Performance

Report

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| Name of service: | CCSSCI - On Luck Chinese Nursing Home |
| Service address: | 177-179 Tindals Road DONVALE VIC 3111 |
| Commission ID: | 3735 |
| Approved provider: | Chinese Community Social Services Centre Inc |
| Activity type: | Site Audit |
| Activity date: | 14 February 2023 to 16 February 2023 |
| Performance report date: | 29 March 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 CCSSCI - On Luck Chinese Nursing Home (**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 and others.
* other information and intelligence held by the Commission in relation to the service.
* the provider’s response to the assessment team’s report received on 9 March 2023.

# 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 said staff treated them with dignity and respect. Staff were familiar with the cultural backgrounds of consumers and knew how to deliver care respectfully. The service had various records that demonstrated its commitment to maintaining consumers’ dignity, including consumer information packs, a consumer handbook, brochures about the Charter of Aged Care Rights, and a Privacy and Dignity statement, which set out the service’s commitment to preserving consumers’ rights.

Staff knew how to deliver culturally safe care and services. They adjusted care according to consumers’ religious affiliations, and preferences for celebrating religious and cultural holidays, such as Lunar New Year. Consumers said staff understood their needs and knew how to support them to feel respected, valued, and safe.

Consumers said they independently made decisions about their care, including about who they wanted involved in their care. They said the service supported their decisions and helped them make and maintain connections with others. Staff knew how to support consumers to exercise choice and independence, including by facilitating individual consumers’ care regimens, lifestyle decisions and activity preferences.

Consumers said the service understood what was important to them and that it supported them when they wanted to take risks. Representatives said the service supported consumers to have choice and control, including concerning risks. Staff knew how to support consumers to take risks without limiting their agency or self-determination. The service’s processes were consumer-focused, and considered consumers’ values, goals, preferences, benefits and risks.

Consumers said staff communicated with them clearly, enabling them to make decisions about their care. Representatives said the service gave them relevant information about their loved ones’ care. Staff aggregated information about consumers’ care from a range of sources, including the service’s own care records, and the records of other providers involved in consumers’ care. They communicated this information between providers, consumers and representatives. Care records showed that information in the service’s electronic care management system was up-to-date.

Staff knew how to maintain consumers’ privacy and confidentiality. They sought permission before entering consumers’ rooms, closed curtains when delivering personal care, and asked consumers’ preferences before delivering hygiene care. Consumers confirmed the service respected their privacy. Consumers said they can lock their doors when they want and that the service holds care conferences in private spaces.

# 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

Consumers said the service assessed and planned their care adequately, and that it considered risks as part of its planning processes. Care plans showed information to support safe and effective care, including information about risks to consumers’ health and well-being. The service had documented clinical policies and procedures to guide staff on how to complete assessments and care plans and staff knew the service’s assessment and planning processes.

Consumer assessment and planning identified consumers’ current needs, goals and preferences, including for advance-care planning and end-of-life care, if the consumer wished. Representatives said the service considered consumers’ needs, goals and preferences, when undertaking assessment and planning and said the service had engaged them in conversations about advance-care planning and end-of-life planning. The service had policies and procedures to guide staff in how to assess consumers and plan their care.

Consumers said the service partners with them and other care providers to assess, plan and review consumers’ care. Staff knew when and how to engage consumers and their representatives as part of the assessment and planning process. Care records showed that staff engaged consumers and their representatives regularly and in response to health status changes. The service had policies to guide staff on engaging other providers as part of consumers’ care.

The service used an electronic system to assess and plan consumers’ care. Staff populated the system with information arising from their assessments. Staff communicated the outcomes of assessments to consumers and their families after admission and routine assessments, which occurred every 3 months. Representatives were comfortable requesting information from the service and they confirmed staff supported them to read and understand their care plan as required.

The service had processes governing when and how staff conducted reviews. Under these processes, staff were obliged to conduct regular reviews, and reviews in response to changes of circumstances, or when an incident occurred. Staff knew the service’s review processes and understood their obligations under the processes. Care documents showed staff had reviewed consumers’ care as appropriate, including reviews as part of the service’s monthly ‘Resident of the Day’ process.

# 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

Consumers said the service delivered safe and effective personal and clinical care that was consistent with best practice, tailored to meet their individual needs and which optimised their well-being. Staff understood consumers’ individual personal and clinical care needs. Care documents showed the service delivered safe care and that it tailored care to consumers’ needs. The service had policies and procedures to guide staff in delivering safe care, including in areas such as wound management, skin integrity and pressure injury prevention.

Consumers said the service managed high impact, high prevalence risks effectively. Staff knew the service’s risk management processes for high impact or high prevalence risks, including how assessment and planning fed into these risks. Care files contained completed assessment tools such as the Falls Risk Assessment Tool and skin assessments, and strategies to manage identified risks. Care plans and progress notes also contained information about consumer risks and relevant mitigation strategies. The service had policies and procedures to govern its management of high impact, high prevalence risks.

Care documents for consumers nearing end-of-life showed that staff addressed the relevant consumers’ needs, goals and preferences. Staff maximised the relevant consumers’ comfort, and preserved their dignity. Staff did this by monitoring consumers, administering medications for pain and agitation, assessing and adjusting clinical interventions, and attending to or facilitating support for the consumer’s spiritual needs. Staff knew the service’s processes for consumers nearing end-of-life. The service had a palliative care policy and procedure that covered assessment, planning, end-of-life care protocols, possible interventions and relevant supports.

Representatives said the service identified consumers’ deterioration and responded to it promptly. Staff knew what to do in response to consumer deterioration and cited examples of recent deterioration and their responses. Care documents showed staff identified and responded to deterioration and changes quickly. The service had resources to guide staff on how to identify and respond to deterioration.

The service had systems to ensure staff documented consumers’ care information, and that they communicated it effectively with each other, and with external providers. Consumers were satisfied with the service’s communication about their care. Staff knew when and how to communicate information about consumers to other staff, including through verbal handovers, meetings, care system alerts, and by accessing and recording information in care plans. Care documents showed adequate information to support effective and safe care. Information in care documents was accurate, specific to each consumer and covered a range of considerations, such as falls, pain, skin care and mobility.

Consumers said the service made timely and appropriate referrals to individuals, other organisations and providers of other care. Staff knew how to make referrals to a range of external providers, including for behaviour management, nutrition support, complex care support and for assessing consumers in relation to restrictive practices. The service had policies and procedures to guide staff on how to make referrals.

The service had processes to encourage staff to explore non-antibiotic interventions before prescribing antibiotics. Staff knew the service’s strategies to reduce inappropriate antibiotic prescriptions, such as increasing fluids, completing pathology testing, and preventing infection through personal hygiene. Consumers said the service managed the impact of COVID-19 appropriately.

# 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

Consumers said they received safe and effective daily living supports. Representatives said their loved ones receive daily living supports that maintained their health, independence and quality of life. The service conducted a leisure assessment for new consumers, to support them in developing a monthly activities schedule. Care planning documents reflected individual consumer’s interests and staff had a shared understanding of each consumer’s needs, goals and preferences.

The service offered a range of supports to promote consumers’ well-being, including religious services, one-on-one emotional support, social activities, and other supports. Staff had strong relationships with consumers and explained how they support consumers emotionally. The service ensured consumers could participate in individual activities, and have time alone.

Consumers said the service assisted them to participate in activities of daily living, have personal relationship, and do things that interested them. Care planning documents included information about consumers’ interests, and the supports they needed to facilitate their activities of daily living. Staff encouraged and assisted consumers to participate during activities.

Staff communicated information about consumers’ conditions, needs and preferences among themselves, and with other providers where appropriate. This included documenting care, updating records and communicating pertinent information. Staff used handover sheets and system alerts to notify staff of clinical and policy changes.

Consumers said staff made prompt and appropriate referrals to other providers. This included referrals to medical officers and allied health therapists, among others. Staff knew the referral process and care plans showed evidence the service collaborated with other providers appropriately.

Consumers said the service’s meals were varied and of suitable quality and quantity. Staff knew consumers’ dietary requirements and adjusted meal plans according to consumers’ preferences. Care plans showed consumers’ dietary requirements and, where relevant, speech pathologist directions about food consistency, meal frequency, and other nutritional directions, to ensure consumers ate safely.

Consumers said their equipment was safe, suitable and well-maintained. Staff said they had sufficient equipment available and they knew how to raise maintenance requests when appropriate. Where the service provided equipment, it was safe, suitable, clean, and well-maintained. Care and maintenance staff routinely audited the service’s equipment to ensure it was safe and fit for purpose.

# 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

Consumers said the service environment was welcoming, that it encouraged a sense of belonging and said they liked living at the service. The service featured a range of spaces where consumers could interact with each other and with guests, including in lounge areas, dining rooms, activities rooms and others. Consumers said they can navigate the service easily and enhance their bedrooms with personal furnishings and decorations. The service environment was welcoming, with plenty of space, no clutter, adequate lighting, and clear signage.

The service environment was safe, clean, and well maintained, with accessible outdoor areas. Consumers said the service environment was clean, well maintained, and comfortable. The service had policies governing equipment maintenance, stock management and cleaning services. It had a set cleaning schedule that described what should be cleaned and how often.

Furniture and equipment throughout the service was clean and well maintained. Consumers said the furniture and equipment was safe, clean, and well maintained. Staff knew how to log maintenance requests and the service’s records showed that maintenance staff responded to requests promptly.

# 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

The service had a range of options for consumers to provide feedback, including through feedback forms, during meetings, or directly with staff. Consumers said they knew about the service’s feedback channels and that they felt comfortable providing feedback if necessary. Staff knew the service’s feedback and complaints mechanisms and how to support consumers and representatives to make complaints. The service had feedback forms and information about its complaints processes located throughout the facility.

Staff knew the various advocacy and external complaints services available to consumers. They gave consumers information about these services during the admission process and as part of their ongoing care. The service’s feedback and complaints policies contained information about advocacy and external complaints services and signage and brochures about advocacy services were displayed throughout the facility, in a range of languages.

The service took appropriate action in response to feedback and complaints, including using open disclosure when things went wrong. The service had policies on consumer feedback and open disclosure to govern how staff should respond to a complaint, and when and how to apply open disclosure. Consumers said staff and management took appropriate action in response to their complaints. Staff knew the service’s process for responding to complaints, including when to escalate complaints to management, and when and how to engage complainants as part of the complaints handling process.

The service used complaints as opportunities to improve its care. Management gave examples of this, citing, among other examples, a recent move to increase the number of yum cha events it offered consumers, from two events per year, to one event every 8 weeks. Consumers and representatives confirmed the service used feedback and complaints to improve the quality of its care, citing examples. The service had feedback and complaints policies that enshrined its commitment to continuous improvement.

# 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

Consumers said they were satisfied with the quality of staff, that staff met their needs and answered call bells promptly. During the site audit, staff were generally available when consumers needed them. Rosters showed few unfilled shifts in the weeks prior to the Site Audit. If staff could not attend their shifts, the service met care demands by offering staff additional shifts and extending staff hours. The service did not utilise agency staff because staff needed special language skills to communicate with most consumers in their preferred language.

Consumers said staff were kind, caring and gentle when delivering care. They said staff respected and understood their backgrounds and delivered care according to their preferences. During the site audit, staff were kind, caring and respectful of consumers’ identities, culture and diversity. The service’s policies set out the expected standards of behaviour for staff, as did its staff handbook and role position descriptions. The service monitored staff performance through general observation, consumer feedback and clinical care records.

Consumers said staff were sufficiently skilled, and that they met consumers’ care needs. The service had processes to ensure its workforce was competent, qualified and knowledgeable. Staff said they felt competent to provide the care consumers needed. The service had various mandatory training competencies it required staff to complete on an annual basis. It also had documented position descriptions that set out the key qualifications and knowledge requirements of each role within the service. The service’s records showed that staff had the relevant qualifications to perform their duties.

Consumers said staff were adequately trained and knew what they were doing. The service kept records of staff skill and accreditation requirements, for new and ongoing staff, to ensure they had sufficient knowledge and skills to meet the outcomes required of these standards.

The service regularly assessed, monitored and reviewed its workforce. It commenced new staff on a six-month probation period, which included an initial performance review prior to the end of probation. Thereafter, the service’s performance appraisal process involved one meeting every 6-months. The service had policies on performance management and staff development.

# 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

The Assessment Team found that the Service was non-compliant with Requirement 8(3)(c).

I have reviewed the evidence brought forward in the Site Audit report and the Approved Provider’s written submission and come to a different view. I provide further information about my reasoning below.

The Assessment Team found that staff did not recognise that the service had used environmental restraint on consumers residing in the service’s secure Memory Support Unit. The service had not consulted with or received authorisation from the consumers or their representatives to use environmental restraint and also had not trialled other interventions, conducted assessments, monitored the efficacy of the restraint, or addressed many of the other requirements related to restrictive practices.

The service’s policy on restrictive practices did not obligate staff to develop a behaviour support plan for consumers subject to restrictive practices. The service also had different types of support plans for consumers subject to restrictive practices. These included documents such as a Physical Behaviour Management plan, an Agreed Care and Services Plan, a Verbal Behaviour Management Plan, a Wandering Behaviour Management Plan, and an Agreed Care Plan to Support Behaviour Management. As a result of the various support plan types, the content of behaviour support plans varied across consumers care files.

The Approved Provider responded to these findings on 9 March 2023 and advised it had undertaken the following actions:

* Updated the service’s Restrictive Practices Policy and Procedure to make it consistent with relevant legislation.
* Reviewed the service’s consumer cohort and identified 10 consumers subject to environmental restraint. This included consulting with the decision makers for consumers subject to environmental restraint and documenting the outcomes of these discussions.
* Displayed the passcode above the keypad for each relevant exit door in the Memory Support Unit. This ensured those who had the capacity to use the door were able to.
* Demonstrated to each cognizant consumer how to open the door and exit the facility, if they wished to.
* Updated the service’s orientation process for new consumers.
* Introduced a ‘headcount’ process, which occurs 9 times a day. This process helps staff monitor when consumers leave the service without notifying staff.
* Held a Residents and Representative meeting on Environmental Restraint on 24 February 2023, to inform consumers of restrictive practices.
* Conducted a further review of the service’s use of restrictive practices.
* Created behaviour support plans in accordance with the Dementia Support Australia guidelines for 50 consumers
* Created a behaviour support plan register. The register includes information about when plans should be reviewed. The plans for consumers subject to restrictive practices were scheduled for review once every three months. Plans for consumers with no restrictive practices were scheduled for review at least once every six months.

The Approved Provider further advised of additional training and resources it had introduced and conducted relating to care delivery and the development of behaviour support plans for staff and additional sessions for consumers and representatives. The service has further committed to reviewing the newly established processes mid-year to ensure they are meeting the regulatory obligations.

I have considered the evidence brought forward by the Assessment Team and the Approved Provider’s response, I acknowledge that at the time of the Site Audit there was an absence of restraint authorisations and consultation with consumers and representatives, which the Approved Provider has demonstrated has now occurred and are in place. I have also considered the evidence brought forward by the Assessment Team, which demonstrates that the service did have various tools in place to support behaviour management at the time of the Site Audit, which have since been formalised in Behaviour Support Plans for consumers. I have also placed weight on the feedback from consumers throughout the report and evidence brought forward that demonstrated there were no negative impacts to consumer care as a result of these deficits.

Based on the totality of evidence available to me, I have formed the view that the service is compliant with Requirement 8(3)(c).

I am satisfied the service is compliant with the remaining four requirements of Quality Standard 8.

Consumers said the service was well-run and that it engaged them to help develop, deliver and evaluate their care. The service had a number of strategies to engage consumers, including through consumer surveys, feedback channels, consumer forums and others. The service’s governance framework set out how it should engage and support consumers to provide input.

The service had an organisational governance framework that established the various tiers of accountability delegated from the Approved Provider’s Board, through various sub-committees, to the service manager, and on to various subordinate staff. The service submitted regular reports to its governing body, covering clinical care markers, critical incidents, serious incident response scheme reports, feedback, complaints and continuous improvement. Consumers said the service’s policies and procedures promoted a culture of safe, inclusive, and quality care. The service’s records, such as committee reports, and consumer engagement documents showed the service had a safe, inclusive culture.

The service had risk management systems to monitor and assess high impact or high prevalence risks associated with consumers’ care. Staff reported and escalated risks. Service management reviewed escalated risks and reported upwards to the organisation’s executive management, including its Board. Staff cascaded feedback and directions through service meetings. Staff knew the service’s risk management process, including key risk areas and mitigations, and how to use the service’s electronic risk management system. Staff knew how to identify and respond to consumer abuse and neglect.

The service had implemented the Approved Provider’s Organisational Governance Framework. Staff knew how to apply the framework, including how to minimise restrictive practices, implement antimicrobial stewardship and apply open disclosure when things went wrong. Committee meeting minutes showed staff discussed and actioned strategies for implementing the framework.

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)