Performance

Report

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| Name: | Cheltenham House Aged Care Facility |
| Commission ID: | 2092 |
| Address: | 144-146 Beecroft Rd, CHELTENHAM, New South Wales, 2119 |
| Activity type: | Site Audit |
| Activity date: | 25 September 2024 to 27 September 2024 |
| Performance report date: | 29 October 2024 |
| Service included in this assessment: | Provider: 372 Thompson Health Care Pty Ltd  Service: 649 Cheltenham House Aged Care Facility |

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 Cheltenham House Aged Care Facility (**the service**) has been prepared by Patricia Golledge, 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 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

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

Consumers and representatives interviewed described how consumers are treated with dignity and respect by the staff, and said staff know the consumer’s preferences, their background and what is important to them. Staff spoke about consumers in a respectful manner and gave examples of how they maintain consumer’s dignity, that they know consumers and respect their choices. Care documentation included information in relation to each consumer’s preferences, and their personal background and life history to support the delivery of care and services.

Representatives considered staff were aware of consumers’ cultural backgrounds, supported their religious beliefs and customs, and delivered appropriate care. Staff demonstrated an understanding of consumers’ cultural background and explained how they provided care and services in a culturally safe manner. Care documentation contained information about consumers which allowed staff to have knowledge and understanding of consumers’ religious beliefs, cultural needs, and preferences.

Consumers said they were supported to make decisions about their care and services, including who they would like to involve, and how care and services should be delivered. Staff were able to describe how they support consumers to make decisions about their care and maintain relationships of their choice such as supporting consumers to maintain long distant relationships through video calls. Care documentation identifies consumers’ lifestyle choices their preferences in how they would like their care delivered care and how the service supports them to maintain relationships of importance to them.

Consumers and representatives described how the organisation supports consumers to have choice, including when their choice involves an element of risk such as leaving the service independently. Staff said consumers were supported to understand benefits and possible harm when they make decisions about taking risks. Risk assessments were conducted and decisions regarding dignity of risk and strategies to manage these risks were documented in care and service plans.

Consumers said information was provided in a timely and easy to understand manner which helped to make decisions about their care and services. Staff described how they communicated information in an appropriate way to help consumers make informed choices and decisions, and the service had a policy and procedure which guides staff on appropriate strategies for effective communication and ensuring effective communication where there may be language, hearing or cognition barriers. Review of meeting minutes included information on all areas of the service, and activity schedules, and menus were observed to be displayed throughout the service

Consumers said their personal privacy was respected by staff. Staff were able to identify ways in which consumers personal privacy and confidentiality were maintained. Shift handover was observed to be held in a private office of the service and policies and procedures were in place to support consumer privacy and confidentiality of personal information.

# 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

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

Consumers and representatives said assessment and care planning identified risks to consumers. Management described the service’s assessment and care planning processes and advised the assessment process commences prior to consumers entry to the service, where consumers were risk assessed to ensure the service can meet their needs appropriately. The organisation had policies, procedures, and a suite of evidence-based assessment tools to guide staff practice. Care documentation was individualised and included consideration of risks to individual consumers including but not limited to falls and choking risks.

Consumers and representatives reported consumers receive care that aligns with their needs, goals, and preferences, and they are asked about their end of life wishes. Management advised being a newly commissioned service ongoing discussions occur with new consumers and/or their representatives during the care planning and assessment process and during care plan review processes. Care documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and end-of-life wishes as appropriate.

Representatives said they were involved in assessment and care planning and described the involvement of other health professionals in their care and services such as allied health professionals. Management advised how they involve consumers, representatives, medical officers and other health professionals in assessment and care planning processes including during resident of the day process. Care documentation reflected organisations, health professionals, and providers of other care and services were involved in the care of the consumer.

Consumers and representatives were satisfied outcomes of assessment and planning are communicated to them, the staff explained what was in the care plan, and they were offered a copy of consumers care plan. Management advised how consumers and representatives are involved in the assessment and care planning process through a range of ways including during the initial case conference and through review processes.

Representatives said care and services were regularly reviewed for effectiveness including when circumstances changed, or incidents occurred such as falls. Staff explained how they responded to deterioration or incidents and reviewed consumers’ care and services to ensure they effectively supported consumers. Care planning documentation evidenced care and services were reviewed for effectiveness, consistent with feedback.

# 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

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

Consumers and representatives said the service provides safe and effective clinical care that addresses their needs and preferences. Care documentation evidenced consumers received individualised care that was safe, effective, and tailored to specific needs and preferences including but not limited to wound management, diabetes management, behaviour support, and restrictive practices. Staff demonstrated an understanding of consumers’ personal and clinical care needs and described how they tailored care and services to optimise health and well-being. Training, policies, and procedures were in place to support best practice personal and clinical care.

Consumers and representatives said high-impact or high-prevalence risks to consumers are managed effectively by the service including falls and diabetes. Staff demonstrated an understanding of risks for each consumer, such as falls and changed behaviours and could describe personalised strategies for mitigating the risk of harm and explained how consumers’ risks are monitored and reviewed following incidents. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place.

Staff described how the delivery of care and services changed for consumers nearing end of life, and how they would support consumers’ dignity and comfort. Palliative and end of life care guidance was available to support staff in recognising and addressing consumers’ needs, goals, and preferences and the service was well supported by the lifestyle team, palliative specialists and visiting religious figures.

Representatives advised staff were responsive to deterioration or changes in consumers’ health and took appropriate action. Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. Care documentation demonstrated staff recognise and respond to deterioration in a consumer’s health, capacity, and function in a timely manner, and any changes in the consumer’s needs and condition are communicated to those involved in their care.

Consumers and representatives were satisfied consumer needs and preferences were accurately communicated between staff resulting in them receiving safe and effective care. Staff could describe the type of information accessible to inform consumer care needs and preferences, including care plans, message alerts on the services electronic care management system (ECMS), progress notes and information shared during hand over processes and meetings. Shift handover was observed between clinical and care staff to reflect details of changes in consumer’s condition and needs.

Consumers and representatives said the service’s referrals were timely and appropriate and consumers had access to a range of external health professionals such as allied health professionals. Care documentation demonstrated the service collaborates and makes timely referrals to other health professionals, or other services, to meet the care needs of consumers. Clinical staff reported they use external allied health professionals who visit monthly or as required, including dietitian, speech pathologist, and podiatrist and also said the service is well supported by the local hospital teams, including geriatricians, dementia, wound and palliative specialists.

Consumers expressed their satisfaction of infection control measures and said staff take precautions to minimise infection risks including wearing gloves and practising hand hygiene. Staff demonstrated good knowledge of antimicrobial stewardship as appropriate for their position and staff described screening for symptoms and reviewing pathology results prior to administration of antibiotics. The service maintained records of consumer and staff vaccinations, including for influenza and COVID-19 and provide vaccination clinics. The service has 2 Infection Prevention and Control (IPC) Leads who monitor infection data, oversee training and competencies, and update the Outbreak Management Plan following any outbreaks.

# Standard 4

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

Findings

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

Consumers said they were satisfied the service supports them to do the things they want to do and were able to explain how services and supports for daily living have maintained their independence and well-being. Lifestyle staff could describe strategies and options to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers. Care documentation identified the needs, goals, and preferences of consumers.

Consumers and representatives considered consumers’ emotional well-being, religious and spiritual practices were supported. Staff described how they tailored services and supports in line with consumers’ well-being needs, such as religious services. Staff explained how they would identify changes in consumers’ well-being, and what they would do in response, such as providing emotional support, and spending one-to-one time with consumers. Care documentation evidenced consumers’ emotional and spiritual needs were considered and included individualised strategies to fulfil these needs.

Consumers reported they were supported to participate within their communities, have social and personal relationships, and do things of interest. Lifestyle staff described the services and supports in place to promote consumers’ social interaction and maintain relationships, such as bus trips, scenic drives and shopping trips. Consumers were observed engaged in various group activities such as exercises to music, concerts and craft activities. Care documentation identified consumers preferred activities, including those within the community and outside the service environment.

The service demonstrated effective communication of information of consumers’ needs and preferences including when changes occur. Consumers said information was effectively shared, and their needs and preferences were known. Staff explained the processes used in accessing and keeping up to date records of consumer information, likes and dislikes, dietary and personal needs, and preferences. The service’s Chef explained dietary reports were printed daily from ECMS, and as a commencing service with ongoing increases to consumer numbers, there are frequent changes to the dietary forms for the kitchen to be informed of. Care documentation reviewed demonstrated care plans and assessments are reviewed and updated regularly, ensuring staff have access to up-to-date and relevant information for each consumer.

Staff described the services and supports available to the consumers from external organisations and individuals. The service had policies and procedures outlining the process for making referrals to external organisations.

Consumers and representatives considered meals were of suitable quality, with a variety of options available and consumer dietary needs and preferences were accommodated such as vegetarian options. Consumers and staff advised consumers were supported in providing feedback about meals through the Food and Hospitality Committee Meetings and other feedback mechanisms and the service would implement solutions to meet consumers’ needs. Meals were observed to be of suitable quality and quantity, and staff provided assistance for consumers as required during mealtime and condiments were available for consumers.

Consumers considered equipment was safe, suitable, clean, and any issues were promptly fixed. Staff said they had access to supplies and equipment for daily living and described the processes in place to maintain the safety and cleanliness of equipment. Suitable and well-maintained equipment was observed throughout the service environment.

# 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

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

Consumers said they feel at home at the service and were encouraged to bring personalised belongings to decorate their rooms and their own furnishings. The environment was observed to be easy to navigate, with handrails throughout, wayfinding signage and wide hallways and doorways for consumers to comfortably navigate. Staff described how they enable consumers to feel welcomed and at home by orientating them to the service and encouraging them to personalise their rooms upon entry to the service, in line with their preferences, using furniture, pictures, memorabilia and other items of interest to them.

Consumers advised their rooms were regularly cleaned and they were able to access indoor and outdoor areas. Consumers were observed moving freely throughout the service environment and leaving the service independently. Staff described the cleaning schedule and processes in place to maintain the safety and cleanliness of the service environment, including daily cleaning of dining areas and consumer rooms. The service environment was observed to be clean, and documentation evidenced daily cleaning tasks were completed and up to date. consumers moving freely throughout the service environment.

Consumers reported equipment is kept clean and well maintained and the furnishings at the service were comfortable. Staff described the service’s processes for identifying, reporting, and actioning maintenance issues. Maintenance staff advised they conduct environmental audits which include checks on equipment, furniture and fittings to ensure they are safe and suitable for consumer’s use. Furniture and fittings were observed to be clean and in good condition. Review of the service’s preventative maintenance schedule demonstrates regular servicing of equipment occurs and preventative and reactive maintenance was up to date.

# 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

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

Consumers reported they knew how to provide feedback and could do so in writing or raise any concerns directly with staff and the service is responsive to their feedback. Management described ways consumers were encouraged and supported to give feedback and raise complaints such as through Resident and Representative Meetings, feedback forms, email, and using the Quick Response (QR) code. Staff described how they support consumers to provide feedback such as ensuring they have access to feedback forms and reminding consumers when consumer meetings are scheduled.

Consumers said they were aware of advocacy services and how to access them. Management and staff described external complaints resolution pathways available for consumers and others, such as advocates and interpreting services and advised an advocacy service provided an information session for consumers in July 2024. Information was observed throughout the service environment informing consumers of external agencies for advocacy and complaints options and provided in different languages.

Consumers who recently provided feedback or made a complaint to the service felt the service responded to their feedback appropriately, apologised and communicated with them to discuss their concerns. Management described the service’s complaints process and identified the importance of resolving complaints in a timely manner and the use of open disclosure. Staff sampled could describe the process for recording and responding to feedback and complaints, and the open disclosure process. Documentation reviewed demonstrated the service had policies in place to guide staff in understanding and responding to feedback and complaints appropriately.

Consumers were confident the service acts on feedback and complaints provided and works to improve the quality of care and services provided. Staff sampled confirmed the service responds to feedback and described how they are informed of any changes and continuous improvement actions. Management described how actions for continuous improvement are identified, including from consumer feedback, and how these are added to the service’s Plan for Continuous Improvement (PCI). Documentation reviewed evidenced the service had policies in place to guide staff and management in identifying opportunities for 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

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

Consumers said there were enough staff to meet their care needs and staff respond promptly to call bell requests. Staff advised there is adequate staff to meet consumers’ needs and preferences and complete their duties. In relation to workforce responsibilities management advised and documentation evidenced the service had a Registered nurse on 24 hours, and the service was meeting mandated care minute requirements. Documentation also indicated there was an appropriate skill mix to provide quality care and services to consumers, and future workforce planning is being considered at a governance level.

Consumers and representatives said staff are kind and gentle when providing care to consumers and staff know their cultural background. Staff were observed interacting with consumers in a kind, and respectful manner. The service has policies on diversity, respect and dignity which outline the service’s commitment to respecting and supporting diversity and inclusion.

Consumers said they feel safe with the staff who provide their care. Management described how they work alongside the organisation’s Human Resources Department when recruiting staff to ensure staff are competent and capable and have the relevant qualifications for their role. Human resource documentation evidenced staff were appropriately qualified and had the necessary checks and registrations required for their role in line with position descriptions, and monitoring processes were in place to monitor expiry dates.

Consumers reported the staff are well trained and new staff were paired with experienced staff. Staff considered they work in a supportive environment and are appropriately trained and equipped to perform their roles. Management advised various training and development opportunities provided to staff including orientation processes, on-line training, and additional training as required. Training records demonstrated the workforce is recruited, trained, equipped, and supported to the deliver the outcomes required by the Aged Care Quality Standards. Review of mandatory training records identified training was provided on a range of topics with 100 percent completion rates.

Management described how staff performance is regularly assessed, monitored, and reviewed to help ensure staff are providing the best possible care for consumers. As a commencing service management advised the first cohort of staff underwent a 6 month review in August 2024 which was confirmed by staff, and documentation evidenced performance reviews were up to date. Policies, procedures, and documentation were in place to guide the workforce duties and responsibilities to enable the provision of safe and quality care and services for consumers.

# 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

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

Consumers and representatives reported the service is well run, and involves them in the delivery and evaluation of care and services. Management explained other methods of engagement, including feedback and complaint mechanisms, including a recently implemented new electronic feedback system which allows consumers and representatives to scan a QR code to gain direct access to a feedback form. Meeting minutes evidenced consumers were encouraged and supported to be engaged in the evaluation of their care and services.

Management described their organisational governance framework and how the governing body was involved, and accountable for the delivery of safe, quality care and services. Documentation evidenced the governing body maintained oversight of the service by reviewing reports which covered various aspects relating to the performance and delivery of care and services, such as clinical indicators, feedback and complaints, and incidents. The Chief Executive Officer (CEO) confirmed the service had a Quality Care Advisory Body (QCAB) which meets quarterly and provided the QCAB terms of reference defining the scope, role and responsibilities, including the requirement to provide a written report to the Board at least once every 6 months. Compliance with the Quality Standards is monitored at site level and reported to the Board.

A reporting structure, policies, procedures, supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. For example, the CEO reported the organisation’s Care and Quality Team receives updates from relevant regulatory bodies and monitor changes to Aged Care legislation. The Care and Quality Team are responsible for monitoring updates and communication from the Aged Care Quality and Safety Commission (the Commission). The CEO stated regulatory compliance is regularly discussed at all levels within the organisation, including during staff meetings, management meetings, and Board Meetings.

Effective risk management systems and practices were supported by a risk management framework and policies describing the management of high-impact, high-prevalence risks associated with the care of consumers, the identification and response to abuse and neglect, supporting consumers to live the best life they can, managing and preventing incidents. Staff demonstrated knowledge of the risk management framework, including reporting responsibilities, and described various risk minimisation strategies in place. Monitoring of risks was undertaken by management, who compiled monthly reports which are analysed and shared with the Care and Quality Team and the governing body and used to identify areas for improvement.

A clinical governance framework was supported by policies, procedures and training to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Staff explained how policies, procedures, and training within the framework informed care delivery and described how use of restraint is minimised and open disclosure practiced. Reporting demonstrated information regarding infections, antibiotic usage and restraint was analysed, trends identified, and information used to improve delivery of care and services.

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)