Performance

Report

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| Name of service: | Bishop Davies Court |
| Service address: | 27 Redwood Road KINGSTON TAS 7050 |
| Commission ID: | 8825 |
| Approved provider: | OneCare Limited |
| Activity type: | Site Audit |
| Activity date: | 14 March 2023 to 17 March 2023 |
| Performance report date: | 17 April 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 Bishop Davies Court (**the service**) has been prepared by L Glass, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 29 March 2023.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

This Quality Standard is Compliant as six of six Requirements have been found Compliant.

All consumers and representatives interviewed said consumers are always treated with utmost dignity and respect, with two representatives saying staff who are like ‘angels’ treat their parents like their own family. All staff interviewed provided examples of how respect for consumers’ diverse identities and backgrounds is shown. Reviewed care planning, documents consumers’ background stories, and individual preferences.

All consumers and representatives interviewed said staff know the consumer’s background and what is important to them. Staff indicated the service previously had more consumers with diverse cultural backgrounds, however, currently there is a small cohort of consumers with diverse cultural needs. Staff demonstrated how they continue to provide culturally safe care to consumers including involving a multilingual staff member. Care planning documents evidence consumers’ cultural backgrounds, interests and preferences.

All consumers and representatives said they are encouraged and supported to practice independence and exercise choice around making care decisions, maintaining relationships and creating connections with others. Staff described how they support consumers to make decisions and maintain relationships. Care planning documents detail how consumers wish their care to be delivered and who will be involved in this.

All consumers interviewed verified they are supported to take risks allowing them to live the way they choose to and live the best life they can. Staff demonstrated how consumers are supported to take risks and what assessments and authorisations are required to facilitate consumers to make informed decisions. Policies guide staff in supporting consumers in choice and decision making and maintaining their independence.

All consumers and representatives confirmed they receive current and timely information that enables them to exercise choice; weekly menu choices, daily activity options, newsletters, and minutes from meetings. Staff were able to identify ways information is given in a timely manner and how consumers are supported to ensure they understand the material provided. The Assessment Team observed a range of notifications using a variety of media on display within the service to facilitate consumers in exercising choice.

All consumers and representatives expressed their satisfaction with how consumer privacy is respected and are confident that the service maintains confidentiality with information. Staff were able to demonstrate and provide examples of how they ensure consumer privacy and confidentiality is maintained. The service has policies and procedures in place to ensure privacy and protection of personal information. The service’s information management system is password protected and the nurses’ station is only accessible with a code/swipe card.

# 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

This Quality Standard is Compliant as five of five Requirements have been found Compliant.

Consumers and their representatives generally expressed satisfaction with the care planning process and assessments used to identify and consider the risks to consumers health and well-being. Clinical staff demonstrated knowledge of consumers risks and described strategies to mitigate the risks and provide safe and effective care. Care planning documents reflected the outcome of risk assessments in relation to falls, skin integrity, pain management, changed behaviours and specialised nursing care needs. The service demonstrated use of a range of validated risk assessment tools to guide the staff in the delivery of safe and effective care and services.

Consumers and representatives could confirm they were aware of assessment and planning information and were confident the information reflects current care needs. All care planning documents reviewed reflected the consumers’ individual goals, needs and preferences are considered during the care planning process. Assessment and care plans are updated responsively with changing care needs. Clinical staff interviewed could describe the organisation’s process in developing advanced care directives (ACD), and where to access them.

Consumers and their representatives expressed satisfaction with involvement in the care planning process. Ongoing assessment, planning, and reviews of consumers’ care allows the direct contribution and inclusion of consumers and their representatives. Clinical staff described the collaboration process with the inclusion of input from other health professionals, and external health services. This was supported by evidence in a documentation review and interviews by the Assessment Team.

All consumers and their representatives could confirm they felt well-informed about the assessments and care planning. A care plan summary was discreetly stored in each consumers’ room to inform the delivery of care and services. Clinical staff use the electronic health management system to access and update consumer care plans and described how duty lists and handover sheets effectively communicated the outcomes of assessment and planning.

Consumers and representatives generally expressed satisfaction with how the service reviews care and services provided to consumers following changes in circumstances or after an incident. Clinical and two care staff interviewed were able to identify the types of reviews required depending on the change of circumstance or incident. Care and services review can result after a consumer’s change in health or on request of the consumer or representative, on recommendations from other health professionals, medical practitioner as well as in response to incidents or near misses. Clinical staff and documentation review of a sample of consumers demonstrated the monthly occurrence of the consumer of the day (COTD) review.

# 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

This Quality Standard is Compliant as seven of seven Requirements have been found Compliant.

All consumers and representatives interviewed were satisfied with the provision of personal care effectively meeting the consumers’ needs and preferences. All consumers interviewed receiving clinical care expressed satisfaction in the services’ delivery of care in areas including catheter care, wound management, pain management, and restrictive practices. Staff interviewed were able to demonstrate how strategies are implemented to align with the assessed care needs and monitoring and effective communication is on-going. The service has a comprehensive range of clinical care policies and procedures to guide staff in key areas of care.

Consumers and representatives could confirm high risk care needs are safely managed. Clinical management and care staff could identify consumers at high-impact or high-prevalence risk including for falls and the processes to effectively manage these risks. Documentation and policies and procedures guide staff to minimise risk in areas such as falls, diabetes management and catheter care. Incidents are documented, investigated, actioned and analysed as appropriate to minimise risk.

The service offers consumers and their representatives the opportunity to complete or update an advanced care directive according to their choice and end of life wishes. Care documentation demonstrated that end of life needs are met in line with consumer wishes and comfort care and dignity is maintained. The service facilitates palliative care through a range of specialised equipment including a palliative care kit and syringe drivers. Staff attend training in palliation. Where a consumer is identified as reaching the terminal stage of life, the registered nurse implements the Terminal Care Pathways documentation. When required the service accesses palliative care specialist services and all palliative care management is assessed, planned and reviewed, with consumers’ and representatives.

The service was able to demonstrate staff report changes in a consumer’s health status in a timely manner including for cognitive or physical function. Care staff are required to inform clinical staff when a change or deterioration is identified. Clinical staff were able to demonstrate how they assess the changes and escalate a transfer to hospital or refer to an appropriate health provider. The medical practitioner and consumer representatives are notified of any changes and email correspondence is used to communicate changes in consumers’ care needs to staff, and the handover process facilitates immediate transfer of information.

All consumers and their representatives expressed satisfaction that consumers’ needs and preferences are effectively communicated. Review of care plan documentation included information from external services, such as pathology and/or allied health, as well as the progress notes, charts, assessments and agreed goals of care. The service uses an electronic health management system for recording information about the consumers and sharing alerts and email correspondence. Clinical and care staff described communication mechanisms including the verbal handover process and the handover sheet, duty lists, progress notes and care plans to facilitate the delivery of personalised care.

Consumers and representatives expressed satisfaction with access and referral to their medical practitioner, other health professionals and external specialist services when required. The service demonstrated the referral process both internally, with clinical staff initiating reviews with the medical, allied health and lifestyle team, and external services, when needed, in a timely manner. Four consumer file reviews reflected appropriate referrals to individuals, other care organisations and specialist services.

Consumers and representatives said they are satisfied with the actions taken by the service to minimise infection related risks. Staff demonstrated standard precautions as the minimum work practice required to achieve a foundation level of infection prevention and control. Staff demonstrated knowledge and understanding of infection control practices to reduce the spread of infection as well as work processes to promote antimicrobial stewardship. The service has two clinical staff in an Infection Prevention and Control (IPC) lead role and an Outbreak Management Plan (OMP) as well as organisational policies and protocols to provide guidance and resources to the service.

# 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

This Quality Standard is Compliant as seven of seven Requirements have been found Compliant.

All consumers and representatives interviewed are satisfied with how the service supports consumers to meet daily needs, goals and preferences. A representative provided feedback in relation to the lack of activities during the weekends and planning and discussion is in place to address this identified gap. The Assessment Team noted management immediately actioned the feedback by offering a Saturday shift to a lifestyle staff member. The service demonstrated the provision of supportive services which allow consumers to optimise their independence, well-being, and quality of life. Lifestyle staff have a daily activities calendar along with a monthly calendar to identify group activities based on the preferences of the consumers living at the service. Staff across various roles demonstrated knowledge of how consumers’ daily needs and preferred activities are supported and provided.

All consumers and representatives interviewed said the service provides good supports for the emotional, spiritual, and psychological well-being of consumers. Staff demonstrated knowledge of consumers’ emotional and spiritual needs and could describe how they support individual consumers. Care planning documentation included information about consumers’ emotional, spiritual and psychological needs and preferences.

All consumers and representatives interviewed were satisfied the services and supports provided enable participation in the community, have relationships, and do things of interest to them. Staff described how they support consumers to do the things of interest to them, participate within and outside the service environment, and have social relationships. Although care planning documents do not always contain information in relation to consumers’ community participation, staff from various roles and management described services and supports for daily livings provided to consumers including the scheduled bus outings, the private dining use for family gatherings, and the involvement of volunteers at the service’s café.

Nine of 9 consumers expressed satisfaction that staff who care for them are aware of their needs and preferences. Three of 3 representatives said they are confident staff know the needs of the consumer they care for. Staff said they are informed of changes to consumer needs through progress notes, email, diaries, handovers, and meetings. The service demonstrated that information about the consumer’s condition, needs and preferences is communicated within the service and others where care is shared.

Eight of 8 consumers and representatives expressed satisfaction with the range of external referrals the service provides to consumers to support different aspects of their lives. Lifestyle, clinical, and care staff identified the involvement of others within and outside the service in the provision of support and services to consumers. This included visits by allied health professionals, family and friends, representatives of faith, community groups, specialist organisations, and volunteers.

Consumers provided mixed feedback about the provision of choice and quality of meals at the service. Twenty three of 25 consumers and representatives said they are satisfied with the quality, quantity, and variety of food. Five consumers said options are always available when they do not feel like eating what is being served. The service demonstrated that a variety of meals are provided with the menu adjusted seasonally, four times a year. The chef outlined that where consumers have a weight loss issue, an accredited dietitian is involved in menu planning to ensure consumers’ nutritional needs are met. Care planning documents note consumers’ assistive needs, food likes, dislikes, and food allergies. Alternatives are available for all meals such as 2 main courses every lunchtime and should both options prove inappropriate, a third option of a cold meat salad is provided, or staff will offer something else.

Ten of 10 consumers and representatives said they are confident the service provides and maintains equipment that is safe, suitable, and clean for consumers and staff use. Staff confirmed they have access to equipment when they need it and the Assessment Team observed equipment stored safely with cleaning wipes located close by. Cleaning documentation demonstrates regular cleaning of equipment occurs.

# 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

This Quality Standard is Compliant as three of three Requirements have been found Compliant.

Seven out of 8 consumers sampled expressed satisfaction with the service environment finding it welcoming and the use of signage around the service assists with navigation. Staff said consumers are encouraged to personalise their rooms. The service has several dining rooms, outdoor areas, lounge and activity areas to facilitate interaction between consumers. The Assessment Team observed consumers rooms to be personalised.

Seven of 8 consumers sampled were satisfied with the cleanliness of the service environment and said it was well-maintained. Staff outlined processes for managing hazards and reporting of cleaning and maintenance issues. The Assessment Team observed that the service was clean and tidy, including carpets, windows, and tables in activity rooms. Consumers were observed moving freely throughout the indoor and outdoor areas of the service, including using the footpath that runs through the gardens. The service has an electronic maintenance system to report and request any maintenance related issues.

All consumers interviewed were satisfied with the cleanliness and condition of the furniture, fittings and equipment. Staff explained processes for reporting maintenance issues with equipment and added that once reported, issues are resolved in a timely manner and prioritised where the issue directly impacts consumers. Maintenance staff explained processes for managing preventative and reactive maintenance. The Assessment Team observed consumers utilising a range of different mobility equipment which appeared to be cleaned and well-maintained.

# 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

This Quality Standard is Compliant as four of four Requirements have been found Compliant.

Fifteen of 15 consumers and representatives said they are aware of the feedback process including how to fill out the forms and the location of the confidential lodgement boxes available on each floor of the service. All consumers and representatives said they prefer to initially speak to staff or management. The Assessment Team received mixed feedback from staff in relation to being encouraged and supported to provide feedback and complaints. However, management including the CEO provided evidence of actions they have initiated and taken to personally encourage and support staff to provide their feedback, complaints and suggestions to drive improvement at the service.

Eight consumers and representatives and 9 staff across various roles said they are aware of advocacy services that are available to consumers. Consumers, representatives and staff were aware of the information displayed across the service’s information boards, main entrance, and nurses’ stations in relation to language services, and other methods of raising complaints. However, consumers prefer to try to resolve issues with management first before using these services. Management reported they currently did not have any consumers who required advocacy or interpreter services but information on accessing these were available in the service and included in the consumer handbook.

Six of 6 consumers and representatives said management address and resolve their concerns raised and following making a complaint, or when an incident has occurred. Although staff are not familiar with the term open disclosure, they demonstrated an understanding of the process when prompted and explained how they apologise to a consumer when incidents happen or when something goes wrong. All care staff interviewed said they refer to clinical staff especially when incidents happen. Management explained how staff are guided by policies on open disclosure and complaints management. They also provided evidence of scheduled training by end of March 2023 in relation to open disclosure.

Eight of 8 consumers and representatives said although they could not recall a service-wide improvement as a result of the feedback or complaints they have made, they said their feedback was considered to improve the quality of the individual care and services provided to them. Management could describe processes in place to escalate complaints, and how they are used to improve care and services to consumers. Staff were able to describe improvements that were driven by both consumer and staff feedback.

# 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

This Quality Standard is Compliant as five of five Requirements have been found Compliant.

Six of 8 consumers and representatives expressed their overall satisfaction with staffing numbers, confirming call bells are answered promptly. Although the Assessment Team received mixed feedback from the staff in relation to staff levels there was no impact noted on consumers. Management described how they endeavour to ensure there is enough staff to provide safe and quality care by having a roster that covers a range of clinical staff and is designed to cover the care needs of their consumers. The service effectively plans its workforce to enable the delivery of safe and quality care and services to consumers, by using permanent staff to fill registered and enrolled nursing positions over the use of agency staff. Management spoke of the value of utilising their own staff to cover shifts rather than using casual or agency staff, simply for the level of personalised care that they can provide.

All consumers and representatives interviewed expressed satisfaction that staff are kind and caring and displayed a knowledge of what is important to each consumer. Staff were observed engaging with consumers and representatives in a kind and respectful manner. Care planning documentation is individualised and includes the personal preferences, needs, and interests of each consumer at the service.

Seven of 8 consumers and representatives said staff know what they are doing, indicating clinical staff have the skills needed to provide adequate clinical care. Consumers commented positively on the quality of the staff and how their training enhanced their skills. Management demonstrated a robust recruitment process to identify, recruit and employ staff with appropriate skills and knowledge. Management stated an 8-day orientation, and the use of a buddy program was the foundation of establishing and retaining new staff at the service. Ongoing support of staff through mandatory training and qualifications occurs within the service.

Seven of 8 consumers and representatives indicated that staff are being recruited and provided with training to ensure safe care. Staff confirmed attendance at a range of educational topics in relation to legislative/regulatory changes such as the Serious Incident Response Scheme (SIRS), restrictive practices, safe food handling, and clinical care.

The service has formal and informal processes for monitoring and reviewing the performance of each member of the workforce. This process includes an orientation process for new employees, day-to-day work performance monitoring and mentoring, and a formal documented annual performance review. Initial and final probation reviews are also completed by 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

This Quality Standard is Compliant as five of five Requirements have been found Compliant.

Consumers and the representatives interviewed said they are engaged in care planning and service provision and confirmed they are invited to and attend consumer engagement meetings. They said they are kept informed of any changes that are occurring in the service. The service demonstrated it has effective systems to involve consumers and representatives in the planning, delivery, and evaluation of care, lifestyle, and services. Management demonstrated that consumers were actively participating in residents’ meetings and are involved in contributing ideas and suggestions in the activities and the living environment.

Consumers and their representatives expressed feeling safe at the service and living in an inclusive environment with the provision of quality care and services. The organisation has a range of policies, and procedures that support and guide management and staff to provide a safe and inclusive culture. Management and staff were able to describe how the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and its involvement in this delivery.

Consumers and representatives interviewed expressed that the service is well run, and the management is approachable. The service demonstrated effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and management of feedback and complaints.

The service has risk management systems implemented to monitor and assess high-impact or high-prevalence risks associated with the care of consumers. Risks are reported, escalated, and reviewed by management at the service level and organisation level. Feedback is communicated through service and organisation meetings leading to improvements to care and services for consumers.

The service has clinical governance framework in place and provides an overarching monitoring system for clinical care. There are accessible policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint, and open disclosure.

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-2)