

**Performance Report**

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| Name: | Blue Care Redland Bay Yarrabee Aged Care Facility |
| Commission ID: | 5356 |
| Address: | 61-71 Peel Street, REDLAND BAY, Queensland, 4165 |
| Activity type: | Site Audit |
| Activity date: | 4 December 2024 to 6 December 2024 |
| Performance report date: | 15 January 2025 |
| Service included in this assessment: | Provider: 314 The Uniting Church in Australia Property Trust (Q.) Service: 5170 Blue Care Redland Bay Yarrabee 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 Redland Bay Yarrabee Aged Care Facility (**the service**) has been prepared by E Blance, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others.
* Response received by the Provider on 15 January 2025.
* other information known by the Commission

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers are treated with dignity and respect, feel accepted and valued. Staff have sound knowledge of individual consumer backgrounds, cultures, beliefs, and relationships and ensure consumers’ dignity and respect are upheld during care and service delivery. Consumers said staff support and help them to maintain relationships, whilst also supporting their independence, respect their spiritual beliefs and are made to feel proud of their interests. Staff were observed engaging in conversations reflecting consumers’ backgrounds and interests.

Consumers feel staff are understanding of their needs and preferences and provide care and services respectfully. Staff are guided by care documentation which outlines consumers’ preferences for care and service delivery and are adaptive to changes of preferences. Care documentation identifies special celebratory events and cultural safety needs of consumers for examples for gender specific care delivery to assist them to feel safe.

Consumers feel supported to exercise choice and independence and maintain relationships. Staff know consumers’ care preferences and support them to maintain relationships with family and friends. Care documentation identifies information regarding consumers’ individual preferences, the people important to them, and who to involve in decisions about their care for example, representatives and friends are included in helping consumers settle into the service, share dining experiences, enjoy outing and group activities. The service is guided by a consumer handbook which explains consumers’ advocacy and right to make informed choices through their diversity, equity, and inclusion policy.

The service supports consumers’ choices, even if the choice is identified as posing a risk to the safety of the consumer. The service has policies and procedures to guide staff in supporting consumers to take risks. Progress notes and assessment tools evidenced, when a risk was identified, staff conduct risk assessments and hold discussions with the consumer and their representatives to discuss the risks and strategies to minimise risk of harm. The dignity of risk process is discussed and explained during entry to the service and as individual needs change.

The service demonstrates current, accurate and timely information is communicated to consumers and representatives. Information provided is clear, easy to understand, and supports consumers to exercise choice. Consumers and representatives are satisfied with the information provided to them by the service. One-on-one time is spent with consumers to discuss and provide information, to support and encourage consumer choice and offer available resources for spiritual care and general supportive care. Information about upcoming activities and other information is displayed on noticeboards throughout the service, and in consumers’ rooms.

Consumers personal privacy is upheld and respected by staff and representatives expressed confidence the service protects all personal information collected. All consumers felt care and services, including personal care, are undertaken in a way that respects their individual privacy. Consumer information is protected on the electronic care management system, and handover sheets are kept confidential. Staff are guided by an organisational privacy and confidentiality policy, which outlines how and why consumer information is collected, how it will be stored, and who has the right to access. Consumers are provided with the Charter of Aged Care Rights in the consumer handbook, which explains how personal information is protected by the service. The Charter of Aged Care Rights is also displayed on notice boards at the service.

I have considered the information within the assessment team report as summarised above and find this Standard compliant.

# 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 are satisfied the care and services provided meet their current needs, goals, and preferences. A comprehensive care planning process incorporates the use of reliable clinical risk assessment tools. Assessment tools are completed upon entry. Specific areas assessed includes skin integrity, pain, mobility and function, nutrition and hydration, dysphagia, falls, behaviour, wounds, and diabetes. Where potential risks are identified through the assessment process, the service implements targeted management strategies to minimise those risks. Clinical staff share a comprehensive approach to assessment, care planning and review, including consultation with the consumer/representative and other health professionals.

Consumers’ current needs, goals, and preferences, including advance care and end of life planning are included in the assessment and planning process. There is a discussion about consumers’ end of life wishes when they enter the service, at care plan review and if a consumer’s condition deteriorates. Advance health care plans are in place and palliative care resources are available to support the consumer and families.

Consumers can choose who they would like involved in care planning. Medical officers and allied health professionals provide guidance and recommendations to support consumers’ care planning. Registered staff review recommendations by the medical officer, allied health professionals and hospital discharge summaries to inform assessment and planning. Clinical management have access to speech therapists, dietitians, wound consultants, and physiotherapists.

Consumers have received or have access to care plans. Staff communicate with consumers and/or their representative following assessment and/or review by the medical officers or allied health professionals. Consumers’ care document communications. Outstanding communication is documented and discussed at handover.

Care plans are regularly reviewed by a clinical manager and a registered nurse, when circumstances change, if there is an incident involving a consumer or if triggered by the electronic care management system. Staff discuss consumers’ care needs and preferences with them and are responsive when there is a variation. When an incident occurs, it prompts a review of the care plan, incorporating relevant allied health professionals. Annual and as required case conferences are conducted.

I have considered the information within the assessment team report as summarised above and find this Standard compliant.

# Standard 3

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| Personal care and clinical care |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:1. is best practice; and
2. is tailored to their needs; and
3. optimises their health and well-being.
 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:1. standard and transmission based precautions to prevent and control infection; and
2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.
 | Compliant |

Findings

Consumers said they receive the care they need and are satisfied with the service delivery. Clinical staff have a shared knowledge of best practice in relation to wound management, pain, pressure injuries, falls, diabetes management, continence management, unplanned weight loss, changed behaviours and restrictive practices. Consumers are receiving individualised care, which is safe and right for the consumer and is based on best practice. The service has policies, procedures and work instructions to guide staff in care delivery, and these are readily available to staff. Consumers subject to environmental restraint have an individualised behaviour support plan and behaviour chart in place used effectively by staff to record verbal, physical and wandering behaviours. The service maintains a register of psychotropic medications, which includes the circumstances under which they can be administered. Consumers with chemical restraint have a behavioural support plan in place, with assessment, authorisation, evidence of consultation and informed consent identifying care and support being provided is monitored to diminish the use of the restraint.

High impact, high prevalence risks to consumers are managed effectively through clinical review and the inclusion of other health professionals when indicated such as unplanned weight loss, falls and pain. Management said, and documentation evidenced, risk remediation strategies are in place and consumers said they are satisfied with their care. Clinical risk meetings are held to discuss management of high-risk consumers. Topics include behaviour management, falls, wounds, unplanned weight loss and pain. Clinical managers review trends, analyse clinical incidents and quality indicator data, and report these findings within the service.

Consumers and representatives are confident the service understands consumers’ end of life goals and these will be implemented. Care documentation includes information for staff to assist consumers when nearing end of life and documents collaboration with the medical officer and consumers’ family. Clinical and care staff described the palliative care pathway and supports provided to consumers. Palliative care trolleys, which included lip balm, oral care kit, blankets, music, moisturising cream, eye drops, tissues, door signs and an aromatherapy diffuser, are available to assist in the comfort of consumers. The service has a palliative care policy to guide staff practise.

Consumers said the service identifies changes in a consumer’s health and well-being and responds in a timely manner. Staff recognise, report and respond to changes in a consumer’s condition. Actions taken include assessment of the consumer, discussion with the consumer/representative, referral to the medical officer or allied health professionals and transfer to hospital if clinically indicated. Care staff notify clinical staff if they have concerns about a consumer’s health status. Changes to a consumer’s mental, physical or cognitive well-being are discussed. The service has policies and procedures to guide staff in relation to identifying and responding to consumer deterioration.

Consumers’ care needs and preferences are effectively communicated between staff; and consumers receive the care they need. Care documentation incorporates information to support effective sharing of the consumers’ information in providing care. Care planning documentation evidenced staff notify the medical officer and representatives when the consumer experiences a variation in health status, experiences a clinical incident, is transferred to or returned from hospital, or is prescribed a change in medication. Staff receive timely information about consumers at handover and through the electronic care management system.

Referrals to other healthcare providers or organisations are completed in a timely manner and are clinically indicated. Care documentation evidenced other health professionals assess consumers and provide directives for their care. Management and staff described how changes in consumers’ health or well-being would require a referral to a relevant heath professional including a geriatrician, dentist, palliative care consultancy service, podiatrist, pharmacist, wound care specialist, dietitian, physiotherapist, Speech therapist and medical officer.

Consumers and representatives are satisfied with the service, which effectively implements processes for preventing and controlling infections, including managing infectious outbreaks and promoting evidence-based antibiotic use. The service has established entry screening protocols, including a rapid antigen test (RAT) before entry. Registered staff provided examples of practises to prevent and control infections such as hand hygiene, encouraging fluids, the use of PPE and obtaining pathology results prior to commencing antibiotics. Infections and outbreaks are analysed and reviewed monthly via the service’s clinical indicators. The service has one infection prevention and control lead and is provided with support from the organisation with planning and outbreak management where required.

I have considered the information within the assessment team report as summarised above and find this Standard compliant.

# 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 and representatives said the service supports consumers’ quality of life and personal interests. Consumers are supported to engage in both group and individual activities which are meaningful to them. Care documentation includes consumers’ interests, preferred activities, and recorded attendance. A monthly activities calendar is designed in collaboration with consumers which includes activities within the service, group outings and events.

Consumers said they enjoy meaningful activities and can observe cultural and religious practices important to them. Staff support consumers when they are feeling low and care documentation included consumers’ spiritual needs and individualised strategies to support consumers emotional needs. A local chaplain attends the service to deliver church sermons and support consumers’ spiritual or psychological well-being as needed as well as a hymn session in the memory support unit.

Consumers said they are supported to participate in activities of interest to them within and outside the service. They said visitors are welcome and are invited to participate in meals or activities and they can visit family outside of the service. The service arranges activities to support consumers’ diverse interests and to provide access to the community.

Consumers said services and supports are consistent and staff know consumers’ individual preferences. Consumers are confident information is recorded and shared with others as needed to inform care and services. Staff have access to consumer records and information relevant to the care and services they are providing. Information in relation to consumers is passed between staff at handovers.

Consumers are satisfied that referrals to external service providers are made in a timely manner. Consumers have access to attend spiritual services and chaplains who regularly visit the service. Consumers and care staff said individual referrals are made for the chaplain to provide private prayer and blessings in consumers’ room as requested. The service engages with external service providers to provide activities in which consumers are interested, including spiritual services, musicians and entertainers, the local kindergarten, and a local volunteers service. Volunteers assist in hosting activities and supporting consumers with walks in the garden.

Consumers and representatives provided positive feedback regarding the variety and quality of meals provided at the service. The menu caters for texture modified diets and other specific dietary requirements and care documentation recorded consumer dietary needs and preferences including dislikes, allergies, and consumers who have been assessed for planned weight loss, or those who require high energy/high protein supplementation, as well as the level of supervision consumers require with their meals. Food satisfaction is monitored through surveys, consumer meetings, and other feedback. The menu is changed seasonally.

Consumers have access to equipment that is suitable to their needs, is clean and well maintained. Consumers said maintenance issues are actioned quickly, and they are kept updated of progress by the maintenance officer. Staff are aware of the maintenance log and how to log maintenance issues for action and the maintenance log demonstrated maintenance requests are actioned efficiently. Consumers who use assistive devices for mobility including 4-wheeled walkers, said the items work well and maintenance issues are attended quickly. Shared equipment is cleaned between each use. There is sanitising equipment in each activity space and throughout the service. Equipment is wiped down and checked for any damage, or hazards to ensure it is safe for consumers to use.

I have considered the information within the assessment team report as summarised above and find this Standard compliant.

# 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 and representatives said they find the environment welcoming and easy to understand. Consumers said they feel at home at the service and have their own furniture and decorations in their rooms. There are several areas for consumers and their visitors to relax, socialise, and participate in activities. Corridors and communal areas are well lit and free from obstruction with signage to assist consumers in movement around the service.

All consumers and representatives provided positive feedback in relation to the cleanliness and maintenance of the service. Consumers said they feel safe and can move freely both indoors and outdoors, as they wish. There are reactive systems and preventative schedules in place to ensure cleaning and maintenance are completed as required. All areas of the service are clean and well-maintained including consumers’ rooms, internal and external communal areas, dining rooms, kitchen and kitchenettes, storage areas and on-site laundry.

The service demonstrated an effective system for ensuring furniture, fittings, and equipment are safe, clean, and well-maintained. Equipment maintenance is completed, with equipment repaired or replaced as required, including slings, hoists, dining furniture and couches and armchairs in communal areas. Consumers said they are happy with the environment at the service and said the cleaners, care and maintenance staff ensure all areas and equipment are clean and well-maintained.

I have considered the information within the assessment team report as summarised above and find this Standard compliant.

# 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 said they felt encouraged, safe, and supported to share feedback and make complaints. The various methods available to provide feedback include speaking to management or staff directly, during consumer meetings, surveys and through written feedback forms. Staff demonstrated a shared understanding of the service’s complaint handling system and could describe the actions taken to lodge and encourage feedback and/or a complaint. Feedback is received verbally, via email, on the feedback forms and consumer meetings and documented in an electronic complaints management system. The complaints register records the service actively seeking feedback in relation to food, activities, or amenities at the service.

Consumers and representatives are aware of external advocacy organisations and language services available to assist in providing feedback and making complaints. Staff could describe the external services available and how they promote and support the consumer/representative to access these. Information in relation to advocacy services, language services and external complaints mechanisms are provided through the consumer handbook.

Consumers and representatives expressed confidence management would address complaints and attempt to resolve any concerns promptly. Management and staff demonstrated a shared understanding of processes to follow when a complaint is received. The service evidenced policies, procedures, education material addressing feedback, complaint management, and the open disclosure process were established. Staff said, and management confirmed, they have received training on open disclosure and demonstrated an understanding of the principles of open disclosure and the complaint handling process when feedback or a complaint is received.

The service demonstrated the system for recording, reviewing, trending, and analysing consumer feedback to identify areas for improvement. Consumers/representatives said the service makes improvements and could identify areas where improvements have been made. Feedback and complaints are discussed during staff meetings, as well as handovers, to provide staff the opportunity to contribute to improvements and be part of the solution. The service’s plan for continuous improvement evidenced feedback and complaints are used to influence planned actions to improve the quality of care and services provided.

I have considered the information within the assessment team report as summarised above and find this Standard compliant.

# Standard 7

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| Human resources |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives said staff are available when required and respond promptly to consumer needs. The service has a mix of appropriately skilled staff to meet consumers’ clinical and care needs and proactively approaches planned and unplanned leave to avoid staff shortages. Consumers said staff respond in a timely manner, there are enough staff, and they regularly check in on consumers. Rostering is completed with consideration to occupancy, clinical needs, and staff skillsets. The service maintains a casual staff pool and the service continues with an active recruitment process to ensure staffing meet the needs and preferences of consumers.

Consumers provided positive feedback in relation to workforce interactions and confirmed staff are kind and caring and treat consumers well. Staff demonstrated an understanding of consumers, including their identity, culture, needs, and preferences. Consumer and representative feedback received through complaints and surveys is used to monitor staff behaviour and ensure interactions between staff and consumers meet the organisation’s expectations.

Consumers are confident staff perform their duties effectively, and that they are trained appropriately and skilled to meet their care needs. Staff share an understanding of the knowledge, skills and qualifications required for their role, and management described the ways in which they determine that staff are competent and capable in their role. Competency is determined through skills assessments and is monitored through performance assessments, consumer/representative feedback, audits, surveys, and reviews of clinical records and care delivery.

Consumers are satisfied staff are trained to provide safe and effective care to consumers. Staff are appropriately trained, supported, and equipped to perform their roles. Management monitors staff compliance with mandatory training through an online learning system and provide staff with additional training when the need is identified.

The service tracks staff performance through team meetings, informal discussions, peer input, self and formal evaluations. The service performs routine process for conducting performance reviews. Staff reported their performance is regularly assessed, and they feel supported in performing their duties. The performance review process includes the opportunity to request and plan their nominated areas for further improvement and/or professional development training

I have considered the information within the assessment team report as summarised above and find this Standard compliant.

# 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**

Consumers have confidence in the way the service is run and are engaged in the development and evaluation of their care and services. The organisation has established a Consumer Advisory Body with representatives from each of its care categories, including residential. The service holds bi-monthly consumer meetings and a quality advisory meeting twice a year where consumer advocates are asked to provide input and evaluate care and services and make recommendations for improvement.

Consumers and representatives are satisfied a culture of safe, inclusive, and quality care and services is promoted by management and incorporated into the service’s documents. Management and executive teams meet regularly to review the organisation’s performance in this regard and compare itself against industry standards. The service has a governance framework which outlines roles and responsibilities in the delivery of safe and quality care and services. The service is led by a Board which includes members with experience in aged care, legal, finance, and business. The Quality Care Advisory Committee includes key personnel, clinical staff, and consumer advocates to support and inform the Board and suggest improvements. Information flows through several regulatory meetings where benchmarking is discussed, and early risks are identified. Staff receive information through education and policies to guide them in providing safe, inclusive, and quality care and services.

The service demonstrated effective processes are in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Policies and procedures guide staff practice.

The organisation has a documented risk management framework, and policies which support the management of risk, and choice, associated with the care of consumers. High-impact high-prevalence risks and the Serious Incident Response Scheme incidents are reported to and discussed at executive meetings, with clinical teams identifying risk mitigation strategies. Staff undertake annual mandatory online training on elder abuse and neglect amongst other reportable incident training. Policies are available to guide staff on managing these incidents and reporting responsibilities. Consumers are supported to live the best life they can and are supported to understand the risks involved with their choices.

The service has a clinical governance framework, which includes open disclosure, antimicrobial stewardship, and minimising restrictive practices, with associated processes to guide the delivery of clinical care. Clinical care governance is discussed during a variety of executive, clinical, and staff meetings and is delivered by registered and enrolled nurses, overseen by the care manager. The service ensures both registered and care staff are trained in topics that fall under the clinical governance framework.

I have considered the information within the assessment team report as summarised above and find this Standard 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)