Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| Catholic Healthcare St John’s Villa | 01 September 2022 |
| Commission ID: | Activity type: |
| 0204 | Site audit |
| Approved provider: | Activity date: |
| Catholic Healthcare Limited | 5 July 2022 to 7 July 2022 |
|  |  |

This Performance Report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Catholic Healthcare St John’s Villa (**the service**) has been considered by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the Assessment Team’s report for the site audit, 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 30 August 2022.

# Assessment summary

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

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

# Areas for improvement

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

* Requirement 1(3)(a) - The provider ensures each consumer is treated with dignity and respect.
* Requirement 1(3)(e) - The provider ensures current information provided to each consumer is accurate; and communicated in a way that is clear and easy to understand.
* Requirement 3(3)(g) - The provider ensures minimisation of infection related risks through implementing standard and transmission based precautions to prevent and control infection.
* Requirement 4(3)(c) - The provider ensures services and supports assist each consumer to participate in their community and do things of interest to them.
* Requirement 7(3)(d) - The provider ensures the workforce is trained to deliver the outcomes required by these standards.
* Requirement 7(3)(e) - The provider ensures regular assessment and review of the performance each member of the workforce is undertaken.
* The provider implements all planned actions to address identified deficiencies and establishes monitoring process to ensure ongoing compliance with the Quality Standards.

# Standard 1

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | Non-Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Non-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. | Non-Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

The Assessment Team recommended 2 of these requirements were not met. I have considered the Assessment Team’s findings, the evidence documented in the site audit report and the provider’s response and find the service non-compliant with 2 of these requirements.

* Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* Information provided to each consumer current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.

The site audit report contained negative feedback from consumers regarding the way they were treated by staff as communication barriers have not been addressed satisfactorily and their input in relation to activities has not been considered. Additionally, staff were observed speaking disrespectfully about consumers.

The provider’s response acknowledged the deficits and submitted a continuous improvement action plan which outlined a range of improvement actions taken, commenced or planned, including working specifically with the named consumers to address their concerns, the introduction of dignity and respect training for staff, reinforced consumer rights at a staff meeting and has terminated the employment of staff identified as not meeting behaviours expected of these Quality Standards.

I acknowledge the corrective actions included in the providers response and while some of these have been completed, others will take time to demonstrate their ongoing effectiveness and at the time of the site audit, the service was not able to demonstrate each consumer was treated with dignity and respect.

Therefore, I find Requirement 1(3)(a) is non-compliant.

In relation to Requirement 1(3)(e), consumers provided mixed feedback in relation to the timeliness, currency and accuracy of information provided which allowed them to make choices as consumer meetings were held without additional strategies to engage consumers who have sensory impairments. Additionally, staff advised; and observations confirmed inconsistent information was provided to consumers regarding their daily meal choices. were made of inconsistent.

The providers response acknowledged the deficits identified and submitted a continuous improvement action plan which outlined a range of improvement actions which have been taken, commenced or planned including organising access to specialist support services to assess consumers to determine their needs to overcome any communication barriers, implementing varies strategies to increase consumer and representative access to timely information and improve the accuracy of information.

I acknowledge the corrective actions included in the providers response and while some of these have been completed, others will take time to demonstrate their ongoing effectiveness and find, at the time of the site audit, the service was not able to demonstrate information provided to consumers was accurate, current or timely.

Therefore, I find Requirement 1(3)(e) is non-compliant.

I am satisfied the remaining 4 Requirements of Standard 1 are compliant as:

Consumers reported staff were aware of their backgrounds and what was important to them. Staff spoke about consumers in a way which indicated respect and demonstrated an understanding of their personal circumstances and life journey.

Consumers advised they were supported to take risks to live the life they chose, including smoking. Care planning documentation included evidence of risk assessments and risk minimisation strategies. Staff described practical ways to mitigate risks for consumers. The service had policies supporting the consumers right to make informed choices and consumers participation in decision making.

Consumers said the service supported them to build new relationships and maintain existing ones. Staff described how consumers were able to make friendships with other consumers at the service. Care planning documentation contained information and authorisation for the consumers next of kin or attorneys.

Consumers confirmed their personal privacy was respected while staff delivered care and there were private areas where they could entertain visitors. Staff were observed knocking on doors, calling out and introducing themselves prior to entering rooms and explained what tasks were going to undertake and sought consent. The organisation had policies relating to collection, use and disclosure of consumers’ personal information and outlines circumstances when the information will be used.

# Standard 2

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

## Findings

Consumers and representatives confirmed their involvement in assessment and planning, this commenced on entry to the service, was reviewed 4 monthly or when changes to the consumers goals and preferences occurred. Staff used recognised assessment tools to identify individual consumers risk and recorded mitigation plans in their documentation.

Care planning documentation evidenced consumers’ identified needs, goals and preferences including advance care planning and end of life preferences. Consumers confirmed staff know what is important to them in terms of how they want their care delivered and advance care planning had been discussed during entry to the service.

Consumers described how they, their representative, medical officers and allied health, such as physiotherapists and podiatrists, were involved in assessments and care planning. Care documentation supports the consumers, medical officers and other health professionals are involved in ongoing assessment and care planning processes.

Care planning documentation demonstrated outcomes of assessments were discussed with consumers and representatives; consumers confirmed they knew how to access copies of their care plans if they wished.

The service had policies and procedures to guide staff in care plan assessment and planning and review of care plans were evidenced to occur on a regular basis and were updated when circumstances, such as incidents or changes in health were identified.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | | Non-Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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. | Non-Compliant |

## Findings

The Assessment Team recommended this requirement was not met. I have considered the Assessment Team’s findings, the evidence documented in the site audit report and the provider’s response and find the service Non-compliant with this Requirement:

* 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.

The site audit report brought forward positive feedback from consumers on the service’s management of COVID-19 outbreaks, staff demonstrated knowledge of practices to reduce antimicrobial resistance to antibiotics and an outbreak management plan for responding to infectious diseases. However, deficiencies were observed in the service’s visitor entry screening processes, and staff adherence to personal protection equipment protocols.

The provider’s response acknowledging the deficits and submitted a continuous improvement plan which outlined a range of improvement actions which have been taken, commenced or are planned including improved entry and assessment of visitors to the service and spot checking of the use of PPE throughout each shift.

I acknowledge the provider’s commitment to addressing deficiencies in relation to infection control processes. However, I consider the observations made during the site audit supports, the service has not consistently implemented infection prevention and control precautions to minimise infection-related risks to consumer.

Therefore, I find Requirement 3(3)(g) is non-compliant.

I am satisfied the remaining 6 requirements of Quality Standard 3 are compliant as:

Consumers and representatives said consumers received the personal and clinical care they need. Care planning documentation identified how consumers requiring skin integrity and pain management received care consistent with applicable directives. Restrictive practice was effectively managed with appropriate consents and behaviour support plans in place and staff demonstrated knowledge of non-pharmacological strategies to be implemented prior to the use of antipsychotic medication.

Care documentation recorded consumers’ advance care preferences and included a copy of their advance health directive or statement of choices and end of life preferences. Staff provided examples of how they care for consumers nearing end of life to maximise comfort and dignity and ensured consumers were kept pain free.

Care documentation showed deterioration or change in consumer’s condition was recognised and responded to and staff advised progress notes and incidents were reviewed to ensure deterioration was followed up appropriately.

Care documentation provided adequate information to support care and effective care and changes were to consumers’ needs and preferences were shared through handover meetings and the electronic care planning system. A handover was observed where changes to consumers health status and activities of the day were discussed.

Care planning documents and consumer feedback reflected timely and appropriate referrals occurred for consumers to medical officers, external allied health specialists or organisations, such as dementia support services.

# Standard 4

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

## Findings

The Assessment Team recommended these Requirements as not met. I have considered the Assessment Team’s findings; the evidence documented in the site audit report and the provider’s response and have found the following:

* 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.

* Where meals are provided, they are varied and of suitable quality and quantity.

The site audit report confirmed consumers had provided positive feedback about supports to have social and personal relationships. However, deficits were identified in consumer access to the community due to the service no longer having a bus, the frequency of popular activities had been reduced and changed without consumer consultation, activities are not tailored to the interests or needs of consumers and consumers would like more age appropriate activities.

I acknowledge the additional and clarifying information submitted by the provider including the desire for age appropriate activities were at the request of the representative rather than the consumer and the consumer is supported to undertake activities which align to their interests. I also acknowledge the refurbishments completed by the service to ensure consumer access to lawn bowling activities and the reinstatement of happy hour at the frequency desired by consumers.

The providers response also included a plan for continuous improvement which outlines other actions to be taken to improve consumer access to activities outside the service, however, while some actions have been completed, others will take time to implement and demonstrate, therefore at the time of the audit, the service was not able to demonstrate consumers were assisted to support in the community and do things of interest to them.

Therefore, I find Requirement 4(3)(c) is non-compliant

In relation to Requirement 4(3)(f), the Site Audit Report bought forward mixed feedback about food, whilst most consumers said meals were of suitable variety, quality and quantity of food, and care planning documentation reflected consumer dietary needs, preferences, allergies, likes and dislikes, some consumers who identified as vegetarian or liking spicier foods were observed to be offered meals which did not support their preference.

For the named consumer, who identified themselves as being vegetarian, additional information was provided to support the desire to eat meat on occasions had been expressed by the consumer and I note their care plan had been updated to reflect this information. Therefore, I consider this supports compliance with this Requirement.

For a named consumer, wanting spicier food, I note the additional purchase of culturally specific spices, will immediately assist this consumer to receive foods to their liking and resolve the issue. Therefore, I consider these concerns have been addressed and this supports compliance with this Requirement.

In relation to the inability to source certain foods, I have not considered this information as part of my findings based on the feedback from staff at the service who both confirmed, ordering processes allow for the purchase of specific foods at consumer request.

I acknowledge the provider’s response including the additional planned actions scheduled to further improve the meal service and dining experience of consumers, and while these actions are yet to be completed. I am satisfied the service has demonstrated meals are of suitable, quantity and quality.

Therefore, I find requirement 4(3)(f) is compliant.

I am satisfied the remaining 5 requirements of Quality Standard 4 are compliant as:

Care planning documentation identified information regarding the emotional, spiritual and psychological needs of the individual consumers, and strategies to increase their well-being. Staff identified strategies they would employ if they noticed a negative change in a consumer’s demeanour and were concerned for their emotional or psychological well-being. The service offers a farewell service for every consumer who passes allowing other consumers the opportunity to say goodbye. Pastoral care staff were observed interacting with consumers in a group and individually offering comfort to a consumer who appeared to be upset.

Consumers considered their needs and preferences were well communicated between staff and allied health professionals, care planning documentation provided adequate information to support safe and effective care delivery. Staff explained how they were updated on changes to consumers condition through handover processes, shared communication books, and progress notes. A physiotherapist was observed recording progress notes to assist in lifestyle planning activities.

Consumers confirmed referrals were made in a timely and appropriate manner. Staff were familiar with external services offered at the service including optometry, dietetics and a physiotherapist who attended weekly. Care planning documentation evidenced how consumers were referred to external organisations such as disability services for extra support and engagement

Consumers advised, and observations confirmed consumers had access to equipment, including mobility aids, to support them in their daily living which were safe to use and well maintained by the service. The Assessment Team observed equipment which supported consumers to engage in lifestyle activities, such as craft supplies, board and table games, to be suitable, clean and well maintained.

# Standard 5

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

## Findings

Consumers and representatives reported feeling safe and at home in the service environment. The service was observed to be undergoing renovations, including updating lighting and upgrading consumer bedrooms and bathrooms. Consumer’s rooms were personalised to their liking; with personal items and photographs.

Consumers described being able to access all areas of the service as they wished and said there were no obstacles to prevent freedom of movement and were observed utilising both indoor and outdoor areas of the service with their visitors. The service was clean, well maintained and free from obstructions or hazards. Staff stated preventative and reactive maintenance were undertaken to ensure the service environment was safe and well-maintained and described how potential hazards were addressed. Daily and weekly cleaning schedules evidenced cleaning of communal areas and consumer rooms were being completed regularly.

Consumers and representatives said furniture, fittings and equipment were safe, clean, well-maintained and suitable for their needs. Staff indicated they had sufficient access to shared equipment to meet the needs of consumers and described processes for cleaning and disinfecting shared equipment after each use. Call bells and mobility aids were observed to be close to consumers and in good working order.

# Standard 6

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

## Findings

Consumers and representatives confirmed they felt safe, encouraged and supported to give feedback or make complaints with the service. Documentation reflected complaints were addressed promptly; apologies were offered; positive and transparent communication occurred. Staff described mechanisms available to consumers when providing feedback or making a complaint such as talking directly with any staff member, using a feedback form, email, phone or during consumer meetings.

Feedback from consumers, representatives and staff, as well as observations, confirmed consumers were made aware of and had access to advocates and other methods of support for raising and resolving complaints. Staff advised if they received a complaint, they would address it immediately if it was within their scope and would always escalate the information. For consumers with communication barriers, staff said they would use communication tools. Staff knew how to access language, interpreter and advocacy services for consumers, but had never needed to do so.

The service had polices related to open disclosure, complaints and feedback to guide staff in the management of complaints. The service’s feedback register, recorded compliments, feedback and complaints from a range of sources including verbal feedback, email correspondence, consumer meetings and reports made by staff on behalf of consumers. Feedback forms and suggestion boxes were available in the service. Complaints were documented in an electronic complaint register, reviewed and reported on by management. Where service improvement opportunities were identified, these were added to the plan for continuous improvement for monitoring and action.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | Non-Compliant |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | 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. | Non-Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-Compliant |

## Findings

The Assessment Team recommended these Requirements as not met. I have considered the Assessment Team’s findings, the evidence documented in the site audit report and the provider’s response and find the service Non-compliant with these Requirements:

* The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
* Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

The Site Audit Report evidenced consumers spoke highly of the skills of staff, staff confirmed they undertook induction and orientation training upon commencement. Additionally, some staff confirmed they had access to online training including for elder abuse and infection control, however, deficits were identified in the assignment, delivery and monitoring of staff training.

The provider’s response acknowledged the deficits and submitted a continuous improvement action plan outlining a range of improvement actions which have been taken, commenced or are planned including further training for the management team on the organisations learning management system to monitor uptake of mandatory training, however I consider these will take time to demonstrate effectiveness.

Based on the evidence in the site audit report and substantiated by the providers acknowledgement, I am satisfied at the time site audit, the provider was not able to demonstrate compliance with this requirement.

Therefore, I find Requirement 7(3)(d) is non-compliant.

The site audit report evidenced deficits in processes to ensure the performance of each member of the workforce was regularly assessed, monitored and reviewed as staff interviews confirmed they have not had their performance reviewed.

The provider’s response acknowledged the deficits and submitted a continuous improvement action plan outlining a range of improvement actions which have been taken, commenced or are planned including a review of staff performance processes and immediate implementing a program to identify and complete outstanding performance and probation reviews.

I acknowledge the provider’s actions in reviewing the performance of a staff member who was identified as being disrespectful when speaking about consumers and note additional supervision has been implemented to continually monitor the interactions between the staff member until the date of termination.

Based on the deficits evidenced in the site audit and the acknowledgement by the provider, I am satisfied compliance with this Requirement has not been demonstrated

Therefore, I find Requirement 7(3)(e) is non-compliant.

I am satisfied the remaining 3 requirements of Quality Standard 7 are compliant as:

Consumers considered there were sufficient, qualified staff to deliver quality care and services and they were confident staff knew what they were doing. Staff demonstrated understanding of consumers, including their needs and preferences. Some staff stated they were short staffed and there were busy periods, but had enough time to complete their duties and were able to respond to consumers in a timely manner. Call bell data evidenced consumers were supported quickly when they required assistance.

Interactions between management, staff, and consumers was mostly kind and caring.

All roles had position descriptions which outlined required qualification and registrations, knowledge skills and abilities required for the role. The service has procedures to monitor professional registrations and police checks. Staff described having buddy shifts during their orientation period.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | 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 considered the service was well run and they were generally engaged in the development, delivery and evaluation of care, services, food and activities through surveys, consumer meetings, complaints and feedback forms and staff interactions, however, some consumers offered negative feedback regarding disrespectful interactions with staff. Management provided appropriate responses to feedback and informed consumers and representatives of outcomes and actions implemented in answer to their feedback.

The service’s governing body had implemented processes to promote a culture of inclusivity and were accountable for the delivery of safe and quality care and services through development of strategies, review of performance, and feedback to the service. Management described providing the Board with information relating to clinical indicators, SIRS incidents, financial budget reports, significant complaints, staff levels and staff training statistics to ensure the CEO and Board were aware of the performance of all aspects of the service.

The service demonstrated effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, regulatory compliance and feedback and complaints. The Board satisfied itself the Quality Standards were being met through policy, procedures, training for staff, and by reviewing performance reporting and compliance activity.

Observations and staff feedback provided evidence of a risk management framework, this included policies on high impact and high prevalence risks, abuse and neglect, mandatory reporting and supporting consumers to take risks. Staff received training in risk management procedures and demonstrated an understanding of how to apply these when providing focussing on minimising risks, where possible.

A documented clinical governance framework was in place and was understood by the services staff. The framework including policies for antimicrobial stewardship, the minimisation of restraint and open disclosure. Staff had been educated about the policies and were able to provide examples of their relevance to their work such as discouraging the use of antibiotics through preventative strategies such as hand hygiene and encouraging fluid intake.

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