide staff when a consumer’s health status changes.

Consumers were satisfied with the management of changes in their health care needs or deterioration. Care planning documentation reflected the identification of, and response to, deterioration or changes in consumers’ condition. Registered staff explained the assessment process following changes to a consumer’s condition. Staff stated they reported changes to the Clinical team leader. If a consumer deteriorated after business hours, staff could telephone a Medical officer or transfer the consumer to hospital. Clinical records indicated consumers were regularly monitored by registered staff and if deterioration or change of a consumer’s mental, cognitive or physical function, capacity or condition occurred, this was recognised and responded to in a timely manner and representatives were notified.

Consumers confirmed their care needs and preferences were effectively communicated between staff and they received the care they required. Care planning documentation contained adequate information to support effective and safe sharing of the consumer’s information in providing care. Consumers’ files reviewed demonstrated staff notified the consumer’s Medical officer and their 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. Staff confirmed they received up to date information about consumers at handover.

Consumers and representatives confirmed referrals were timely, appropriate and occurred when needed and consumers had access to relevant health professionals, such as allied health practitioners and medical specialists. Care planning documents demonstrated input from other health services. Referrals where needed, included speech pathology, physiotherapy, podiatry and specialist dementia services. Consumers had access to a Medical officer and other health professionals, when required. Staff described how the input of other health professional informed care and services.

Consumers were satisfied with infection control processes at the service. The service had documented policies, procedures and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and for the management of a COVID-19 outbreak. The service had an influenza and COVID-19 vaccination program for consumers, had appointed an Infection prevention and control lead and had access to an infection consultant when required. Staff provided examples of practices to prevent and control infections such as hand hygiene, encouraging fluids, the use of personal protective equipment and obtaining pathology results prior to commencing antibiotics.

This Standard is complaint, as all seven Requirements are Compliant.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 confirmed the service provided lifestyle activities that met their needs and preferences. Lifestyle and management described how they sought consumer and representative feedback to customise activities to meet consumers’ goals and optimise their health and well-being. Care documentation listed consumers’ preferences for activities and personal care, and things of interest to them to guide staff in providing appropriate support for daily living.

The organisation demonstrated services provided promoted consumers’ emotional and spiritual well-being. The service’s chaplain coordinated volunteers to provide conversation and encouragement to consumers to support their emotional, spiritual, and psychological well-being; and consumers care documentation provided information about the consumer’s emotional and spiritual needs.

Consumers stated the service had a range of activities and services that supported consumers to participate in their community, maintain relationships and do things of interest to them. Consumer meeting minutes dated September, October, and November 2022 showed lifestyle activities were a standing agenda item and consumers or representatives were invited to provide feedback on the activity schedule.

Consumers’ care documentation contained information about the consumer’s condition, needs, and preferences. This information was made available to other organisations or individuals who shared the responsibility for the consumer’s care. Hospitality staff said consumer dietary requirements were accessed through the service’s electronic care system and the system alerted staff when there was a change in a consumer’s dietary requirements or preferences. The chaplain had access to the consumer’s care documentation to help guide volunteers in care and services that were tailored to the consumer. The chaplain was made aware if a consumer had been involved in an incident and will work with the consumer individually to provide support and encouragement.

The service demonstrated timely and appropriate referrals were made to other organisations and providers of care and services. Consumers were confident appropriate referrals were made to ensure they received the service and support for daily living they required. Consumers could ask staff to make appointments with the onsite hairdresser or chaplain. Lifestyle staff described how the service worked in conjunction with external individuals and organisations to supplement the services and supports for daily living offered to consumers.

Consumers confirmed meals were satisfying, varied, and of suitable quality and quantity. Alternative meal options were offered to consumers if they did not want any of the meals offered on the menu. Staff described how they knew consumers’ nutrition and hydration requirements and preferences which were available through the electronic care system and nutrition folders in the kitchen and dining areas. The service’s menu listed a variety of options including the choice of a hot meal, salad, or sandwiches for lunch and dinner, and a hot or continental style meal for breakfast. Catering staff advised all meals are cooked fresh onsite with modifications made to individual consumers’ dietary needs. Kitchen staff confirmed consumer dietary preferences and changes were updated in the electronic care system by registered staff and printed off weekly. The registered staff advised the kitchen staff immediately of any changes to dietary requirements.

Consumers were satisfied with the equipment provided and knew how to report any concerns they may have about safety. The service had appropriate arrangements for purchasing, servicing, maintaining, renewing, and replacing equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean, and well-maintained.

This Standard is compliant, as all seven Requirements are Compliant.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 fitted with wide spacious corridors, manicured gardens, and a cafe where consumers can socialise together or enjoy a drink or meal with their visitors. Consumers’ rooms were decorated with personal items and photographs. Consumers and representatives confirmed they were supported to decorate consumer’s rooms as they chose, such as, bringing furnishings from their home and choosing the layout of their room. Consumers provided feedback to support the service was welcoming, clean and tidy.

Consumers’ rooms and common areas were clean and well maintained. Maintenance and cleaning staff demonstrated effective processes to ensure the environment was safe, well maintained, and clean. Consumers of different mobility levels were observed to be able to move freely around the service and were assisted when required, both indoors and outdoors. Cleaning staff stated there was a cleaning schedule that enabled a full-service clean weekly and daily spot cleaning of each consumer’s room, communal areas, and thoroughfares. Cleaning staff could complete additional cleaning requests as required with high touch points cleaned daily.

Maintenance staff had preventative and reactive maintenance schedules in place. Specialist maintenance staff was contracted to clean and maintain critical equipment and tasks such as fire safety equipment and pest management. Hazards and incidents were investigated and escalated to managers and specialist contractors when required. Maintenance records demonstrated all scheduled maintenance had been carried out including fire equipment inspections and pest control treatment.

Consumers and representatives confirmed furniture, fittings, and equipment were safe, clean, and well maintained and consumers were observed to be using a range of mobility aids, including walking frames and wheelchairs. Consumers confirmed staff were competent in the use of the equipment and they felt safe when staff used the equipment to provide care and services. Consumers were observed to have their call bells within reach and call bells were observed to be working, with room numbers displayed on the call bell display.

This Standard is compliant, as all three Requirements are Compliant.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 felt safe, encouraged, and supported to provide feedback and make complaints and could describe various avenues to do so. Staff explained their process for supporting consumers to raise feedback and how notified management for issues requiring immediate attention. Consumers generally provided feedback directly to the staff, however consumers could provide feedback to management or complete feedback forms located throughout the service. Consumers were also encouraged to provide feedback through the monthly consumer and family meetings. Complaints forms and information on how to make a complaint were observed throughout the service including posters in languages other than English.

Consumers and representatives demonstrated awareness of both internal and external avenues for consumers to access advocates, translation services and other avenues to assist them in making complaints. Staff had knowledge of how to support linguistically diverse consumers on communication of their feedback. Staff described how they would assist consumers who had a cognitive impairment or difficulty communicating to raise a complaint or provide feedback. Methods described by staff included assisting consumers in completing a feedback form, utilising multi-lingual staff, using communication aids and contacting the consumer’s representative for further assistance. The service had posters in various languages promoting external complaint mechanisms, including advocacy services. The consumer handbook included information regarding internal and external complaints agencies to inform consumers and representatives of the complaints processes available to them.

Timely and appropriate action was taken in response to feedback provided or complaints made. Management had processes in place to document, action, and finalise identified issues within the service. Staff at the service demonstrated knowledge and use of open disclosure when things go wrong. Management described the whole-of-service practice in the use of open disclosure and provided examples of where open disclosure had been employed in response to complaints and feedback. Complaints were documented in the organisation’s feedback and complaints register and monitored to resolution to ensure appropriate action was taken.

Feedback and complaints were reviewed, considered, and used by the service to improve the quality of care and services. Consumers and representatives confirmed they were able to provide feedback and make suggestions which were taken into consideration by management. Management evidenced how they ensured complaints were accurately captured, monitored and actioned effectively for continuous improvement. Feedback and complaints were discussed during staff meetings to provide staff the opportunity to contribute to improvements and be part of the solution.

This Standard is compliant, as all four Requirements are Compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 workforce was planned to enable the delivery of safe and quality care and services. Consumers and representative considered there were enough staff at the service to meet consumers’ needs. Management used a proactive approach with anticipated absences to avoid staff shortages. The service’s dedicated roster co-ordination team utilised a pool of casual staff prior to contacting agency staff when filling unplanned leave. Staff confirmed there were adequate staff to provide care and services in accordance with consumers’ needs and preferences and staff generally had enough time to undertake their allocated tasks and responsibilities.

Consumers and representatives provided positive feedback in relation to workforce interactions and confirmed staff were kind, caring and treated consumers well. Staff used respectful language when describing consumers’ care needs and were observed interacting with consumers respectfully and in a kind and caring manner. Management used consumer, representative and staff feedback to monitor staff behaviour and to ensure interactions between staff and consumers met the organisation’s expectations.

Consumers and representatives described how staff knew what they were doing and believed staff had the knowledge and skills to provide safe and quality care and services that met consumers’ needs and preferences. Staff competency was determined through skills assessments and was monitored through performance assessments, consumer and representative feedback, audits, surveys and reviews of clinical records and care delivery. Staff records demonstrated the service maintained position descriptions which established responsibilities, knowledge, skills and qualifications for each role.

Staff considered they were appropriately trained, supported and equipped to perform their roles. Consumers and representatives expressed confidence in the ability of staff to deliver care and services, and believed staff were well trained and equipped to perform their roles. The service had a dedicated education co-ordinator who monitored staff training and competency using feedback, evaluations, and an annual training needs analysis survey. This information was used to design the service’s face to face training calendar which was then reviewed at an all-staff training meeting for further discussion and development.

Staff performance was monitored through observations, analysis of clinical data and consumer and representative feedback. Any issues in performance identified through these monitoring mechanisms were addressed immediately by both education and management teams. Staff confirmed they had undergone regular performance reviews which involved feedback from their supervisors on their performance and an opportunity to identify areas for further improvement or training. The performance review register confirmed the majority of staff were up to date with their reviews.

This Standard is compliant, as all five Requirements are Compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives demonstrated their confidence in the way the service was run and their engagement in the development, delivery and evaluation of care and services. Management described how consumers were supported to be engaged in the development, delivery and evaluation of care and services through monthly consumer meetings, feedback forms and by providing direct feedback to management. The service conducted monthly consumer meetings, surveys and provides feedback forms to engage consumers in providing feedback. Meeting minutes and the plan for continuous improvement identified consumer participation.

The organisation’s governance framework identified a leadership structure with the Board holding overall accountability for quality and safety. The service demonstrated how the organisation’s governing body promoted a culture of safe, inclusive and quality care. Key management personnel met with consumers twice yearly to understand how consumers needs were changing, this information was streamlined back to the Board for further development.

Consumers and representatives were satisfied with the way information about care and services was managed and how the information was provided to them. Staff could readily access the information they needed to deliver safe and quality care and services, and to support them to undertake their respective roles. Staff engaged in handover and the commencement of each shift, notes were taken for staff to refer to during their shift if required. Staff were engaged in various staff meetings where information was discussed as appropriate and minutes were distributed to staff.

Management were responsible for managing the day-to-day budget for the service, and additional expenditure in excess of the annual budget or changes to the budget were referred to the Board for approval.

The service’s Plan for continuous improvement was consistently edited and updated to accurately reflect changing consumer needs. Clinical management staff consulted frequently to discuss further opportunities for improvement using clinical indicators, consumer feedback, incident records and staff observations.

The service had a workforce governance framework in place to ensure staff were skilled and qualified to provide safe, respectful, and quality care and services to consumers. The service has position descriptions and discussions in place for all levels of staff used to ensure areas of accountability were upheld by appropriate staff.

Legislative changes, industry standards and guidelines were monitored by the organisation through subscriptions to various legislative services and peak bodies including the Commission. The organisation communicated updates and provided resources to staff regarding the introduction of serious incident response scheme, changes to restrictive practices and the requirement for behaviour support plans via emails, staff meetings, dissemination of policies and training.

Systems were in place to encourage the provision of consumer feedback and complaints and ensure appropriate and proportionate action was taken. There was evidence of open disclosure within staff practices and the pathway capturing consumer feedback and complaints positively contributed to improvement initiatives and outcomes.

Management and staff provided examples of high impact and high prevalence risks and how they were managed within the service. Consumers’ care planning documentation demonstrated how consumers were supported through consultation and discussions, to participate in risk taking activities of their choice, to enable them to live the best life they can. The service demonstrated established organisational governance frameworks, policies, and procedures to support the management of risk associated with the care of consumers and responding to incidents.

The service had an effective clinical governance framework in place to help guide staff on provision of safe care including outlining core elements of antimicrobial stewardship, restrictive practices and open disclosure.

This Standard is complaint, as all five Requirements are Compliant.

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)