Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| Calvary St Joseph’s Retirement Community | 6 July 2022 |
| Commission ID: | Activity type: |
| 0576 | Site Audit |
| Approved provider: | Activity date: |
| Calvary Retirement Communities Limited | 9 May 2022 to 13 May 2022 |

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 St Joseph’s Retirement Community (**the service**) has been considered by E Woodley, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the assessment team’s report for the site audit, dated 20 May 2022; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.
* the provider’s response to the assessment team’s report received 3 June 2022.

# Assessment summary

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

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 2(3)(e) – Care and services are reviewed for effectiveness when circumstances change or incidents impact on the needs, goals, or preferences of the consumer.
* Requirement 3(3)(b) – The high impact or high prevalence risks associated with the care of consumers are effectively identified and managed.

Requirement 7(3)(a) – The workforce deployed enables the delivery and management of safe and quality care and services.

* Requirement 8(3)(c) – The organisation wide governance systems implemented at the service are effective in relation to information management and workforce governance.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | Compliant |
| 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

The Quality Standard is assessed as Compliant as six of the six specific requirements has been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team said staff were kind, respectful and treated them with dignity. Consumers interviewed indicated they are supported to exercise choice and independence. This was applicable to areas of personal care preferences, relationship maintenance, meal choices and activity attendance. The Assessment Team reviewed documented evidence relating to consumer support with spiritual care and cultural beliefs.

The service demonstrated it uses risk assessments to support consumers to live their best lives they can. This included medical officer review and fall prevention strategies to allow a consumer to continue to do an outdoor activity that they enjoyed. The Assessment Team observed that information is provided to consumers in a timely manner and consumers and representatives interviewed expressed no concerns regarding this. Consumers and representatives interviewed indicated that consumer privacy is respected and were able to provide examples to the Assessment Team. The Assessment Team observed the service had systems in place to ensure documents and computer files remained private and confidential.

I find the following requirements are Compliant:

Requirement 1(3)(a)

Requirement 1(3)(b)

Requirement 1(3)(c)

Requirement 1(3)(d)

Requirement 1(3)(e)

Requirement 1(3)(f)

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | Non-compliant |
| 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. | Non-compliant |

## Findings

The Quality Standard is assessed as Non-compliant as one of the five specific requirements has been assessed as Non-compliant.

The Assessment Team found that overall, care and services are reviewed regularly, including by registered nursing staff. However, the Assessment Team found that review of consumer pressure injury wounds and skin integrity care was not effective in identifying strategies to minimise risk of further pressure injuries. For three consumers, wound reviews were not effective in managing deterioration and promoting healing of the consumer’s pressure injury. Documentation indicated limited investigation of the cause of the pressure injuries to mitigate risk of further injuries. For two of these consumers, they developed subsequent pressure injuries. For one consumer who has recently lost weight, while they were commenced on a food monitoring chart, this was not consistently being completed. The Assessment Team found review of the consumer’s care including food charts was not completed to identify ongoing or further interventions required to manage weight loss.

The Approved Provider’s response provides some additional information on action taken prior to the Site Audit to prevent and manage pressure injuries and skin integrity. This includes further monitoring, review, and consultation regarding wounds for some of the consumers identified in the Site Audit report.

However, at the time of the Site Audit the service did not demonstrate review of consumer care and services were consistently effective in ensuring effective wound management, maintenance of skin integrity, and weight management.

I find the following requirement is Non-compliant:

Requirement 2(3)(e)

The Assessment Team’s review of care documents demonstrated assessment and planning of consumer care and services considers risks to the consumer’s health and well-being, and identifies and addresses consumer’s needs, goals, and preferences. This included for advanced care planning and end of life planning.

The service demonstrated there is a process for assessment, planning and review of care involving the consumer, their representative, and other organisations or providers of care and service as appropriate. The service demonstrated there is ongoing consultation and discussion with consumers and/or their representative regarding the consumer’s wishes and preferences, including for end of life care. Most consumers and representatives interviewed were satisfied with their involvement in care assessment and planning. However, one representative said there had been issues with the undertaking of a requested a case conference to discuss their consumer’s care, as they had been unable to attend the originally scheduled date, and this had not been rescheduled.

While some consumers and representatives interviewed did not recalling receiving a copy of the consumer's care plan, the service demonstrated that care plans are offered and/or are available to consumers and their representatives. A review of consumer care files indicated that a copy of the care plan has been offered during case conferences.

I find the following requirements are Compliant:

Requirement 2(3)(a)

Requirement 2(3)(b)

Requirement 2(3)(c)

Requirement 2(3)(d)

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | Non-compliant |
| 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. | Non-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

The Quality Standard is assessed as Non-compliant as one of the seven specific requirements has been assessed as Non-compliant.

The Assessment Team identified gaps in the effective management of some high impact or high prevalence risks for consumers including pressure injury risk, wounds, and weight loss. For five consumers, wound monitoring and documentation was not effective in monitoring for healing or deterioration of wounds. Wound monitoring did not consistently include measurements or a readable wound ruler. Documentation indicated limited investigation of the cause of the pressure injuries to mitigate risk of further injuries. For two of these consumers, they developed subsequent pressure injuries. For one consumer who has recently lost weight, monitoring of food intake was not effective in identifying ongoing or further interventions required to manage risk of further weight loss.

The approved provider’s response indicates that wound monitoring and escalation for consumers was generally in in with the service’s guidelines. However, this was not consistently effective in managing associated risks and preventing risk of further injuries.

I find the following requirement is Non-compliant:

Requirement 3(3)(b)

Most consumers and representatives interviewed by the Assessment Team were satisfied with the personal and clinical care delivered by the service. Consumers and representatives for consumers prescribed psychotropic medication indicated they are consulted and informed about the use and potential side effects of the medication. The Assessment Team identified gaps in staff practice and understanding regarding the use of as required chemical restraint. However, the approved provider’s response demonstrated non-pharmacological interventions to manage behaviours were used prior to administration of chemical restraint for the consumer identified in the Site Audit report.

The Assessment Team found that the service has systems in place for effective palliative care and end of life care. A review of care documents for one consumer who had recently received end of life care at the service demonstrated appropriate care was provided including increased monitoring, frequent repositioning, mouth care, eye care and skin care.

The Assessment Team found that overall, deterioration or change of a consumer’s condition is recognised and responded to in a timely manner. Representatives interviewed by the Assessment Team indicated that staff were very responsive and alerted them if there were any changes in their consumer’s condition. A review of clinical files, progress notes and interviews with staff demonstrated that information regarding consumer’s care needs and preferences is available to guide staff in providing care. The information sharing process includes shift handovers between staff in each wing of the service and written communication and documentation methods. A review of consumer’s clinical documentation indicated there are referrals to relevant providers of care and services which are undertaken in a timely manner. These include services such as stoma specialist, wound consultants, dementia specialists, speech pathologist and dietician.

The service has strategies to manage and minimise infection related risks. Staff interviewed by the Assessment Team were able to describe how they use standard and transmission based precautions to prevent and control infection, and promote appropriate antibiotic prescribing and use. Minimisation of infection related risks was observed in staff practice.

I find the following requirements are Compliant:

Requirement 3(3)(a)

Requirement 3(3)(c)

Requirement 3(3)(d)

Requirement 3(3)(e)

Requirement 3(3)(f)

Requirement 3(3)(g)

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | Compliant |
| 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements has been assessed as Compliant.

Consumer and representative feedback indicated satisfaction with care and services for daily living from knowledgeable staff. Consumers described a diverse range of ways the service provides for their individual needs and preferences to enhance their quality of life. Staff interviewed were able to describe consumer needs and preferences that were consistent with consumer care plans which provides individualised support for daily living.

Consumers interviewed expressed their emotional, spiritual, and psychological wellbeing is supported. Some of the examples provided by the consumers included links to pastoral care and being assisted to keep connected to loved ones. One consumer interviewed spoke positively about being assisted to maintain relationships from various areas within the service. Many consumers had access to the things that interest them including outings, gardening, and organised social groups.

Overall, most consumers were happy with the meals provided. Feedback from consumers was mixed regarding the quality of the food and one representative said more culturally diverse food could be provided. However, the meals provided are varied, tailored to consumer needs, and consumers are offered alternatives when requested. Consumers also have access to snacks between meals.

Consumers interviewed said staff know and understand their needs and preferences regarding services and supports for daily living. Staff explained that they are kept up to date with any changes in consumer’s needs via handovers at every shift, from the registered nurse and updates in the electronic care planning system. The Assessment Team found that appropriate equipment for supporting activities of daily living was clean, readily available, used correctly, and in good working order.

I find the following requirements are Compliant:

Requirement 4(3)(a)

Requirement 4(3)(b)

Requirement 4(3)(c)

Requirement 4(3)(d)

Requirement 4(3)(e)

Requirement 4(3)(f)

Requirement 4(3)(g)

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | Compliant |
| 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

The Quality Standard is assessed as Compliant as three of the three specific requirements has been assessed as Compliant.

The Assessment Team found the service had an environment promoting a sense of belonging for consumers. The service has incorporated dementia enabling design principles which provided consumers with free movement in a safe and clean service environment. The service environment is also designed to support consumers with functional and cognitive impairment using appropriate signage and symbols to help consumers navigate and have independence. In addition, consumers interviewed said they felt safe and at home with their rooms clean and decorated with their personal belongings.

The Assessment Team observed consumers moving freely around the service unassisted, using walkers and wheelchairs to access shared bathrooms, activity rooms and dining rooms. Furniture and fittings were mostly safe and clean and where improvements could be made the Service was able to provide evidence to show that it was scheduled for maintenance. Both consumers and staff were able to describe the process for maintenance requests and the maintenance supervisor explained the schedule process.

I find the following requirements are Compliant:

Requirement 5(3)(a)

Requirement 5(3)(b)

Requirement 5(3)(c)

**Standard 6**

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | Compliant |
| 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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Most consumers and representatives interviewed by the Assessment Team said they are encouraged and supported to provide feedback and make complaints. Consumers and representatives interviewed said they have been provided with information on how to provide feedback or make a complaint and felt they could access support to help them should it be required. Consumers and representatives said they are engaged in processes to address their feedback and complaints, and appropriate action is taken. However, one representative did not feel comfortable to raise complaints due to possible impacts to their consumer, and another representative did not feel open disclosure was used in response to an incident.

The service demonstrated information regarding advocacy, language services and other methods for raising and resolving complaints is made available to consumers.

The service demonstrated an effective feedback and complaint system that includes monitoring to ensure complaints are followed up and appropriate action is taken. Management and staff had an understanding of the principles of open disclosure and described how this informs their complaints management practice.

Management provided the Assessment Team examples of how feedback and complaints are reviewed and used to improve the quality and care of services. The service’s plan for continuous improvement demonstrated that feedback from consumers is utilised for improvement purposes.

I find the following requirements are Compliant:

Requirement 6(3)(a)

Requirement 6(3)(b)

Requirement 6(3)(c)

Requirement 6(3)(d)

**Standard 7**

|  |  |  |
| --- | --- | --- |
| Human resources | | Non-compliant |
| 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. | Non-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

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

Most of the consumers and representatives interviewed by the Assessment Team provided feedback that there was insufficient number of staff deployed to provide quality care and services. Most consumers and representatives interviewed said consumers often have long wait times when using their call bell. One consumer said this is usually more than 15 minutes before staff respond. Another consumer said insufficient staffing impacts on them having a daily shower, or a shower prior to breakfast which is their preference. One consumer and two representatives spoke of consumers being incontinent due to staff response times. One representative said staff are rushed and miss care needs such as providing additional fluids and ensuring the consumer has clean fingernails.

Staff interviewed said they sometimes miss breaks, work short staffed or work overtime to try and deliver quality care to consumers. Management interviewed indicated they do require staff to work overtime or extra shifts, or use agency staff to fill shifts. At the time of the Site Audit, the service was attempting to recruit new staff. Call bell response data reviewed by the Assessment Team indicated for the four months prior to the Site Audit, average call bell response times were longer than the service’s expectation.

The approved provider’s response includes evidence of additional workforce planning undertaken prior to and since the Site Audit to ensure sufficient number and mix of staff deployed. The approved provider’s response demonstrated that staffing hours around the time of the Site Audit were generally at or above the planned level, and average call bell responses around this period were under the service’s expectation.

While the service demonstrated workforce planning is undertaken, this was not demonstrated to be effective in ensuring the number and mix of members of the workforce deployed enables the delivery and management of safe and quality care and services.

I find the following requirement is Non-compliant:

Requirement 7(3)(a)

Consumers and representatives interviewed by the Assessment Team said staff are kind, caring and respectful to consumers. Staff interviewed spoke about consumers in respectful ways and the Assessment Team observed their interactions with consumers to be kind, caring and respectful.

The service demonstrated the workforce is competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. Management interviewed were able to describe the suite of mandatory staff competency assessments, and interviews and documents reviewed demonstrated effective monitoring and completion of these assessments.

The Assessment Team found the service has processes for recruiting, training, and supporting staff to deliver the care required by the Quality Standards, and the service uses feedback from staff, and their performance appraisal system to identify additional training required. Staff interviewed stated they have access to regular and ongoing training and education to support their needs. However, gaps were identified in staff practice in relation to some aspects of clinical care delivery. This included wound management and restrictive practice. One consumer and one representative interviewed said agency staff were not always aware of consumer’s preferences regarding care and services. One staff member interviewed did not know where to find information about a consumer’s preferences.

The approved provider’s response includes additional information about the service’s policies and procedures regarding aspects of clinical care delivery that indicates staff were generally acting in accordance with these. The approved provider demonstrated training on these areas had been delivered to staff prior to the Site Audit.

The Assessment Team found the service has processes in place to identify, assess, monitor, and review staff performance and capabilities. The Assessment Team found that the service was not up to date with staff performance appraisals. Management interviewed were aware the performance appraisal schedule was behind due to COVID-19 outbreaks and changes in management, and had planned a meeting to formulate an action plan to address this issue. The approved provider’s response indicated the service is on track for all performance appraisals to be completed by the end of June 2022.

I find the following requirements are Compliant:

Requirement 7(3)(b)

Requirement 7(3)(c)

Requirement 7(3)(d)

Requirement 7(3)(e)

**Standard 8**

|  |  |  |
| --- | --- | --- |
| Organisational governance | | Non-compliant |
| 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. | Non-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

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

The Assessment Team found the service has effective organisation wide governance systems in practice at the service in relation to continuous improvement, financial governance, regulatory compliance and governance of feedback and complaints. However, governance systems were not demonstrated to be effective in relation to information management and workforce governance. The Assessment Team found that staff do not have access to policies and procedures set by the organisation that have been reviewed regularly as current and effective. The approved provider’s response includes clarifying information regarding the policies and procedures not reviewed within timeframe, but acknowledges this was the case for some.

There were gaps identified in staff documentation of consumer’s personal and clinical care needs, and one staff member was unable to locate consumer’s preferences on the electronic care planning system. The service did not demonstrate workforce governance to be effective in ensuring the number and mix of members of the workforce deployed enables the delivery and management of safe and quality care and services.

I find the following requirements are Non-compliant:

Requirement 8(3)(c)

The service demonstrated that consumers are involved in the development, delivery and evaluation of their care and services through consumer meetings, food focus groups, and regular feedback and complaint information from consumers and representatives. Consumers are also invited to attend various meetings at the service, such as recruitment boards, improvement initiatives, and a consumer representative attends board meetings to provide advice. The service demonstrates it reviews and responds to feedback raised by consumers and takes actions to make changes and implement improvements.

Management interviewed described the organisational structure, and how lines of communication, and meetings assist the Board to keep track of the organisation’s systems and help drive quality and safe and effective care for consumers. The service undertakes regular audits to identify areas for improvement and test service performance in key areas. Information from these audits is investigated and collated into reports for management and the Board.

The service demonstrated risk management systems and practices in place to manage risks and incidents, identify and respond to abuse and neglect of consumers, and support consumers to live their best life. The service identifies deficiencies in care and services through audits, surveys, consumer and staff feedback and the analysis of incidents and clinical data. While organisational systems were not effective in managing wounds or skin integrity for some consumers, I have considered this in my assessment of Standard 3, Requirement 3(3)(b).

The service has a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff interviewed were educated on these aspects of care delivery, and staff practice was generally in line with these policies and procedures. The approved provider’s response demonstrated staff use non-pharmacological interventions to manage behaviours prior to administration of chemical restraint, and in order to minimise the use of restraint.

I find the following requirements are Compliant:

Requirement 8(3)(a)

Requirement 8(3)(b)

Requirement 8(3)(d)

Requirement 8(3)(e)

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)