Performance

Report

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| Name of service: | Carino Care at Oatley |
| Service address: | 7-11 Mimosa Street OATLEY NSW 2223 |
| Commission ID: | 2163 |
| Approved provider: | Carino Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 13 December 2022 to 15 December 2022 |
| Performance report date: | 24 January 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 Carino Care at Oatley (**the service**) has been prepared by K. Spurrell, 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.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives said they are treated with dignity and respect, and their identity, culture and diversity are appreciated and valued. Staff described how they treat consumers with respect by acknowledging their choices and building rapport by spending time to understand their background, life history and needs. Staff were aware of consumers from diverse cultural backgrounds and could explain how this influences their care and services. Care planning documentation reflected the diversity, background and personal preferences of consumers.

Consumers and representatives confirmed the service recognises and respects their cultural background and provides care that is consistent with their cultural traditions and preferences. Staff identified consumers from a culturally diverse background and were familiar with each consumers’ care needs which aligned with information detailed in their care plans. The service has a cultural needs policy to guide staff practice in relation to culturally safe care.

Consumers and representatives said they are given choice about how and when care is provided, and their choices are considered and respected by staff. Staff described how they support consumers to make choices, maintain independence and relationships of choice. Care planning documentation identified consumers’ individual choices around how and when care is delivered, who is involved in their care and how the service supports them in maintaining relationships that are important to them. The service’s person-centred care framework evidenced that consumers are supported to exercise choice and independence.

Staff demonstrated they are aware of risks taken by consumers, and said they support the consumer’s wishes to take risks to live the way they choose. Consumers described how the service supports them to take risks and could recall engaging in discussions about how to safeguard risks they choose to take. The service has a dignity of risk policy which outlines the service's approach to allowing consumers to make informed choices and in doing so, take a calculated risk.

Consumers described how they were informed of how to make choices, and how they were supported to understand that information. Staff described different ways in which information is provided to consumers, in line with their needs and preferences such as using communication cards to communicate with consumers with significant hearing impairments or unable to communicate. The service provided and displayed information throughout the service to inform and support consumers to exercise choice.

Consumers said they felt the service was considerate of their privacy and had no concerns about the confidentiality of their personal information. Staff described practical ways they respect personal privacy of consumers at the service such as ensuring consumers receive care in line with their privacy preferences such as being attended to by a female carer for personal hygiene care. The service has protocols in place to protect consumer privacy.

# 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

Requirement 2(3)(a) was found non-compliant following a Site Audit from 9 December 2020 to 11 December 2020 as the service was not able to demonstrate that assessment and planning included the consideration of risks to consumers’ health and wellbeing; risks had not been clearly identified to inform the delivery of safe and effective care, particularly in relation to the effective management of wounds, medication, and challenging behaviours.

Evidence brought forward in the site audit report dated 13 December 2022 to 15 December 2022, shows the service has implemented improvements to address non-compliance. Consumers are assessed prior to admission to determine if it can support consumers with complex behaviours adequately. A new clinical nurse has been recruited to help address deficits in wound and pressure injuries; consumers and representatives said they are involved in the care planning process and staff described care planning processes which informs the delivery of safe care and services.

Consumers and representatives said they are involved with assessment and planning of care through regular discussions with staff during admission, care plan reviews or when circumstances change. Staff described how end of life planning is discussed when the consumer is deteriorating or when the consumer or representative wishes. Accurate consumer information was observed in care planning documentation including for advance care and end of life preferences. The service has policies and procedures regarding advanced care planning to guide staff to undertake assessment of consumers current needs, goals and preferences.

Consumers and representatives explained who was involved in their care, this aligned with information reflected in care planning documentation showing regular care plan evaluations and review, and the involvement of a diverse range of external providers and services such as specialists, nurse practitioners, medical officers, physiotherapists, podiatrists, dietitians and speech pathologists. Staff described the importance of consumer-centred care planning and explained how they actively collaborate with consumers, representatives, and other providers to ensure quality care.

Consumers and representatives said the service maintains good communication with them, regarding ongoing care reviews and when any changes occur. Staff described regular and ongoing case conferences where assessments and care plans are reviewed by clinical and lifestyle staff, management, medical officers, and the consumer and/or representative. Staff said consumers and/or their representatives are engaged in these conversations and are offered a copy of their care plan.

Requirement 2(3)(e) was found non-compliant following the site audit 9 December 2020 to 11 December 2020 as the service was not able to demonstrate that care and services were being regularly reviewed for effectiveness, and when circumstances changed, or incidents occurred as care planning documentation had not been consistently updated or reviewed. The site audit report dated13 December 2022 to 15 December 2022 evidences the service has addressed areas of non-compliance; management advised scheduled care plan reviews occur and the resident-of-the-day process triggers a detailed assessment of each consumer. Care planning documentation identified regular review of consumers care needs and strategies to minimise risks such as using a bed sensor for consumers at risk of falls.

# 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

Requirement 3(3)(a) was found non-compliant following the site audit 9 December 2020 to 11 December 2020 as the service was not able to demonstrate that each consumer received safe and effective personal and clinical care, specifically in relation to wound care. Evidence in the site audit report dated13 December 2022 to 15 December 2022 confirmed the service has addressed areas of non-compliance such as recruiting an additional clinical nurse to support clinical services particularly in relation to wounds care. Consumers said they receive safe and effective clinical care tailored to their individual needs, care planning documentation including progress notes, medication and monitoring charts reflected tailored care including for wound care, pain management and skin integrity. Staff described how they provide safe and quality care to meet the needs of individual consumers.

Requirement 3(3)(b) was found non-compliant following the site audit 9 December 2020 to 11 December 2020 as the service was not able to demonstrate that each consumer was adequately monitored for high impact risks, particularly in relation to skin integrity and medication management. The site audit report 13 December 2022 to 15 December 2022 identified the service has addressed non-compliances, including the benchmarking of clinical indicator data against industry standards and reporting clinical trends to the board for senior clinical oversight. Management described the high-impact or high-prevalence risks at the service, including falls. Clinical reports evidenced that incidents are recorded and reviewed by the clinical governance committee with an aim to trend, investigate and reduce incidents.

Care planning documentation included an advance care plan which aligned with consumer and representative wishes. Staff described how they approach conversations around end of life and how they care for palliative consumers through regular pressure area care, hygiene and comfort care and pain relief. Progress notes for a palliative consumer evidenced the consumer was regularly assessed for pain, provided with as required analgesia and regularly repositioned for comfort.

Requirement 3(3)(d) was found non-compliant following the site audit 9 December 2020 to 11 December 2020 as the service was unable to demonstrate that deterioration or changes in a consumers’ health status was recognised and responded to in a timely manner, particularly in relation to skin integrity and wound management. The site audit report 13 December 2022 to 15 December 2022 demonstrated the service has addressed identified non-compliances; care planning documentation evidenced the identification of, and response to, deterioration or changes in condition. Consumers and representatives said the service recognises and responds to changes in condition in an appropriate and timely manner. Staff explained how deterioration is recognised, responded to, documented, and monitored at the service.

Requirement 3(3)(e) was found non-compliant following the site audit 9 December 2020 to 11 December 2020 as the service was unable to demonstrate that all relevant information about the consumer’s condition was communicated within the service and to others responsible for consumer care, specifically in relation to catheter management and the identification and management of wounds. The site audit report 13 December 2022 to 15 December 2022 evidenced that information about the consumer’s condition, needs and preferences are documented and effectively communicated with those involved in the care of consumer. Care planning documentation and handover notes evidenced appropriate sharing of consumers’ information to support care and consumers said their care needs and preferences are effectively communicated between staff.

Care planning documentation and progress notes evidenced the input of others and referrals where needed. Consumers and representatives said referrals were timely, appropriate and occur when needed and consumers have access to a broad range of allied health professionals. Staff described a range of health support services available to consumers including allied health professionals such as medical officers, geriatricians, physiotherapists, and dietitians.

The service demonstrated that infection related risks are effectively managed including through the newly appointed infection prevention and control lead staff member. Staff described how they apply best practice infection control practices in their routine work and ensure antimicrobial stewardship through close monitoring of infections and working with the medical officer for the safe prescription of antibiotics. Consumers and representatives expressed confidence in the service’s ability to minimise and prevent infections and outbreaks.

# 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

Requirement 4(3)(a) was found non-compliant following the site audit 9 December 2020 to 11 December 2020 as the service was not able to demonstrate consumers with complex needs received effective care and support for daily living to optimise their independence, well-being, and quality of life as staff did not always have time to provide one-one-one activities. The site audit report 13 December 2022 to 15 December 2022 identified the service has addressed non-compliances, including increasing the number of care staff for all shifts and the introduction of a lifestyle activity workshop for the leadership team. Consumers and representatives confirmed they are supported to participate in activities they like, staff were familiar with each consumer’s needs which aligned with those specified in care planning documentation.

Consumers reported that their emotional, spiritual and psychological needs were supported, and they can stay in touch with family or friends for comfort and emotional support. Staff advised that consumer’s emotional, social and psychological needs can be supported in various ways such as facilitating connections with people important to them through technology, lifestyle staff support, church and religious services, and referrals to external emotional and psychological support specialists.

Consumers and representatives said consumers are supported to participate within and outside the service, keep in touch with people who are important to them and do the things of interest to them, care planning documentation aligned with information provided by consumers regarding their continued involvement in their community and maintaining personal and social relationships. Staff were familiar with supports provided for consumers to participate in the community or engage in activities of interest to them such as going on outings into the community for shopping or socialising.

Consumers and representatives said consumers’ needs and preferences are well communicated. Staff described ways in which they share information and keep informed of consumers’ condition, needs and preferences changes with each other through verbal and documented handover processes, communications books, information stored in the electronic care management system, staff meetings, and dietary folders. Care planning documentation provided adequate information to support safe and effective care as it relates to services and supports for daily living.

Consumers said they are supported by external organisations, support services and providers of other care and services. Care planning documentation identified a variety of referrals to external providers and services. Staff described how they engage a range of support organisations and providers to enhance consumers' experience at the service.

Consumers and representatives provided positive feedback on the variety, quality and quantity of food being provided at the service and consumers’ dietary needs and preferences are accommodated. Consumers described a choice of two meals daily and could request alternatives. Staff are knowledgeable on consumers’ needs with regards to nutrition and hydration, these were detailed in assessments and care planning documentation.

Requirement 4(3)(g) was found non-compliant following the site audit 9 December 2020 to 11 December 2020 as the service was not able to demonstrate that equipment provided to consumers is safe, suitable, clean and well maintained. The site audit report 13 December 2022 to 15 December 2022 identified the service has addressed non-compliances including the introduction of a resident-of-the day process, including equipment checks and cleaning of the consumer’s room and equipment; consumers reported having access to equipment, mobility aids, shower chairs and manual handling equipment, to assist them with their daily living activities. Equipment was observed to be suitable, clean and in good condition, with adequate stock in storage rooms.

# 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

Requirement 5(3)(a) was found non-compliant following the site audit 9 December 2020 to 11 December 2020 as the service lacked key dementia design principles for consumers living with dementia to maximise their sense of belonging, independence, interaction and function. The site audit report 13 December 2022 to 15 December 2022 identified the service has addressed non-compliances, including conducting renovations out to improve the living environment for consumers living with dementia. Consumers said the service environment is welcoming and allows for easy accessibility through various parts of the service and enhances their sense of belonging, observations confirmed the service is clean and designed using dementia-friendly principles.

Requirement 5(3)(b) was found non-compliant following the site audit 9 December 2020 to 11 December 2020 as the service was not sufficiently safe, clean, well maintained, or comfortable, key concerns related to general levels of cleanliness, safety such as cluttered lounge areas, and maintenance, including cobwebs on lights in hallways. The site audit report 13 December 2022 to 15 December 2022 identified that management has acted in response to the non-compliances, including introduction of a resident of the day process that is holistic and includes areas such as cleaning and maintenance of the consumer’s room. Consumers and representatives said the service is clean and well maintained and maintenance logs evidenced that cleaning occurs regularly.

Requirement 5(3)(c) was found non-compliant following the site audit 9 December 2020 to 11 December 2020 as the service was unable to demonstrate that furniture, fittings and equipment was sufficiently safe and clean to ensure comfort, safety and wellbeing of and suitability for consumers. The site audit report 13 December 2022 to 15 December 2022 identified that the service has addressed deficits previously identified, the service uses an external contractor service to maintain the preventative maintenance program and consumers confirmed they have access to a range of equipment aids which are maintained and cleaned regularly; equipment and furniture was observed to be in good condition 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

Consumers and representatives said they felt comfortable providing feedback or complaints to the service, there many ways to provide feedback and they felt comfortable doing so. Staff described processes to encourage and support consumers and representatives to provide feedback and make complaints such as at consumer meetings and focus groups; a range of flyers, brochures, and instructional documents for raising complaints were observed to be available around the service.

Consumers and representatives said they are aware of external complaints, language, and advocacy services available to them. Staff described the information and brochures available on advocacy organisations and language services available for consumers who may have difficulty communicating. Posters and flyers related to external advocacy services were observed displayed at the service.

Consumers and representatives said the service responds to and resolves their complaints or concerns when they are raised or when an incident has occurred. Staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. Complaint data showed action is taken and open disclosure is practiced by acknowledging the concerns, apologising, remaining transparent and resolving the issue whilst keeping the consumer informed.

Consumers and representatives reported that their feedback is used to improve services. Management described complaints and the actions taken in response, as well as how feedback and complaints have been used to information continuous improvement across the service. The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives.

# 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

The service demonstrated adequate staffing levels and mixes to meet the needs of the consumers. Consumers and representatives felt the service had sufficient staff to meet their care needs. Staff described how they ensure there is enough staff to provide safe and effective care by utilising a pool of casual staff and regular agency staff for unfilled shifts. Call bell reports evidenced that management monitor call bell response rates effectively, all delays in responding to call bells are investigated individually, no negative impacts to consumers were observed in relation to call bell response times.

Workforce interactions with consumers was observed to be kind, caring and respectful of each consumer's identity, culture and diversity. Consumers and representatives said staff are kind, caring and gentle when providing care. Staff were observed greeting consumers by their preferred name and demonstrated that they are familiar with each consumer’s individual needs and identity.

Requirement 7(3)(c) was found non-compliant following the site audit 9 December 2020 to 11 December 2020 as the service did not demonstrate that staff were sufficiently competent and/or had the qualifications and knowledge to effectively perform their roles, particularly in areas of complex behaviour management and skin integrity and wound care. The site audit report 13 December 2022 to 15 December 2022 identified the service has addressed deficits in relation to staff competency, consumers and representatives said staff are competent, and skilled to meet consumer care needs. Staff said they are confident the training provided has equipped them with the knowledge to carry out care and services for consumers and position descriptions specify key competencies and qualifications required in each role.

Requirement 7(3)(d) was found non-compliant following the site audit 9 December 2020 to 11 December 2020 as the service did not demonstrate that its workforce was equipped, supported and trained to deliver the outcomes required by the Quality Standards, including insufficient training provided and completed by staff, particularly in relation to skin integrity and wound care. The site audit report 13 December 2022 to 15 December 2022 identified the service has adequately addressed non-compliances, particularly in relation to skin integrity and wound management. Consumers and representatives stated staff have the appropriate skills and knowledge to deliver safe and quality care and services. The mandatory and essential education program including key topics such as manual handling, infection control and the serious incident reporting scheme was observed to be fully functional with training records evidencing all staff were up to date with their education. Staff said the service provides them with comprehensive training to support them to perform their roles effectively.

Staff outlined how their performance is monitored through annual performance appraisals, competency assessments, and mandatory education assessments. Management advised that all staff have completed their annual appraisal; performance assessment documentation was observed to be up to date. The service’s performance and disciplinary policy provides guidance on performance review process and disciplinary process.

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# Standard 8

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

Findings

Consumers and representatives said the service listens and responds to their suggestions and seeks input on a range of topics, such as the menu, lifestyle activities and care they receive at the service. Staff said consumers are engaged via various mechanisms including meetings, surveys, and committees. Management described how the service uses a digital communication platform to encourage input from consumers and representatives, in addition to consumer focus groups, resident and relative meetings and through regular care plan assessment and planning.

Management described an organisational structure which facilitates the oversight and governing of the delivery of quality care and services across the service. Review of monthly clinical indicators and quality meeting minutes evidence the occurrence of regular monitoring by the organisations governing body. The service has policies and procedures that promote a culture of safe, inclusive and quality care and services and is accountable in the delivery of care and services.

Requirement 8(3)(c) was found non-compliant following the site audit 9 December 2020 to 11 December 2020 as the service did not demonstrate effective information management as clinical quality indicators were not being recorded, analysed and managed accurately enabling the effective management of the service’s clinical risks. The site audit report 13 December 2022 to 15 December 2022 identified the service has addressed deficits in relation areas of non-compliance as clinical risks and indicators are now correctly aligned to enable governing body scrutiny over clinical risks at the service. Staff described processes and mechanisms in place for effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints Observations and documentation corroborated information contained in the service’s policies demonstrating that procedural information was translated into practice.

Requirement 8(3)(d) was found non-compliant following the site audit 9 December 2020 to 11 December 2020 as the service did not demonstrate effective risk management systems and practices associated with the care of consumers in relation to skin integrity, pressure injuries and wound management. The site audit report 13 December 2022 to 15 December 2022 identified the service has addressed deficits in relation to identified non-compliances; staff demonstrated an understanding of high-impact and high-prevalence risks at the service and were familiar with best practice care as per policies, staff demonstrated an understanding of consumers at risk and described measures they take to mitigate the risk. The service has policies, guidelines, and tools to support the identification, reporting, recording, and reviewing of serious incidents.

The service provided evidence of frameworks, policies, and guidelines in place to guide the effective management of practices in relation to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff demonstrated an understanding of these policies and knew how to apply them in their day-to-day work such as using alternative behaviour management strategies prior to considering the use of psychotropic medication. Management said staff were provided with training in relation to key areas of complex care including antimicrobial stewardship, minimising the use of restrictive practices and open disclosure and staff perform their duties in line with best practice.

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