Performance

Report

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| Name of service: | Calvary Balmoral Grove |
| Service address: | 24-34 Smith Street GROVEDALE VIC 3216 |
| Commission ID: | 3540 |
| Approved provider: | Calvary Aged Care Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 1 August 2023 to 3 August 2023 |
| Performance report date: | 28 August 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 Calvary Balmoral Grove (**the service**) has been prepared by K. Richards delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives staff, management, and others.

The service did not submit a response to the Assessment Team’s report.

# 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 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said staff treated them with dignity and respect, and valued their identity, culture, and diversity. Staff described how they incorporated their knowledge of consumers’ backgrounds and personal identity in providing care and services to consumers. Staff demonstrated an understanding of consumers’ personal circumstances, life experiences and culturally diverse backgrounds, which were in line with their care documentation. The consumer handbook detailed consumers’ rights and how consumers were supported to maintain their identity, culture, and diversity.

Consumers and representatives described how staff valued consumers’ culture and diversity and said the service provided care and services which were culturally safe. Staff identified consumers’ individual care preferences and explained how they delivered care in line with background, values and culture. Care planning documents reflected consumers’ cultural backgrounds, spiritual and personal needs and preferences.

Consumers and representatives felt supported to make decisions regarding the delivery of their care and services, involve others in those decisions and maintain relationships of choice. Staff described how they supported consumers to make connections and maintain important relationships, such as through facilitating regular family visits. Care planning documents included nominated contact information for representatives and enduring power of attorney. The service had policies, procedures, and staff training to support consumers’ rights to make choices and live their lives according to their preferences.

Consumers and representatives said consumers were supported in taking risks to enable them to live the best life they could. Staff provided examples of how consumers took risks and how they were supported to understand the benefits and possible harms. Risk assessments were conducted to ensure consumers and representatives could make informed decisions about taking risks in accordance with the service’s dignity of risk policy. Consumers were involved in developing solutions to reduce risks wherever possible. Care planning documents identified risks to the consumer and the risk mitigation strategies in place.

Consumers and representatives advised they received accurate and up-to-date information about activities, special events and issues, such as COVID-19, in a timely manner. Lifestyle staff described the service’s regular printed communications for consumers which were also emailed to all representatives. Management advised the service had a monthly ‘resident and representative’ meeting which kept consumers informed. Information such as the menu, activities calendar and newsletters were observed on noticeboards throughout the service and at the reception area.

Consumers and representatives said their privacy was well respected, and their personal information was kept confidential. Staff described how they maintained consumers’ privacy when providing care and kept computers contained personal information locked. Staff were observed knocking on bedroom doors and waiting for a response before entering and closing doors to provide care. All nurses’ stations were secured with keypad code. The service had a privacy policy to guide staff practice which was included for consumer information within the admission pack.

# 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 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were consulted in the assessment and planning of consumers’ care and services. Staff explained the care planning process and their involvement in conducting assessments to inform the delivery of safe and effective care. Clinical staff described risks to consumers that were considered during assessment and care planning. Management explained the risk assessment tools available in the electronic care management system and how these were utilised to inform care planning. Care planning documents included risk forms along with risk management strategies to guide staff.

Consumers and representatives said they were involved in the assessment and planning of their care, and they were consulted about advance care directives and end of life plans. Staff said they utilised tools in the care management system to identify and address consumers’ needs, goals and preferences, including capturing their advance care and end of life plans, if the consumer wished. Management said they discussed end of life plans with consumers and representatives during admission, when care needs changed, or during routine care plan evaluation. Care planning documents reflected individual consumer’s needs, goals and preferences.

Consumers and representatives said the service regularly communicated with them and they were encouraged to be actively involved in the assessment, planning, and review of their care plan. Staff said they partnered with consumers and representatives in the assessment and planning of their care through regular phone calls, face to face meetings and routine care plan evaluations. Care planning documents showed input from a diverse range of allied health specialists such as physiotherapist, speech pathologists, podiatry and dietitian services. The service had policies and procedures to guide staff practice in the engagement of consumers and others in assessment and planning of care and services.

Consumers and representatives identified they received ongoing communication from staff about the outcomes of assessment and care planning, and staff offered them a copy of their care and services plan. Staff explained the outcomes of assessments were documented in the electronic care management system and shared with consumers and representatives. Care documentation showed evidence of regular communication with consumers and representatives and copies of care plans being offered.

Consumers and representatives were satisfied the service regularly reviewed consumers’ care and services and when circumstances changed, or an incident occurred. Clinical staff said they evaluated care plans after a change of circumstances or when a consumer is involved in an incident. Clinical management described how the electronic care management system prompts regular 3-monthly care evaluations which include a strategy effectiveness review. All care plans examined had been reviewed and evaluated for effectiveness within the last 3 months and when circumstances changed or when incidents impacted on the needs, goals, and preferences of consumers.

# 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 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said they received effective personal and clinical care that optimised their health and wellbeing. Staff described how they delivered tailored care to meet consumers’ needs and preferences in line with their care plans. Clinical staff said they had ready access to the organisation’s policies and procedures to ensure they provided consumers with best practice clinical care tailored to their needs. Care documents reflected the consistent delivery of safe and effective personal and clinical care, in line with consumers’ needs. The organisation audits the service to ensure each consumer receives safe and effective personal and clinical care.

Consumers and representatives were satisfied the service manages high impact or high prevalence risks, including related to complex health care needs when required. Staff identified high impact and high prevalence risks associated with consumer care and described what they do to mitigate these risks. Management said they monitored high impact and high prevalence risks to consumers and work with nursing staff to ensure there were appropriate risk mitigation strategies for each risk identified. Care documents showed the high-impact and high-prevalence risks related to the clinical and personal care of each consumer were captured and effectively managed with relevant risk mitigation strategies in place.

Consumers and representatives said advance care directives were recorded and the service provides competent end of life care when required. Staff explained how they supported consumers nearing the end of life and how they preserved their dignity and comfort, in line with their goals and preferences. Management said staff were trained to provide end of life care in accordance with the organisation’s policies and procedures, and engage palliative care services for specialist guidance on management of pain and comfort.

Consumers and representatives said staff monitored consumers’ condition and any changes were recognised and addressed appropriately. Staff said they knew each consumer’s ‘baseline’ condition and they recognised and responded to any changes in a timely manner. Clinical staff described the process for recognising and responding to a deterioration in a consumer’s condition, and how they communicated it and took appropriate actions promptly. Management said they read the 24-hour progress notes and provided guidance to the team when needed. Care documentation showed changes in condition were documented in the care management system and communicated at shift handovers. Staff were observed attending the shift handover and discussing consumers’ functional and cognitive changes and signs of deterioration.

Consumers and representatives were satisfied different staff knew their needs and preferences and the care provided was consistent. Staff said consumer information was comprehensively documented and communicated to other staff, consumers/representatives, and other relevant providers of care and services. Management and clinical staff explained how any changes in a consumer’s condition, needs, and preferences were documented in the electronic care management system and shared with those involved in providing care. Care documentation contained sufficient information to support safe and effective care and clinical handovers were observed to effectively communicate current information to staff.

Consumers and representatives said several allied health specialists visited the service and are available when needed. Clinical staff said referrals were escalated to clinical management to ensure timely and appropriate referrals occurred. Clinical management explained the referral process said they had contracted a network of allied health specialists to ensure timely attendance to consumers. Care planning documents reflected the input of various allied health specialists and external specialist services.

Consumers and representatives said the service was kept clean and they considered the recent COVID-19 outbreak was well handled. Staff described minimising of infection related risks through infection prevention and control (IPC) training and actions, including for hand hygiene, using personal protective equipment, and outbreak management. Clinical staff described use of non-pharmacological strategies whilst waiting for pathology results for consumers with suspected infections. The service kept vaccination records for influenza and COVID-19 and had written policies and procedures related to antimicrobial stewardship and outbreak management.

**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 7 of the 7 Requirements have been assessed as Compliant.

Consumers said the service provided them with safe and effective services and supports to optimise their health, wellbeing and quality of life. This included participating in group lifestyle activities and spending time on independent activities of choice, with suitable tailored activities for consumers with cognitive or sensory challenges. Lifestyle staff said they asked consumers about their needs, goals and preferences, and they received collective feedback through ‘resident and representative’ meetings. Meeting minutes demonstrated consumers had input into the lifestyle program. Consumers’ care planning documents identified the individual lifestyle needs and preferences of each consumer and staff knew what was important to specific consumers and what they liked to do.

Consumers felt supported to maintain social, emotional, and spiritual well-being. Staff said they knew consumers well, and if a consumer was feeling emotional, unwell or agitated, they could usually provide the necessary emotional support. Care planning documents included information about the consumers' emotional, spiritual, or psychological well-being, and described how the service could best support their needs. The service had policy documents, and referral procedures to guide staff in supporting consumers emotional, spiritual, and psychological well-being.

Consumers said they were supported to participate in activities within the service and the outside community, enjoy personal relationships, and do things of interest to them. Staff explained the service had a wide variety of activities available to consumers’ changing needs and preferences. Staff explained how consumers were encouraged to participate in the activities stipulated in their care plans and connect within the outside community. Care planning documents identified the people important to individual consumers and activities of interest to them inside and outside the service.

Consumers and representatives reported that information about their condition and needs was effectively communicated and staff providing their daily care understood their needs and preferences. Staff could describe consumers’ condition, needs, and any recent changes, and said they referred to care documentation and attended handovers to ensure they were up to date, including dietary changes. Care planning documents identified the condition, needs and preferences of consumers and provided adequate information to inform staff.

Management described how timely and appropriate referrals were made to other individuals and organisations providing services and supports. Consumers said referrals were made in a timely manner and they could access other organisations as needed and staff could describe the referrals process. Lifestyle staff demonstrated an understanding of what other organisations, services and supports were available in the community, including volunteer services, should a need be identified for a consumer. Consumers’ care documents demonstrated the timely involvement of other individuals and organisations in meeting consumers’ needs.

Consumers and representatives said they were satisfied with the variety, quality and quantity of food offered. Consumers’ dietary requirements and preferences were documented, and staff stated they always referred to the dietary list prior to serving meals. The service has a rotating seasonal menu with a weekly chef’s special, developed in consultation with consumers, representatives, a dietitian and management. The menu showed a choice of 2 options for both lunch and dinner and staff said consumers could request alternatives. Consumers who wanted to snack outside mealtimes could access cereals, biscuits and fruit. Meal service appeared relaxed with consumers socialising and staff assisting consumers where needed.

Consumers and representatives said the equipment provided was safe, suitable, clean, and well maintained. Staff said they had received training and knew how to identify and report equipment requiring repairs on the electronic system. Daily maintenance logs indicated regular maintenance and repairs had been attended to in a timely manner. Personal and lifestyle equipment appeared to be safe, suitable, clean, and well maintained.

# 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 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was open, welcoming and they felt at home. Management said consumers were encouraged to personalise their own rooms and consumers’ rooms were observed to be decorated with their personal belongings. The service was well lit, and consumers were observed using various common areas, including entertaining visitors and sitting with other consumers.

Consumers and representatives said the service environment was clean, well maintained, and comfortable, and they said they could move freely indoors and outdoors. Staff described how consumers were supported to move throughout the service and consumers were observed moving freely between different areas of the service. The in-house cleaning service operated 7 days a week, with actions undertaken in accordance with documented cleaning schedules. The maintenance officer attended to reactive and preventative maintenance and contractors were available for urgent and out-of-hours issues.

Consumers and representatives said equipment and furniture was well maintained, safe, and clean. Management and staff described how equipment was assessed for suitability for consumers prior to purchasing. Contractors were engaged for specialised cleaning work, such as for carpets and air-conditioning. Furniture, fittings and equipment was observed to be safe, suitable, clean 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 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they were supported to provide feedback and make complaints. Staff described the different avenues available for consumers and representatives to make a complaint or provide feedback, and how they provided support to raise any concerns. The service had documented policies and processes in place for consumers to raise concerns about their care and services. Complaint information, feedback forms and collection boxes were readily accessible to consumers and representatives.

Consumers and representatives said they were aware of other avenues for raising a complaint such as through the Commission, advocacy services or with the help of family or friends. Staff understood the internal and external mechanisms for providing feedback and making complaints, including additional supports available for consumers who may not be capable of using usual feedback methods. Information about external complaints avenues and advocacy services was displayed around the service.

Consumers and representatives said the service responded to complaints appropriately and promptly, and when things went wrong the service apologised and acted quickly to resolve the issue. Management and staff could describe how they applied open disclosure principles when things go wrong and demonstrated appropriate and timely action was taken in response to complaints. The service had a documented feedback and complaints policy, and the feedback and complaints register demonstrated complaints were actioned appropriately and open disclosure was used.

Consumers and representatives stated they had seen their feedback and complaints used to improve care and services. Staff described how feedback and complaints had resulted in care and service improvements, including food services. Management described how feedback and complaints were analysed and improvement actions added to the Continuous Improvement Plan. Improvements were subsequently evaluated in consultation with consumers and representatives individually, at monthly meetings and through surveys and 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 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives and staff said, at times there had been a shortage of staff due to unplanned leave, however, care had not been adversely impacted, and staffing numbers have recently improved. Staff said they always prioritised consumers’ care and apologised when call bell response times were extended. Management said the service relied on permanent staff, regular casual staff and occasionally utilised agency staff. Management explained they regularly reviewed the roster to ensure they had an adequate number and skill mix of staff to meet consumers’ needs. Management described different strategies in place to manage planned and unplanned staff leave. The previous fortnight’s roster demonstrated all vacant shifts were replaced across the reviewed period.

Consumers and representatives said staff engaged with them in a respectful, kind and caring manner and were gentle when providing care. Staff demonstrated an in-depth understanding of individual consumer’s needs and preferences, and this aligned with the care planning documents, direct observations and interview responses. Staff were observed to engage with consumers and their family members in a respectful and personable manner. The service had policies and procedures to guide staff in providing respectful and culturally safe care.

Consumers and representatives felt staff were skilled in their roles and competent to meet their care needs. Staff said they were well supported by management and provided with suitable training upon commencement and thereafter. Management said they ensured staff were confident and competent to commence working independently in their roles once a period of buddy shifts was completed. Management showed how the recruitment, induction process and ongoing training ensured staff were competent, qualified and knowledgeable to effectively perform their roles.

Consumers and representatives reported they were confident in staff training, abilities and practices. Staff said they were well supported by management and the education team and described how they had regular mandatory training and could access additional training, as needed. Management demonstrated how they recruited, trained, and supported staff to deliver the outcomes required by the Quality Standards. Training records showed management had visibility of the completion of training for all staff members, with plans to address overdue mandatory training.

Management said staff competency and performance was assessed regularly and the service was up to date in conducting annual performance appraisals. Staff said their performance was monitored through educational competencies, annual performance appraisals, training, and general observations. Staff demonstrated a strong understanding of their performance expectations and felt supported in their roles. The service had a suite of documented policies and procedures related to monitoring staff performance and the performance management of staff when issues were identified.

# 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 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said the service was well run and they had ongoing input into how their care and services were delivered such as through the monthly ‘resident and representative’ meetings. The service had effective systems to engage with consumers in the development, delivery and evaluation of care and services including a quarterly consumer experience survey used to monitor improvements to the service and inform the governing body.

Management described how the Board promoted a culture of safe, inclusive and quality care and services. Management said the clinical governance committee reported to the Board about issues such as complaints and incident trends, serious incidents and quality improvements at the service. Meeting minutes demonstrated the governing body received a wide range of reports and ensured the service was providing safe, inclusive and quality care and services.

Management and staff detailed the effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management described how they engaged with the Board in relation to financial management and any changes to aged care legislation. Opportunities for continuous improvement were identified through monthly audits, complaints, and consumer experience surveys. Consumers and representatives were satisfied the service encouraged feedback and complaints to inform continuous improvement. Documented policies and procedures supported the governance systems and staff were familiar with these policies.

Management provided the documented risk management framework and detailed the risk management systems in place for monitoring and managing high impact or high prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Data related to risks was recorded in the risk register, reported to management and the Board, and used to inform continuous improvement. Staff were aware of these policies and could explain the key areas of risk at the service, management strategies, and reporting responsibilities.

Management explained the service had a clinical governance framework which included documented policies informing delivery of clinical care including antimicrobial stewardship, minimising the use of restraint and use of open disclosure. Staff said they had received training on these policies and could describe how they applied them in their day-to-day work and give relevant examples.

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-1)