Performance

Report

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| Name of service: | Beechwood Aged Care |
| Service address: | 3-17 Albert Street REVESBY NSW 2212 |
| Commission ID: | 2580 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Site Audit |
| Activity date: | 23 January 2023 to 25 January 2023 |
| Performance report date: | 30 March 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 Beechwood Aged Care (**the service**) has been prepared by J. Howard, 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 conducted from 23 January 2023 to 25 January 2023; 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 Approved Provider’s response to the site audit report, received on 21 February 2023.
* 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 | Non-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 | **Non-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 1(3)(a)* – The service must ensure each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* *Requirement 7(3)(b)* – The service must ensure workforce interactions with consumers are kind, caring and respectful of each consumers identity, culture and diversity.
* *Requirement 7(3)(e)* – The service must ensure the regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

# 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. | Non-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

*Requirement 1(3)(a):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

The site audit report noted:

* A representative for a consumer indicated they were asked by management to create notes for staff to assist in the consumer’s care; however, these notes are ignored by staff, and the representative believes the information was not disseminated in a proper manner by management. The representative recounted an occasion where they visited the consumer and observed a staff member was called away, leaving the consumer on the toilet with their incontinence aid improperly adjusted, which posed a falls risk.
* Two representatives indicated staff rolled their eyes when they were speaking to them and on multiple occasions walked away while they were still speaking.
* A consumer stated staff did not call the consumer by their preferred name, despite the consumer having communicated their preference to staff on multiple occasions. In addition, the consumer confirmed some staff regularly speak in languages other than English in their presence. The consumer indicated this made them feel uncomfortable and concerned as they may be talking about them. Management were advised of this issue and sent out a memorandum to staff instructing them to speak in English at the service.
* The Assessment Team observed staff yelling out and disengaging with consumers during the meal service within the memory unit.
* The Assessment Team observed a staff member assisting three consumers during the lunch service within the memory support unit.
* The Assessment Team observed staff standing over consumers with a lack of interaction while assisting with meals.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning the representative’s feedback regarding the consumer’s care – the service advised staff were well-trained and attend to the care needs of each consumer, including following their care plans. The service’s records indicated that all care planning information was discussed during family conferences and shared with relevant staff. The service indicated the toileting incident was noted by the management team at the time, their findings demonstrated the consumer was being attended to by an agency staff member. Management took immediate action and made a request to the agency to ensure the staff member would not return to the service.
* Concerning the feedback provided by two representatives indicating staff rolled their eyes – the service indicated that staff were expected to uphold the service’s values and code of conduct in their interactions with all consumers, representatives and stakeholders. The General Manager held a discussion with the People and Culture business partner to address staff practices. An education module on the service’s values and customer service was implemented, with mandatory attendance for staff.
* Concerning the consumer’s feedback regarding how staff do not call them by their preferred name – the service displayed a sign on the consumer’s door indicating the consumer’s preferred name. The consumer’s preferred name was also updated in the service’s care exchange. Furthermore, the service acknowledged that most staff at the service do not speak English as a first language, but all staff are required to comply with the requirements of the employee handbook. The handbook outlined English should be the only language spoken in the workplace, unless the consumer and staff can converse in the same language and it is the consumer’s preference.
* Concerning the Assessment Team’s observations regarding staff yelling out and disengaging with consumers – the service indicated they were not made aware of this issue at the time it occurred, which makes it difficult to investigate. The service outlined these observations were inconsistent with the recollections of staff and management, however acknowledged the Assessment Team’s perception of the events.
* Concerning the Assessment Team’s observations regarding a staff member assisting three consumers during lunch service – the service acknowledged this is not acceptable practice and have spoken to the staff member and provided education on assisting consumers with meals.
* Concerning the Assessment Team’s observations regarding staff standing over consumers with a lack of interaction – the service acknowledged this was not acceptable and addressed the matter at the time it occurred. In addition, as a proactive measure, the staff members were re-educated and received file notes to reinforce the importance of meaningful interactions with consumers during mealtimes.

In reaching my conclusion, I considered the information presented in the site audit report and in the Approved Provider’s response.

I acknowledge the actions taken by the Approved Provider to address the identified issues. However, due to the feedback provided by consumers and representatives, and observations made by the Assessment Team I consider that, at the time of the site audit, the service did not demonstrate each consumer was treated with dignity and respect, with their identity, culture and diversity valued. Therefore, I decided the service is non-compliant with Requirement 1(3)(a).

*The other Requirements:*

Consumers and representatives felt the service respected their individual cultural needs and preferences. Staff demonstrated an understanding of the consumers’ cultural background, identity and values.

Consumers and representatives were satisfied they were supported to exercise choice and independence, had the ability to make their own decisions and maintain personal relationships. Staff discussed how they supported consumers to remain connected with family members and friends.

The service demonstrated consumers were supported to take risks that enabled them to live their best lives. Care planning documentation outlined the risks associated with the activities consumers chose to engage in, and the discussions with consumers and representatives regarding risk mitigation strategies.

The Assessment Team observed information regarding monthly activity calendars, fortnightly newsletters, and a noticeboard to communicate daily activities to consumers was displayed throughout the service. Consumers and representatives confirmed they received timely and accurate information regarding activities, meals, COVID-19 information and other events occurring within the service.

The service demonstrated that each consumer's privacy was respected, and personal information was kept confidential. Staff outlined they kept computers locked and used passwords to access consumers’ personal information on the electronic care management system.

# Standard 2

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

Findings

Consumers and representatives considered they were involved in the care planning process and received the care and services they needed. Care planning documentation reflected consumers’ current needs, a including consideration of risks to the consumer’s health and well-being.

The service demonstrated assessment and planning identified and addressed consumers’ current needs, goals, and preferences, including advance care planning if consumers wished. Management advised how they determined what was important to the consumer through regular discussions, care plan reviews and staff observation.

Consumers and representatives advised they felt like partners in the planning of their care and services. Care planning documentation demonstrated consumers and representatives were consulted throughout assessment and care planning and, when required, staff sought input from health professionals.

Consumers and representatives confirmed the outcomes of assessment and planning were communicated to them and they could access consumer care plans upon request. Staff advised they communicated the outcomes of assessment to consumers by speaking directly with consumers and their representatives.

Care planning documentation confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or incidents occurred. Consumers and representatives indicated they were involved in the regular review of their care plans with staff, medical officers and allied health therapists and if changes or 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 consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. The service had policies, procedures, and tools in place to support the delivery of care provided, for example, policies, procedures and guidelines in relation to restrictive practices, pressure injury prevention and management, and a pain management policy that incorporated ongoing pain assessment to guide staff practice.

Staff demonstrated an understanding of high impact or high prevalence risks to consumers and the strategies in place to manage these risks. Care planning documentation demonstrated the service effectively managed high impact or high prevalence risks.

Consumers and representatives were confident that when they required end-of-life care, the service would support them to be as free as possible from pain and to have those important to them, with them. Management advised families were encouraged to be present and were welcomed throughout the end of life care for consumers.

Deterioration in, or changes to, consumers’ health were recognised and responded to in a timely manner, as confirmed by care planning documents reviewed by the Assessment Team. Staff confirmed they were guided by policies and procedures that supported them to recognise and respond to deterioration in, or changes to, a consumer’s condition.

Consumers and representatives advised referrals were timely, appropriate and occurred as required, and consumers had access to the necessary health professionals when needed. The service had procedures to guide staff in making referrals to individuals, other organisations and providers of other care and services.

Consumers and representatives were satisfied with the service’s management of COVID-19 precautions and other infection control practices. The Assessment Team observed outbreak folders which contained a copy of an outbreak management plan, outbreak kits and adequate personal protective equipment supplies.

# 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 confirmed they received safe and effective services and support for daily living that optimised their health, well-being, and independence. Care planning documentation identified consumers’ needs goals and preferences.

The service demonstrated services and supports were available to promote consumers’ emotional, spiritual and psychological well-being. Care planning documentation identified information regarding the emotional, spiritual and psychological needs and preferences of consumers and described how staff assisted them.

Care planning documentation showed the service assisted consumers to participate in their community, within and outside of the organisation's service environment, have social and personal relationships and do things of interest to them. Staff described how they supported consumers to stay connected with maintain relationships and participate in the community.

Consumers indicated information regarding their daily living choices and preferences was effectively communicated to staff and with others where responsibility for care was shared. Staff advised consumer needs and preferences were shared internally, and kept informed of the changing condition, needs and preferences for each consumer.

The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Staff discussed the external organisations involved in the provision of lifestyle services and supports for consumers.

Consumers and representatives indicated the service provided meals which were varied and of suitable quality and quantity. Care planning documentation identified consumer dietary requirements, preferences, and allergies.

Consumers confirmed the equipment provided was safe, suitable, clean and well maintained. The Assessment Team observed the equipment used to support lifestyle services was clean, well maintained, and safe.

# 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 indicated they felt at home within the service, and the service environment assisted them to maintain their independence. The Assessment Team observed consumers could decorate their rooms with personal belongings and display their own photographs and artwork.

The Assessment Team observed the service environment was safe, clean, and well maintained and allowed consumers to move freely both indoors and outdoors. The indoor and outdoor areas were observed to be well-maintained and free from any obstructions and hazards.

Consumers reported that the furniture, fittings and equipment were safe, clean and well-maintained. Staff demonstrated equipment used for moving and handling equipment was safe and cleaned regularly.

# Standard 6

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

Findings

Consumers and representatives stated they felt comfortable and understood how to provide feedback or make complaints. The Assessment Team observed suggestion boxes and feedback forms on display and accessible throughout the service.

Consumers and representatives stated they were aware of other avenues for raising a complaint, such as, advocacy services, language services, and the Commission. Management and staff described how they would access translation, interpreting and advocacy services if required to assist consumers.

Management and staff demonstrated an understanding of the open disclosure process, including the complaints management process, and described how they applied open disclosure with consumers and representatives if an adverse event had occurred. The Assessment Team reviewed the complaints data which confirmed the use of open disclosure, and the management of complaints in accordance with the open disclosure policy.

Consumers and representatives confirmed the service used feedback and complaints to improve care and services. Management and staff described how feedback and complaints were trended, analysed and used to improve the quality of care and services.

# 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. | Non-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. | Non-compliant |

Findings

*Requirement 7(3)(b):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate workforce interactions with consumers were kind, caring and respectful of each consumer’s identity, culture and diversity.

The site audit report noted:

* A consumer described how their doll, which held significant sentimental value to them, was damaged by staff. The consumer considered staff did not own up to the damage and were disrespectful.
* A representative raised an issue with the Assessment Team, where the representative observed a consumer approaching another consumer to talk with them, but was stopped by a staff member and sternly told to ‘go back to your room’.
* Management advised the poor attitudes of staff and a lack of proactiveness were common complaints. As a result, management will implement a mandatory training module to focus on the service’s values, consumer interactions and customer service.
* The Assessment Team observed a cognitively impaired consumer have their untouched meal removed as they did not like it; however, they were not offered an alternative meal.

The Approved Provider’s response relating to additional workforce interactions were previously discussed under Requirement 1(3)(a).

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning the consumer’s damaged doll – the service indicated an apology was provided to the consumer at the time the doll was damaged. Continued customer service training will assist to ensure staff are more respectful of consumer’s belongings, as well as during personal interactions.
* Concerning the representative’s observations – the consumer in this incident has been identified, and the staff member involved was spoken with regarding the interaction, and indicated they did not raise their voice. The consumer outlined they did not remember anything occurring and advised they were sitting quietly with a cup of tea short after the incident. The alleged incident was reported as a serious incident response scheme priority 2 incident.
* Concerning management’s comments regarding common complaints – the service provided additional context regarding these comments and indicated the service had received 30 complaints in the past 6 months, of which 3 related to staff behaviour. The service advised they acted to reinforce the service’s values and provided customer service training to all staff.
* Concerning the removal of the consumer’s meal – the service advised the chef reported that as the consumer had not eaten their meal, sandwiches and/or a dessert were offered, but both were refused. In addition, both staff and the chef know that if the consumer refuses their meals, staff are to offer the consumer a high energy, high protein milk shake, which the consumer accepted. The service indicated the consumer’s weight has been stable for the past 3 months.

In reaching my conclusion, I considered the information presented in the site audit report and the Approved Provider’s response.

I acknowledge the actions taken by the Approved Provider to address the identified issues, including the Approved Provider’s explanation for the meal issue and how staff provided the consumer with an alternative source of nutrition.

However, due to the feedback provided to, and the observations made by the Assessment Team. I consider that at the time of the site audit, the service did not demonstrate workforce interactions with consumers were kind, caring and respectful of each consumer’s identity, culture and diversity. Therefore, I decided the service is Non-compliant with Requirement 7(3)(b).

*Requirement 7(3)(e):*

The Assessment Team recommended this Requirement as Not Met, as it considered the service could not demonstrate it undertook regular assessment, monitoring and review of the performance of each member of the workforce.

The site audit report noted:

* The service did not have a process to undertake performance reviews for all staff members as it was only completed for senior management and registered staff. All other members of the workforce including, but not limited to care staff, maintenance staff, kitchen staff, laundry staff and volunteers do not participate in performance appraisals.
* A review of performance reviews for registered staff showed one registered staff member’s performance appraisal was last completed in 2018.
* Multiple care staff members that had been employed by the service for extensive periods could not recall when their last performance appraisal occurred. In addition, a staff member advised they had requested training 10 months ago on wound care management; however, had not received a response from management. Another staff member indicated they felt unsupported.

In its response, the Approved Provider included additional information regarding the issues identified by the Assessment Team.

The Approved Provider advised:

* Concerning the service’s performance review process – the service advised they had a clear and comprehensive employee evaluation process that included an annual performance review for all home based staff to be conducted in July and August. In addition, the service’s Employee Performance and Feedback policy indicated that performance assessments are required for all permanent and contract employees, but it also allowed for variation in both the form and timing of appraisals.
* Concerning the outstanding performance appraisal for a registered staff member – the service advised this staff member is a casual and irregular member of staff. The staff member has recently been appraised their records are now up to date.
* Concerning staff feedback – the service indicated that staff reporting not having undergone a performance appraisal may be due to their anniversary date not yet having been reached. Regarding formal wound management training, this training is only provided to registered nursing staff. The staff member who indicated they had requested this training was identified as a carer. As such, wound management is outside of their scope of practice and the staff member was advised of this at the time.

In reaching my conclusion, I considered the information presented in the site audit report and the Approved Provider’s response.

I acknowledge the actions taken by the Approved Provider to address the identified issues. However, due to the feedback provided by staff, and a review of documentation made by the Assessment Team, it was apparent that not all members of staff received regular performance monitoring and appraisals. Therefore, I consider that at the time of the site audit, the service did not demonstrate the regular assessment, monitoring and review of the performance of each member of the workforce was undertaken and I have decided the service is non-compliant with Requirement 7(3)(e).

*The other Requirements:*

The service demonstrated the number and mix of staff was planned to enable the delivery of safe and quality care and services to meet the needs of consumers. Consumers and representatives indicated they received the support they needed from staff in a timely manner.

Management described how they ensured staff were meeting the qualification and registration requirements for their assigned roles while ensuring they had current criminal history checks. Staff received orientation training, annual mandatory training, and completed competencies on medication management, manual handling, fire and evacuation training and infection control practices.

The service demonstrated staff were recruited, trained, and equipped to support and deliver care and services in line with the Quality Standards. Staff confirmed they received an orientation program, buddy shifts and education when they commenced at the service and could request additional training if needed to perform their roles.

# 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

A review of consumer and representative meeting minutes by the Assessment Team showed the service had standing agenda items regarding quality indicators, complaints and feedback, lifestyle reports and other care and service information of importance to consumers and representatives.

Consumers and representatives stated they felt safe at the service and lived in an inclusive environment with access to quality care and services. Management described how the organisation’s governing body promoted a culture of safe, inclusive, and quality care and services and its involvement in this delivery.

There were organisation-wide governance systems to support effective information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaint management. Management explained how the service was supported by effective financial management systems and discussed expenditure to support the changing needs of consumers.

The service had risk management systems in place which enabled it to monitor and assess high impact or high prevalence risks associated with the care of consumers and supported consumers to live the best lives possible. Management confirmed incidents and trends were identified and analysed, and reported to various committees and to the board, leading to care and service improvements for consumers.

Management and staff described how clinical care was governed by policies and procedures relating to antimicrobial stewardship, restrictive practices, and open disclosure with a clinical governance framework to support clinical care within the service. Staff described strategies to minimise the risk of infection, such as adhering to proper hand hygiene practices, identifying, and monitoring infection-related indicators and attending all training provided by the service.

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)