

**Performance Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Blue Care Brassall Aged Care Facility |
| Commission ID: | 5948 |
| Address: | 9 Charles Street, BRASSALL, Queensland, 4305 |
| Activity type: | Site Audit |
| Activity date: | 5 November 2024 to 7 November 2024 |
| Performance report date: | 9 December 2024 |
| Service included in this assessment: | Provider: 314 The Uniting Church in Australia Property Trust (Q.)  Service: 3862 Blue Care Brassall Aged Care Facility |

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 Blue Care Brassall Aged Care Facility (**the service**) has been prepared by Kimberley 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 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 confirmed they were treated with dignity and respect and felt accepted and valued. Staff understood consumers’ backgrounds and individual preferences. Care documentation reflected what was important to consumers to maintain their identity. Care planning documents detailed information regarding consumers’ backgrounds, personal preferences, identity, and cultural practices, which aligned with the information provided by consumers. Staff were observed being patient with consumers during meal service and when assisting consumers to move to and from activities.

Consumers and representatives confirmed the service recognised and respected different cultural backgrounds and staff provided care and services consistent with individual consumer preferences. Staff identified consumers from culturally diverse backgrounds and provided information relevant to ensuring each consumer received the care required that aligned with their cultural needs. The service celebrated events of cultural significance including Christmas, Easter, Anzac Day, Australia Day, Remembrance Day and National Aborigines and Islanders Day Observance Committee week. Care documentation included the needs, preferences and strategies in place to support consumers’ religious and spiritual needs.

Consumers were supported to exercise choice and maintain their independence by making decisions about their care and services. Consumers were supported to nominate who they would like involved in their care, communicate their decisions, make connections with others, and maintain relationships of choice. The service had documented policies and procedures regarding consumer choice and decision making which guided staff in the importance of consumers maintaining their independence and making informed decisions about their care and services.

Consumers and representatives confirmed consumers were supported by the service to make choices, even if those choices posed a risk to their safety or health. Staff supported consumers to take risks and strategies were implemented where appropriate to mitigate risk of harm to consumers. The service had policies guiding staff to enable consumers with taking risks. Care documentation evidenced when risk was identified staff conducted risk assessments and held discussions with the consumer and their representatives to discuss the risks and strategies to minimise the risk of harm. Staff were observed supporting consumers with their mobility and fluid consistency choices, utilising strategies consistent with care documentation.

Consumers confirmed they received the right information, at the right time, in a way they could understand and were encouraged to ask questions. The service demonstrated and staff described, the multiple ways and channels information was communicated to consumers to ensure it was accessible to all consumers and easy to understand. Consumers and representatives described conversations, emails, and phone calls from management about matters of concern or as follow-up to feedback or complaints. Staff spent one-on-one time with consumers who experienced communication challenges or cognitive impairment to discuss information or the available options to support the consumer to exercise choice and make informed decisions. Consumer meeting minutes and the monthly newsletter contained updates and information relevant to consumers.

Consumers and representatives felt consumers’ privacy was respected by the staff and were confident personal information was kept confidential. Staff ensured consumers’ privacy when speaking with consumers, undertaking personal care, and sharing information with representatives. Staff were observed drawing privacy curtains when attending to consumers in shared rooms and using dignity capes when assisting consumers to shared bathrooms on mobile shower chairs. Staff protected personal information by ensuring computer screens and nurses’ station doors remain locked and not speaking about consumers’ private information in public areas.

Based on the information recorded above, it is my decision this Standard is 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 and representatives were satisfied with the service’s assessment and care planning processes. Care documentation included relevant assessment and risk identifications such as falls, changed behaviours, skin integrity, and specialist care needs. The assessment and care plan processes identified risks to the consumer’s health, wellbeing and safety. Care documentation for consumers evidenced the service’s assessment and planning process to identify consumers’ needs, goals, preferences, and any related risks to their health and well-being.

Consumers and representatives confirmed they were involved in assessment and planning of consumers’ care including their end of life wishes. Staff knew the consumers and their individual needs and preferences and explained how care documentation guided care practices. Clinical and registered staff stated there were discussions about a consumer’s end of life wishes when they entered the service and if the consumer’s condition deteriorated.

Consumers stated they could choose to have their representatives involved in planning their care and services. Management and staff stated the assessment and care planning processes worked in partnership with representatives and other organisations. Referrals were made to external health professionals as required, including physiotherapists, speech pathologists, dietitians, podiatrists, and wound specialists. These health professionals were involved in assessment, planning, and review of consumers care needs appropriate to each consumer.

Consumers and representatives confirmed they were involved in care conversations about consumers’ needs, and a copy of care planning documentation was made available to consumers and representatives. Staff accessed individual consumer’s information and care planning documents via the electronic care management system, and were updated regarding consumers’ needs during handover. All changes were updated on consumer care sheets which were printed following any change and were available in each nurses’ station.

Consumers and representatives confirmed staff often discuss consumers’ care needs and preferences with them and were responsive when there was a change in care needs. Care plans were updated every four months, when circumstances changed, or when there was an incident. An alert was triggered by the electronic care system when care plans were due for review and a report was produced weekly which identified overdue care plan reviews. Once a month, during consumer of the day reviews, care plans were printed and both registered and care staff read through the care plan to ensure it was up to date.

Based on the information recorded above, it is my decision this Standard is 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 and representatives said consumers’ care was individualised to suit their needs, and they were confident in staffs’ capability to provide the required personal and clinical care. The service ensured consumers’ clinical needs for all complex care types were met through scheduled auditing and monitoring. Staff followed best practice guidelines following the organisation’s policies and procedures. The care manager oversaw daily review of progress notes, daily monitoring and investigation of overdue tasks, daily clinical meetings, monitoring clinical indicators and incidents, and review of feedback.

Consumers and representatives were satisfied the service was implementing supports to ensure risks associated with the care of consumers were identified and mitigated. Registered and care staff described individualised consumer care implemented to prevent consumers from falling, developing pressure injuries, choking, and detect, monitor and manage unplanned weight loss. The service had a policy regarding the administration of time sensitive medication, and medication administered more than 30 minutes outside of the prescribed time was investigated. Restrictive practices were reviewed regularly to ensure they were assessed as appropriate, effective, and individualised for each consumer. A review of care documentation supported, staff always use nonpharmacological strategies prior to the administration of chemical restraint.

Consumers and representatives were confident staff would provide end of life care in line with consumers’ preferences and maximise their dignity and comfort. Representatives, medical officers and palliative care teams if required, and anyone else consumers wished to be included in their end of life care were supported and included by the service. The clinical nurse, registered staff, and management discussed end of life preferences with consumers and representatives during care plan reviews, case conferences and as the consumer moved through the palliative pathway.

Consumers stated staff knew them well and they were confident staff could identify a change in their health status. Consumer documentation reflected the identification of, and response to, deterioration or changes in condition. Registered staff used the assessment process following changes to a consumer’s condition. The service responded in a timely manner to identified changes in a consumer’s health status.

Consumers and representatives confirmed said consumers’ care needs and preferences are effectively communicated between staff, and consumers received the care they required. Care planning documentation contained adequate information to support effective and safe sharing of consumers’ information in providing care. Consumers’ care plans demonstrated staff notified the consumers’ medical officer and their representatives when the consumer experienced a change in condition, experienced a clinical incident, was transferred to, or returned from hospital, or was prescribed a change in medication. Staff received up to date information about consumers at handover. Allied health professionals and medical officers had access to the electronic care system and reports were noted to be uploaded into the electronic system.

Consumers and representatives stated, and review of documentation confirmed, appropriate referrals were made in a timely manner and other health professionals assessed consumers and provided directives for their care. Management and staff had processes for changes in consumers’ health or well-being prompting referral to a relevant health professional. Consumers were supported by a physiotherapist, dietitian, speech pathologist, medical officers and podiatrist. Referrals could be made to external health professionals, including but not limited to, mental health services, geriatricians and Dementia Services Australia. The service also consulted specialist departments at the local hospital as needed including for wounds and diabetes.

The service had effective processes in place for prevention and control of infections, including management of an infectious disease outbreak, and promoted the evidence-based use of antibiotics. Consumers were offered and administered vaccinations for influenza annually and COVID19 every six months. The infection prevention and control lead was a registered nurse at the service, and they were rostered a dedicated infection control management shift each fortnight which increased in the event of an outbreak.

Based on the information recorded above, it is my decision this Standard is 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 and representatives confirmed staff assisted consumers to maintain their independence and partake in activities of interest in line with their individual needs, goals, and preferences. Staff had sound knowledge of individual consumer needs and strategies used to ensure consumers remained safe while enjoying the things they wish to do. Care planning documentation identified consumers’ needs, goals and individual strategies to support a range of activities and interests for each consumer. Care planning documentation identified individual preferences such as favourite music, meaningful life events, and what topics of interest gave the consumer enjoyment.

Consumers had access to activities and support networks as they required to meet their individual emotional, spiritual, and psychological needs. Staff supported consumers when they were feeling low and made a referral to external services as required. Care documentation evidenced a suite of assessments were completed for all consumers on entry to the service and were reviewed four monthly or as required. These assessments included consumers’ social, spiritual, cultural, and lifestyle preferences, needs, and goals.

Consumers were supported to participate in their community and social activities as they wished and as often as they wanted. Staff knew the external activities consumers participated in and relationships of importance, consistent with information received from consumers and documented in care plans. The service provided bus trips to local spots of interest such as the transport and railway museums, lunch outings, country drives and shopping trips.

The service had effective processes for the communication of information about consumers’ condition, needs and preferences. Consumers were satisfied with communication of their information between other services where care was shared. The service used the electronic care system, daily handovers, and meetings to manage and communicate consumers’ information. Consumers’ care documentation included lifestyle preferences such as their birthday, preferred religious denomination, meal preferences, food allergies, entertainment preferences and the celebration of special occasions.

The service had systems in place to provide referrals to other providers of care and services. Consumers could access services such as hairdressing and non-denominational and denominational pastors. Care staff were aware of the process of referring consumers to external services by escalating to registered staff or lifestyle staff. The activities calendar displayed in each consumer’s room, dining and activity area evidenced external organisations such as high school groups and entertainers providing service and support for activities.

Consumers and representatives confirmed the meals were varied and of suitable quality and quantity. Staff had knowledge of consumers’ nutrition needs and preferences consistent with information documented in consumer records. Consumers stated they enjoyed the meals and snacks offered at the service. They stated there was choice at mealtimes, and they could access food between meals if they were hungry such as sandwiches, yogurt, and biscuits or staff would make them tea of coffee. Kitchen staff had knowledge of individual consumer’s dietary requirements including allergies, likes, dislikes, and intolerances. Consumers were observed to enjoy their meals in a relaxed and comfortable environment. Staff were observed offering more food, drinks, and alternate options and providing assistance where needed.

Consumers had access to equipment that was fit for purpose, well maintained and clean to assist them with their daily living activities. The service provided cleaning and maintenance of equipment and consumers were aware of how to raise a maintenance request if required. Staff stated when equipment was shared, it was cleaned between use, and if equipment appeared worn or nearing the end of its functional life, it was discarded and replaced. A wide range of lifestyle activity products available for consumer use were observed, including, music, books, puzzles, colouring artwork, pencils and games. Mobility aids, such as walking devices or wheelchairs, were observed to be clean, tyres were inflated, foot plates were in place and items were well maintained.

Based on the information recorded above, it is my decision this Standard is 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

Consumers and representatives stated they and their family and friends were made to feel welcome, and consumers were able to bring personal effects from home to decorate their room. The environment was observed to be welcoming and easy to navigate and consumers were moving freely between areas both indoors and outdoors. Directional signage was observed throughout the service with handrails in the corridors and on a small internal ramp to assist with mobility. Chairs were available at regular intervals around the service to allow consumers to rest.

Consumers’ rooms and common areas were observed to be clean and well-maintained. Outdoor areas had wide, flat paths with covered seating areas and consumers were seen to be moving freely throughout the service and utilising communal areas. Maintenance and cleaning staff had processes to ensure the environment was safe, well maintained, and clean. Cleaning staff had a daily schedule to follow which included the cleaning of each consumer’s room, internal communal areas, and thoroughfares, including high touch points. Maintenance records evidenced how scheduled maintenance was carried out and audit processes monitored tasks to ensure completion of work within required timeframes.

Consumers and representatives confirmed the furniture, and equipment was clean and well maintained. Consumers using mobility aids stated their equipment was regularly maintained by the service. Maintenance requests were received via an online request received at the central desk and were triaged for action. A schedule of maintenance was maintained for every asset in the service, and every piece of equipment was managed by either maintenance or a licenced contractor.

Based on the information recorded above, it is my decision this Standard is 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 were encouraged to engage with the service, provide feedback and make complaints. Staff encouraged consumers to provide feedback. Management stated, and documentation evidenced the service had policies enabling and supporting feedback in multiple ways. Feedback collection boxes were observed throughout the service. Consumers were encouraged to provide feedback through meetings and focus groups conducted by the service and could record formal feedback by completing feedback forms and posting in the feedback boxes made available by the service. Meeting minutes evidenced the service discussed feedback mechanisms and available avenues as a standing agenda item during monthly consumer meetings.

Consumers and representatives were aware how to engage advocacy services if they were required. Documentation evidenced the service advised consumers of options available to consumers including interpreter services, advocacy services and external complaints mechanisms. The service had displays of material to advise consumers and representatives of interpreter services, avenues for advocacy and raising and escalating complaints externally.

Consumers and representatives confirmed the service managed feedback and complaints appropriately, they stated the service’s approach included transparency and providing an apology. The service had systems and policies supporting open disclosure and complaints handling. Documentation evidenced the service took action to acknowledge and resolve complaints when they were raised, and open disclosure was documented when it occurred.

Consumers and representatives felt the service used feedback to drive improved care and services. The service identified initiatives in response to feedback provided. Documentation evidenced the service monitored feedback, and the service used feedback to deliver care and service improvements. The service’s plan for continuous improvement evidenced feedback and complaints were used to identify and implement actions for improvements to consumers’ care and services.

Based on the information recorded above, it is my decision this Standard is 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

Consumers and representatives confirmed staff were available and responsive to consumers’ needs. Management utilised practices to ensure staffing was appropriate to identified consumer needs and was adaptive to changes when required. The service took a proactive approach to staff leave, including unplanned leave, which minimised the impact of staffing shortages on consumers’ personal and clinical care. The service maintained a base roster which was resourced considering consumer care needs and was guided by legislated care minute requirements. The service maintained a casual pool of staff, and where needed additional shifts were offered to address gaps in the roster.

Consumers and representatives stated workforce interactions were positive, and staff were kind and caring. Staff had a shared understanding of consumers and their diverse identities and cultures. Management states consumer and representative feedback and observations of interactions between staff and consumers were used to monitor and ensure staff behaviour met the service’s expectations. The service had policies and procedures guiding staff interactions. Staff and management were observed to be respectful, kind, and caring in their interactions with consumers.

Consumers and representatives stated they were confident staff were qualified and competent in their roles. Staff confirmed their roles were clearly defined and they understood the required qualifications, competencies, and knowledge to perform their duties. Observations and audits were undertaken to monitor staff competency in performing their roles. Consumers who received clinically complex care said staff were skilled and competent to deliver their care. Documentation supported staff competencies and qualifications were identified through the recruitment process aligned to identified position descriptions and were continually monitored through consumer and representative feedback, auditing, performance appraisal, and review of clinical care delivery.

Consumers and representatives were satisfied staff were trained to deliver safe and effective care to consumers. Staff were supported to undertake training relevant to their roles. Management monitored compliance with required training delivered through an electronic learning management system. The service had policies, systems and practices to ensure the workforce was recruited, trained and equipped to perform their roles. The service monitored registration statuses and currency of mandatory competencies such as first aid and cardiopulmonary resuscitation qualifications.

Staff participated in regular review and performance appraisals. The service had systems and processes in place which was monitored by the organisation’s human resources team ensuring six monthly reviews of performance for all staff was conducted. Staff performance was informed by observations, clinical data analysis and consumer and representative feedback. The service ensured performance issues identified were addressed with confidential and timely approaches guided by policies and procedures.

Based on the information recorded above, it is my decision this Standard is 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 were encouraged to contribute to the development and delivery of care and services. Continuous improvement actions were driven by consumer and representative choice where possible. Various meeting minutes evidenced consumers and representatives were engaged in service and care delivery including the ongoing evaluation of those care and services. The service held consultative meetings monthly through a focus group with a rotating panel of consumer representation.

Consumers and representatives were satisfied management, and the governing body promoted culturally safe and quality care. The organisation’s governance structure considered and ensured accountability in providing quality and safe care. Management and the executive teams met regularly to review and guide service delivery. The service’s governance framework outlined roles and responsibilities across the organisation with respect to quality and safe care and services. The service was led by a Board with diverse member experience including, aged care, law, finance, and pastoral care. The Quality and Care Governance Committee included members with health and medical expertise.

The service had documented policies and systems supporting governance oversight with respect to improving consumer outcomes. Consumers and representatives were satisfied information about care and services and the ways information was shared was managed well. The service-maintained governance of information guided by documented policies and the use of electronic systems including a policy repository, an electronic care management system, incident management, human resources and learning management systems. The service’s plan for continuous improvement identified planned and completed improvement activities across various areas of care and service delivery, the plan included monitoring of expected outcomes, timeframes and designated responsibilities for each action. The service outlined accountabilities and responsibilities of staff through position descriptions. Staff were provided a schedule of mandatory training aligned with their role. The workforce was guided by a code of conduct, while the organisation ensured staff compliance with respect to worker screening and monitoring of published banning orders. The service had governance frameworks and mechanisms for monitoring and auditing compliance within legislated requirements and regulatory standards. Strategic oversight in relation to regulatory compliance was provided through the organisation’s executive and governance teams. The service maintained a feedback and complaints system guided by the organisation’s policies. Feedback and complaints were monitored by management, with reporting across each level of the organisation.

The service had frameworks, policies and systems in place to manage high impact or high prevalent risks. The service utilised an incident management system which identified and categorised risks within the service’s framework. Incidents were assessed for impact, severity and were considered against the services legislated requirements under the Serious incident response scheme in a proactive capacity to identify and address instances of abuse and neglect of consumers. The service’s frameworks and policies supported dignified and acknowledged risk taking enabling consumers to live their best life.

The service had a clinical governance framework, including policies and procedures, which included open disclosure, minimisation of restrictive practices, and antimicrobial stewardship. Clinical governance topics were discussed across staff, registered staff, clinical management and executive meetings. Clinical care was delivered by registered staff and was overseen by the clinical nurse and care manager. The service delivered training to staff ensuring they were competent and knowledgeable with respect to topics supported by the service’s clinical governance framework.

Based on the information recorded above, it is my decision this Standard is 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)