Performance

Report

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| Name of service: | Castlemaine Health |
| Service address: | 142 Cornish Street CASTLEMAINE VIC 3450 |
| Commission ID: | 3401 |
| Approved provider: | Castlemaine Health |
| Activity type: | Site Audit |
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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 Castlemaine Health (**the service**) has been prepared by L Glass, 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.

# 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

All consumers interviewed confirmed they are treated with dignity and respect. Consumers provided various examples of what this meant for them, along with ways the staff value their identity, culture, and diversity. Staff demonstrated knowledge of individual consumers, describing their needs and goals and how they support consumers in meeting goals.

All consumers interviewed confirmed satisfaction with the care and services provided and agreed staff ensure their cultural requirements are met. The consumer’s living environment has been personalised including personal memorabilia and photos. The assessment team reviewed care plans documenting individual care needs specific to each consumer’s culture, religion and spiritual requirements.

All consumers interviewed confirmed the service supports them to make choices about their care and the way services are delivered. Staff described supporting consumers to maintain relationships and how they communicate decisions. Care plans reviewed document consumers’ wishes for representatives they would like involved in their care and how they would like their care delivered.

All consumers interviewed expressed satisfaction with the service enabling them to take risks and live the best life they can. Management advised each house in the facility is kept secure in the evening and opened early each morning enabling the consumers to independently leave the service based on negotiated risk assessments. Staff described assisting consumers to participate in activities of their choice. Care plans document discussions held with consumers and representatives around risk minimisation for activities the consumer wishes to engage in.

All consumers interviewed expressed their satisfaction with the service’s communication. Consumers are informed of daily lifestyle activities on offer with the monthly activities schedule displayed throughout the service. Staff said they remind the consumers before commencement of scheduled activities. The weekly menu is displayed in the dining rooms and consumers’ meal choices are collected six weekly. However, consumers can change their meal choices by forwarding their requests with twenty-four hours’ notice. Management has an open-door policy facilitating consumers’ discussion of health and care concerns. The assessment team observed flyers and notice boards containing information on the activities available and other relevant information on display.

All consumers confirmed they are satisfied their personal information is stored confidentially and their privacy is respected. Consumers said staff are very respectful when providing care and always ensure the door to their room is closed before care is delivered. Staff said care plan information is stored electronically on password-protected computers. The service has a suite of policies and procedures including the dignity of risk. Management advised they work individually with consumers if they have concerns about having their privacy breached.

# 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

All consumers and representatives interviewed were satisfied with the assessment and care planning processes used to inform the delivery of consumer care. Nursing and care staff demonstrated knowledge of consumers’ risks and described strategies used to ensure care is effective and minimises identified risks. Care documentation for reviewed consumers demonstrated care planning includes the use of validated risk assessment tools and confirmed regular monthly reviews are completed. Consumers and/or their representatives contacted to discuss any care concerns or changes in care needs and services.

All consumers and representatives confirmed they had participated in discussions about consumers’ current needs and preferences, including Advanced Care Directives (ACDs) and end-of-life planning. Clinical staff described processes for discussing ACDs and advised the medical practitioner works in partnership with clinical staff to inform and advise consumers and representatives if they have questions. Care documentation reviewed confirmed the service regularly consults with consumers and their representatives to discuss care plans including changes to care needs during the monthly ‘resident of the day’ reviews and the 3 monthly full care plan review. The assessment team observed completed ACDs and end-of-life preferences and goals were documented in electronic care plans.

All consumers and representatives interviewed confirmed they are included in the assessment and planning of consumers’ care. Representatives said they are contacted at least monthly to discuss any changes to the assessed care needs of consumers, discuss anything they consider could be done better, and provide feedback or raise any concerns. Clinical staff described how some consumers are in full control of the care and services provided including completing regular reviews of their own care plans. Care plans demonstrated assessments and planning includes input from other organisations for consumers with assessed needs.

All consumers and representatives agreed the service effectively communicates with them about the assessment and planning outcomes of consumers’ care. Representatives confirmed they have discussed outcomes of risk assessments with clinical staff and are offered opportunities to advise on anything they believe could be done better. Clinical staff advised and care plans reviewed confirmed monthly ‘resident of the day’ reviews and 3-monthly care plan reviews are completed for all consumers. Representatives are contacted to update them on care plan changes.

All consumers and representatives interviewed said they are kept informed regarding changes to consumers’ health, including when incidents occur. Representatives said the service contacts them whenever an incident occurs or following a change in the condition of a consumer. Clinical staff explained how care and services provided to consumers, are reviewed each month as part of the ‘resident of the day’ and includes, review of ‘as required’ (PRN) medication administrations, infections, falls, pressure injuries or skin tear, changed behaviours, weight loss or gain occurring within the last month and swallowing difficulties. A review of care plans confirmed consumers are referred to medical or allied health specialists for urgent review and assessment if changes to their care needs are identified.

# 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

All consumers and representatives confirmed they were satisfied personal and clinical care provided was safe, effective, and tailored to their needs. Consumers and representatives said clinical and care staff are great, they know what they are doing and give consumers the freedom to make choices. Care staff demonstrated an understanding of consumers and could describe the care that is individualised to meet identified needs. The assessment team reviewed wound management and observed wound care aligned with best practice. Wound charts contained a description, photographs and measurements that demonstrated wound healing was occurring. Clinical and care staff use verbal and non-verbal pain assessment tools to monitor the effectiveness of pain management strategies that use both non-pharmacological strategies and analgesia. Pain charts demonstrated consumer’s pain was well managed. Nursing staff discussed how the use of restrictive practices is identified through admission procedures, clinical assessment, ongoing observations, and review of medications. The service maintains a restrictive practice register that includes dates for consent review of psychotropic medications. Documentation reflects consumers’ clinical and personal care is reviewed and monitored for effectiveness during the monthly ‘resident of the day’ review. The service has a suite of regularly reviewed policies and procedures to ensure care provision aligns with best practice. The service has access to and regularly involves medical and allied health specialists to review and advise on the management of clinical care needs.

All consumers and representatives interviewed expressed satisfaction with the management of high-prevalence or high-impact risks. Falls and any escalating behaviour is identified as high-impact and high-prevalence risks. The service reviews impact to consumers and mitigates risks when identified.

All consumers assessed as at high risk for a fall are reviewed by a physiotherapist following entry to the service and following any fall. Staff described post falls management including the completion of vital signs and neurological observations if a fall was unwitnessed or involved a head injury, a repeat of the falls assessment tool, and a review by the physiotherapist. Clinical staff stated pressure injuries and wounds are not considered high-prevalence risks as there are very few consumers with wounds or pressure areas, and these are mainly present when consumers enter the service. A range of specialised nursing care requirements are utilised, supported by a nurse practitioner, allied health staff, and medical practitioners to ensure care provision meets best practice guidelines. Referral processes are in place for the prompt review of consumers with changed behaviours, swallowing difficulties, unplanned weight loss, or weight gain and the assessment of consumers at risk of a fall or following a fall.

The assessment team reviewed consumers with specialised nursing care needs including insulin-dependent diabetes, oxygen therapy, and indwelling catheters, and confirmed care was appropriate. The assessment team reviewed a suite of policies and procedures available to guide staff in the management of high-impact or high-prevalence risks.

Consumers and representatives confirmed clinical staff provide opportunities to discuss and document their ACDs and end-of-life goals and preferences. Clinical staff advised, if possible, discussions are commenced following a consumer’s entry to the service to enable them to identify resuscitation directives. At the 3-month full care plan review, the ACD is reviewed in conjunction with consumers and/or representatives. Medical practitioners contact families to discuss ACDs and assist them to complete the consumer’s goals and preferences. The service is supported by a palliative care team who can assist staff to hold difficult conversations with consumers and representatives and commence end-of-life pain management. Care documentation for consumers placed on a palliative approach care pathway demonstrate consumer’s wishes and preferences as documented in end-of-life care plans are respected.

All consumers and representatives said they were satisfied with the responsiveness of the service when there is a change in a consumer’s health status. Clinical staff described how deterioration or changes are identified, actioned, and communicated. Documentation reflects appropriate actions taken in response to deterioration or a change in a consumer’s health. Care staff described seeking immediate assistance from the nurse in charge and if required the after-hours manager when a deterioration is identified.

All consumers and representatives interviewed were satisfied that consumer needs and preferences are effectively communicated in a timely manner. Staff could describe how they access and refer to consumers’ progress notes, charts, and care plans for accurate consumer information and changes in condition. Clinical handovers between staff occur prior to the end of each shift with information about any changes to consumers discussed. Care workers said the clinical handover sheets are comprehensive and inform them about hygiene requirements, mobility, and transfers which assist them with the timely management of care provision. Care plans reviewed demonstrated the service captures information about each consumer’s health condition, needs, goals, and preferences with regular updates documented in progress notes.

All consumers and representatives confirmed their satisfaction with referrals to medical specialists, other health professionals, and external organisations when changes to medical conditions occur that require specialist review. Clinical staff described the referral process and confirmed access to specialists was timely, although due to the rural location sometimes this is available only through telehealth. The service has access to a wound consultant, continence nurse, palliative care specialists, on-call doctors from the co-located hospital, allied health staff and a range of external specialists.

All consumers and representatives said they were satisfied with the management of consumer infections and outbreak management procedures. Clinical staff and the infection control consultant described precautions taken to prevent and control infections and the interventions applied to minimise the use of antibiotics. The service has appointed 3 infection prevention and control leads who have completed the infection prevention and control lead training. A register of staff immunisations is maintained with staff offered COVID-19 boosters and influenza immunisations. Staff complete mandatory education in infection prevention and control, correct wearing of personal protective equipment and hand hygiene with regular audits completed to monitor infection prevention practices. The service participates in the quarterly medication safety and blood management committee meetings and the monthly preventing and controlling infections committee. A comprehensive infection prevention and control policy is available for staff to use as a resource. The service has a documented outbreak management plan to decrease the risk to consumers from acute respiratory infections.

# 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

All consumers interviewed were satisfied they receive services and supports which optimise their independence and quality of life. Staff described how the service supports consumers to maximise their independence and well-being. Care planning documentation identified consumer’s choices and provided information about the services and supports needed to help them to do what they like to do.

All consumers and representatives expressed satisfaction that the consumer’s emotional, spiritual, and psychological well-being is supported. Staff described how consumers are supported emotionally, spiritually, and psychologically at the service. Care planning documentation includes information on the consumer’s individual emotional, spiritual, and psychological needs.

All consumers and representatives were satisfied that the service provides adequate support for consumers to maintain relationships, participate in the community and do things that interest them. Staff could adequately describe the relationships and interests of consumers, both within and outside the service. Care planning documents contained information about consumer interests and family relationships.

Staff said they are informed about changes to consumer needs and that this is communicated through written notes, handover sheets and meetings. Documentation sighted confirmed staff are informed and information is communicated within the organisation.

Consumers and representatives confirmed referrals occur promptly, and document review indicated a range of services have been utilised. Staff liaise with volunteers, pastoral care, and local organisations such as community groups to meet the needs of consumers.

Consumers said they were satisfied with the variety, quality and quantity of meals provided. Care planning documentation reflects the dietary needs and preferences of consumers. This information is consistent with the menu card which staff said they use to stay informed of consumer dietary needs. Management described how the planned menu includes consumers' choices and a dietitian review. Changes in dietary requirements for individual consumers recommended by a dietitian or speech pathologist are communicated to relevant staff.

Staff were satisfied that they have access to suitable and well-maintained equipment. Equipment was observed to be clean, well-maintained, and available to meet the needs of consumers.

# 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

All consumers and representatives interviewed said they feel welcome and comfortable at the service. They commented that the living environment is welcoming with comfortable furnishings and that consumers are encouraged to decorate their rooms with personalised belongings that are reflective of their individuality. The service provides comfortable furnished communal areas, optimising consumer interaction and engagement.

Most consumers and representatives sampled commented positively on the way the buildings and gardens are well maintained and they feel safe and have access to the outdoor garden areas. Consumers were sitting in the courtyards reading, enjoying morning tea, and engaging with their visitors.

All consumers interviewed said the furniture, fittings, and equipment are well maintained and cleaned regularly, and when they need something repaired or cleaned, staff are responsive to their requests. Maintenance requests are logged via an electronic register and are actioned in a timely manner. The assessment team observed the maintenance team completing maintenance and repairs and the cleaning teams undertaking cleaning activities during the site audit.

# 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

All consumers and representatives interviewed said they are encouraged and supported to provide complaints and feedback. Consumers are encouraged to provide feedback through a variety of avenues; for example consumers are given feedback forms, attend meetings and the service has an open door policy for consumers to discuss concerns with key personnel. Feedback and complaints can be lodged via feedback boxes, online and email options, and all feedback and complaints are captured and recorded within the electronic complaints register. Management assign complaints to relevant staff for action. The assessment team observed secure lodgement boxes and complaints forms displayed in the front foyer of each house.

The assessment team observed information on advocacy and other external services available to consumers promoted within the service, including contact information for Aged Care Quality and Safety Commission complaints. Overall staff demonstrated an understanding of external services available to consumers to raise complaints and explained how they would support consumers and representatives to access these services. Consumers and staff interviewed said language services are not currently required however, staff demonstrated an understanding of language services available to consumers and how they would support access to these if required.

Consumers and representatives expressed satisfaction with how complaints are managed at the service. Staff demonstrated an understanding of open disclosure processes including being open and transparent with consumers and their representatives and apologising for mistakes.

Feedback from consumers and representatives indicated the service reviews their feedback and complaints to improve the quality of care and services. Management capture and record all feedback, complaints, and compliments within an online complaints management system. This allows identification of trends/common complaints, and the service uses the information as an opportunity for continuous improvement. ‘Resident and representative’ meeting minutes show management utilise these meetings to discuss feedback and work in consultation with consumers to make improvements.

# 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 effective systems are in place to ensure safe and quality care and services are provided. The assessment team review of the staff roster demonstrated registered nurses are rostered onsite 24 hours per day. Each house is managed by a nurse unit manager with registered nurses, enrolled nurses, and care staff providing clinical and personal care. Support services including lifestyle, environmental and hospitality services are provided by staff with appropriate skills. Consumers and their representatives expressed general satisfaction that there are sufficient and skilled staff available when the consumer needs care and assistance. Most consumers and their representatives sampled were satisfied with the availability and mix of staff provided.

All consumers and their representatives were positive about the way staff interacted with them and said staff treat consumers with respect and kindness. Care documentation viewed reflects consumer's preferences for how they want to be addressed such as ensuring a preferred name is documented and used and cultural diversity is reflected. The assessment team observed staff greeting consumers by name and interacting with the consumers with kindness.

Consumers and their representatives sampled discussed positively how staff know what they are doing, commenting that clinical staff provide good care. Positive feedback was received regarding the skills and knowledge of staff in other service domains such as cleaning and catering roles. The service demonstrated that the workforce was competent and have relevant qualifications and skills to perform their roles.

Consumers and their representatives commented positively on staff knowledge. Staff confirmed attendance at a range of mandatory and elective education sessions and commented that they can request additional training if needed. Training records viewed reflect training across the Aged Care Quality Standards occurs each year and in response to changes in legislation and regulations.

The service demonstrated that each staff member is monitored for performance through the completion of mandatory training and annual performance reviews. Staff interviewed across a range of service domains confirmed they complete performance reviews and mandatory training. A staff code of conduct is documented, and staff have been provided with copies of the Aged Care Code of Conduct.

# 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 their representatives sampled are involved in the development and delivery of consumer care and services. Consumers and their representatives are supported to be involved through care consultations, and ‘resident and representative’ meetings, receive newsletters and were aware of how to provide feedback. Management discussed how consumers and representatives are supported to provide feedback.

The service demonstrated a governance structure is in place which supports accountability over the care and services delivered. Consumers and their representatives sampled discussed satisfaction with how the organisation and its staff provide them with a sense of safety and quality care.

The organisation demonstrated governance systems are effective and that the application of policies and procedures considers the best outcomes for consumers. Documentation and interviews confirmed the board receives and reviews key performance indicators and reports related to care and services provided.

The organisation demonstrated a clinical and service risk governance framework is in place to ensure risks are identified, managed, and responded to appropriately. Incident reporting and investigation including root cause analysis occurs in response to incidents. Escalation processes are incorporated into the incident reporting system to ensure timely notification of adverse events occurs. There are organisational systems in place to support consumers to live the best life they can.

The service has a documented clinical governance framework supported by policies and procedures relating to: antimicrobial stewardship; minimising the use of restraint and restrictive practices and open disclosure requirements. Staff and management demonstrated an understanding of the above policies and described how they incorporate these elements in their day-to-day practice.

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)