Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Camberwell Gardens |
| Service address: | 15 Cornell Street CAMBERWELL VIC 3124 |
| Commission ID: | 3779 |
| Approved provider: | Menarock Aged Care Services (Victoria) Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 9 August 2023 to 11 August 2023 |
| Performance report date: | 14 September 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 Camberwell Gardens (**the service**) has been prepared by J. Miaris, 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 staff, consumers, representatives and others.
* the provider’s response to the assessment team’s report received 7 September 2023.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said consumers were treated with respect and dignity, and their culture and diversity were valued. Staff explained how they referred to information in care planning documentation to ensure care was delivered in line with consumers’ identity and cultural needs. Documented organisational processes were in place which outlined consumers’ rights to privacy, respect, dignity, and choice.

Consumers and representatives said the service delivered care and services tailored to consumers’ needs, and considered staff valued consumers’ culture and diversity. Staff explained ways they provided culturally safe care and services, which aligned with care planning documentation.

Consumers and representatives considered consumers were supported to exercise choice and independence, including their preference of how care and services were delivered, and who should be involved. Consumers and representatives advised consumers were supported to communicate their decisions and maintain relationships. Staff explained how they supported consumers in making decisions, and care planning documentation reflected consumers choices and ways to support them.

Consumers said they were supported to live the best life they can, and described how the service supported them to take risks. Management and staff identified risks associated with consumers choices, and explained the risk mitigation strategies in place to support consumers in doing the things they wanted to do. The service had policies, procedures, and risk management systems in place to guide staff in the assessment of risks, and ways to respect consumers dignity and choices.

Consumers and representatives said consumers received timely and easy to understand information which assisted them to make informed choices. Management and staff explained how they communicated information in a clear and timely manner to meet the diverse needs of consumers. Information was observed throughout the service environment to support consumers choices.

Management and staff described ways they respected consumers’ privacy, such as knocking on a consumer’s door before entering. Staff explained how they maintained the confidentiality of personal information, and were observed respecting consumer’s privacy and following privacy protocols.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is compliant as 5 of the 5 Requirements have been assessed as compliant.

Management and staff explained how assessment and planning processes considered risks to consumers’ health and well-being, to inform the delivery of safe, effective care and services. Management said medical officers and other allied health professions were involved in care planning to assist with the identification of potential risks when required. Care planning documentation demonstrated individual risks to consumers were assessed using assessment tools and included risk mitigation strategies.

Consumers and representatives advised, and care planning documentation demonstrated consumers current needs, goals, and preferences, including advance care and end of life wishes were identified and considered. Management and staff advised advance care and end of life planning was discussed with consumers and representatives upon admission to the service, during regular case conferences, or at other times as required.

Consumers and representatives said they are contacted regularly by the service and are involved in ongoing assessment and planning relating to consumers’ care and services. Documentation demonstrated consumers, representatives, and other providers of care were involved in the assessment and planning of consumers care and services.

Consumers and representatives reflected the outcomes of assessment and planning were communicated to them, they could provide feedback, and have been offered a copy of the care plan. Staff described the processes in place and ways they communicated the outcomes of assessment and planning.

Consumers and representatives advised care and services were regularly reviewed for effectiveness and were notified of circumstances requiring an updated review of consumers’ care plan. Staff explained care and services were reviewed on a 3-monthly basis or when there was a change in consumers’ circumstance or an incident occurred, which was evidenced in care planning documentation.

# Standard 3

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

Findings

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives considered consumers received personal and clinical care which was safe, and tailored to consumers’ needs and preferences. Staff described how they supported the delivery of personal and clinical care in line with consumers’ needs and preferences, consistent with documented strategies in care planning documentation. The service had policies and procedures in place to guide staff in the delivery of best practice care.

Care planning documentation evidenced high impact, high prevalence risks were considered through assessment processes, with referrals to specialists completed as necessary to help inform risk mitigation strategies, and were monitored and evaluated regularly, for example, falls management. Staff identified the high impact, high prevalence risks associated with consumers care, and described how they managed these risks.

Management and staff explained how they supported consumers nearing end of life, for example, undertaking assessments, and engaging external medical and palliative care services to ensure consumers were comfortable. Care planning documentation demonstrated regular review and monitoring for signs of pain or discomfort, and involvement of consumer’s representatives and medical officers.

Consumers and representatives considered deterioration or changes in consumers health was identified and responded to in a timely manner, which was reflected in care planning documentation. Staff explained how they would respond to deterioration in a timely manner, and were guided by policies and procedures in the management of clinical deterioration.

Staff described ways they documented and communicated information about consumers within the service and with others responsible for care, such as through referrals, email communication, and shift handover processes. Staff were observed communicating information about consumers to support the delivery of care, consistent with staff feedback.

Consumers and representatives feedback reflected that the service referred consumers to appropriate providers and other organisations in a timely manner, which was evidenced in care planning documentation. Staff explained processes in place to refer consumers to other external providers of care.

The service had an infection prevention and control lead to assist with infection prevention and control audits, including education. Staff demonstrated an understanding of infection prevention and control, and antimicrobial stewardship. The service had policies, procedures, training, and an outbreak management plan to guide staff on the minimisation of infection related risks.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives considered consumers received services and supports that met their needs, goals, and preferences. Staff explained how assessment and planning processes identified consumers lifestyle and leisure preferences, and care planning documentation outlined ways to support consumers. Staff demonstrated knowledge of consumers’ needs and what was important to them, and described how they supported consumers to maintain a good quality of life.

Consumers and representatives said consumers emotional, spiritual, and psychological needs were supported and consumers can stay in touch with representatives or friends for comfort and emotional support. Staff explained how information relating to consumers’ choices, needs and preferences and emotional and spiritual needs are recorded upon admission and updated. Care planning documentation was consistent with consumer feedback, detailing individual emotional support strategies and how these were implemented.

Consumers said they were supported to participate within their community inside and outside of the service, have social and personal relationships, and do things of interest to them. Staff demonstrated knowledge of consumers interests, and social and relationships important to them, and described ways they supported consumers. Care planning documentation contained information about consumers social participation, personal relationships, activities and things of interest.

Staff outlined ways they shared information internally and externally to keep informed of the changing conditions, needs and preferences of each consumer, such as verbal and documented shift handovers. Consumers said they did not have to repeat the same information to staff. Care planning documentation contained information to support the delivery of care and services.

Consumers said, and documentation demonstrated referrals for other care and services were completed in a timely and appropriate manner. Staff explained how the service worked with external organisations and providers to supplement lifestyle services and supports, meeting consumers diverse interests and needs, such as bus trips and dog therapy.

Consumers and representatives feedback reflected that meals were of varied, suitable quality and quantity. Staff advised consumers were offered choices and provided input into the menu. Documentation reflected consumers dietary needs and preferences and how consumer dietary changes are communicated.

Staff described the processes in place to maintain the safety and cleanliness of equipment, such as conducting regular inspections on all equipment. Documentation reflected that preventative and reactive maintenance for equipment were up to date. Equipment used for daily living was observed to be clean and well maintained.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is Compliant as 3 of the 3 Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement 5(3)(b) not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report, and the provider’s response and my findings are:

Regarding Requirement 5(3)(b), I have considered the following as relevant. The site audit report found the service did not enable all consumers free movement indoors and outdoors, in relation to consumers that used mobility aids and the functionality of the service’s main entry door, which was difficult for consumers to open independently, when the door was locked between the hours of 3:00pm to 8:00am and required a code to unlock the door. Documentation detailed concerns with opening the door after it was unlocked, due to the brief time allowed to physically pull the heavy door open before it automatically locked again. The consumers concerned advised they received assistance to open the door from either staff, or others such as a family member or taxi driver. No consumers considered the timed door mechanism restricted them, and stated it was an inconvenience waiting for assistance, however, it was always provided. Staff advised consumers were able to access any area within the service environment and were provided assistance as required.

In response to feedback raised by the Assessment Team, management advised they were aware of feedback raised by consumers prior to the site audit, and actions were underway to extend the timeframe before the entry door automatically locked, which was documented on the plan for continuous improvement log and documentation evidenced planned works to update the main entry door to an automated opening mechanism.

The Approved Provider’s response acknowledged feedback raised in relation to the time required to navigate through the service’s main entry door and explained that the heaviness of the door was due to building safety requirements. The response advised improvements have been made to allow for easier navigation, such as greasing the entry door hinges and extending the timeframe of the door lock mechanism. Entry to the service during locked hours was revised to 5:00 pm to 7:00 am, with documentation evidencing consumer consultation and feedback reflecting positive improvements.

I acknowledge deficiencies raised in relation to access and ease of use associated with the service’s main entry door. However, I have placed emphasis on the overall feedback provided by consumers, which reflected they were supported to navigate through the main entry door by way of intercom access or staff assistance and were not restricted. The service has implemented changes to ensure the door mechanics are optimal for all consumers and positive feedback provided by consumers in relation to the improvements undertaken by the service and monitoring processes in place to evaluate the effectiveness of the changes. Therefore, based on the balance of evidence before me, I find Requirement 5(3)(b) compliant.

I am satisfied the remaining 2 Requirements in Quality Standard 5 are compliant.

Consumers and representatives said the service environment was welcoming, felt like home, and was designed in a way to optimise consumers’ independence, interaction, and navigation. Staff explained how they assisted consumers to mobilise. The service environment was observed to have wide unobstructed hallways, signage, and sufficient lighting to assist consumers navigation. The service environment had multiple communal areas for consumers to socialise, and consumers’ rooms were personalised.

All areas of the service environment, furniture, fittings, and equipment were observed to be safe, clean, and well maintained. Consumers said their rooms are clean, well maintained and the fittings in their room were working and were fixed promptly when maintenance was required. Staff explained the processes in place for documenting, reporting, and attending to maintenance issues in a timely manner, including reactive and preventative maintenance. Documentation and observations demonstrated maintenance and cleaning of the service environment, furniture, fittings, and equipment were completed in accordance with schedules.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers, representatives, and staff outlined ways consumers and others were encouraged and supported to provide feedback or make a complaint. Management explained the various mechanisms in place to support and encourage feedback and complaints, such as surveys, care planning evaluation conversations, meetings, and direct feedback. Information was observed throughout the service environment to encourage consumers and others in providing feedback or complaints.

Consumers and representatives said they were aware of other ways to raise concerns or feedback, such as through advocacy services. Management and staff referred to external resources available to consumers in providing feedback or complaints. In addition, management and staff advised there were a number of staff who spoke different languages to assist linguistically diverse consumers. Documentation, such as the consumer handbook and meeting minutes evidenced consumers were informed of external advocacy services to make a complaint.

Consumers and representatives said when things went wrong, or made a complaint, staff apologised, communicated well, and acted promptly to resolve the issue. Management and staff demonstrated knowledge of open disclosure principles and explained what they would do to resolve concerns in an appropriate manner, such as communication, investigation, and evaluation. Documentation evidenced complaints were addressed using an open disclosure process, in line with policies and procedures.

Management explained how feedback and complaints were reviewed to inform improvements to the quality of care and services from various sources, such as meetings, and the feedback and continuous improvement register. Consumers and staff provided examples of improvements made as a result of consumer feedback, at an individual and whole of service level, which was evidenced in documentation.

# Standard 7

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

Findings

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said the service had adequate staff to meet the needs of consumers. Staff said the service had the right number and combination of staff to deliver quality care. Management demonstrated how the workforce is planned to enable a suitable number and mix of staff to support the delivery of safe, and quality care and services to consumers and explained they have a pool of casual staff and access to agency staff to fill vacant shifts.

Consumers and representatives said staff were kind, caring and gentle when providing care. Staff said they are respectful of each consumer's identity, culture, and diversity, which was observed. Staff said they have received training on the topic of culture and diversity and demonstrated an awareness of consumer needs and preferences which aligned with consumers care planning documents.

Management outlined processes in place to ensure the workforce was competent, qualified, and knowledgeable. During recruitment processes, staff are required to meet minimum qualification and registration requirements, and have checks completed as per position descriptions. Documentation demonstrated the service monitored qualifications, registrations, and checks. Staff were supported to be competent and have the required knowledge through recruitment onboarding and induction processes, and training.

Management explained the workforce was supported through various training and professional development opportunities and identified areas of improvement through analysing incident and complaints trends. Staff considered they were supported through training sessions and were able to request additional training if required. The service had a documented training program that included mandatory training and demonstrated the workforce is satisfactorily recruited, trained, equipped, and supported.

Management advised, and staff confirmed the service had a probationary and ongoing performance review system in place. The service had formal and informal processes for monitoring and reviewing the performance of each staff member, which include day to day monitoring and formal documented performance reviews of the workforce, regular assessment, monitoring, and review, which were in line with policies and procedures.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement 8(3)(c) not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report, and the provider’s response and my findings are:

Regarding Requirement 8(3)(c), I have considered the following as relevant. The Site Audit report found the service’s regulatory compliance governance systems failed to identify, review and implement alternatives to environmental restrictive practices prior to the Site Audit. Deficiencies were raised in relation to some consumers finding it difficult to navigate through the service’s main entry door access, and found it was a form of environmental restrictive practice. The consumers concerned were not identified as being subject to environmental restrictive practice, and did not have the appropriate documentation in place, such as informed consent and consideration of risks and alternative practices. However, it was noted the consumers had behaviour support plans in place for environmental safety. The service’s planned improvements, risk assessment and hazard register were updated during the Site Audit to include further assessment and physiotherapist reviews for consumers with mobility considerations who required access to the main entry door.

The Approved Provider’s response acknowledged feedback raised in relation to the service’s main entry door, however, clarified the main entry door locking system was designed to ensure the safety and well-being of consumers, and was not intended to influence the behaviour of consumers concerned. Supporting evidence provided additional context to the consumers’ mobility and preferences and clarified consumers had been assessed as being able to leave the service independently without supervision. Behaviour support plans and allied health professional assessments evidenced risks were considered with strategies in place to support consumers to leave the service independently, assessments identified that the consumers concerned were able to operate the service’s main entry door, with the response advising staff were available to assist as required.

In relation to regulatory compliance governance, the service provided documentation which satisfactorily demonstrated appropriate systems were in place to identify, monitor, and review restrictive practices. The response provided evidenced improvements undertaken to support consumers free access within and outside the service environment, such as staff training and education, and practical solutions to support consumers ease of access through the main entry door as detailed under Requirement 5(3)(b).

Based on the totality of evidence presented, I find there is limited grounds to substantiate the deficiencies raised about the main entry door were indictive as a form of environmental restrictive practice. I have placed emphasis on consumer and staff feedback, which reflected consumers were supported to access and navigate through the main entry door, and positive feedback received about improvements to the main entry door. Furthermore, evidence was brought forward which provided clarification about the consumers’ mobility and preferences, and assessment of risks associated with using the main entry door during locked hours, which was not indicative as a form of environmental restraint. I have noted other evidence in the Site Audit report which demonstrated environmental restrictive practices was considered in line with legislative requirements for other consumers, such as those residing in the service’s secure environment. Therefore, on balance of the evidence before me, I find Requirement 8(3)(c) compliant.

I am satisfied the remaining 4 Requirements in Quality Standard 8 are compliant.

Consumers and representatives said they could provide feedback about care and services through various ways, such as meetings and speaking directly with management or staff. Management described and provided examples of changes made in response to consumer feedback and documentation demonstrated consumers were actively supported to provide input into the design and delivery of care and services.

The governing body demonstrated accountability for the delivery of quality, safe care and services through various mechanisms, such as organisational structures and reporting lines, meetings, committees, and reviewing and analysing consolidated reports relevant to the service’s performance. Documentation demonstrated audits and reports were reviewed by the board to maintain oversight and inform improvements to the delivery of quality care and services.

Documentation demonstrated risks were identified, reported, escalated, and reviewed by management at the service level through meetings, advisory committees and by the governing body to analyse and identify issues or trends. Management and staff explained how they would identify and respond to allegations of abuse or neglect. Consumers were supported to live their best life through consultation and risk assessment processes, as evidenced in care planning documentation.

The service had policies, procedures, training, clinical data analysis and reporting, and other tools that supported the clinical governance framework. Management and staff provided examples relevant to their role of how they managed and maintained oversight of antimicrobial stewardship, minimising the use of restraint, and open disclosure.

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