Performance

Report

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| Name: | Churches of Christ Stanthorpe Aged Care Service |
| Commission ID: | 5644 |
| Address: | 9-15 Alice Street, STANTHORPE, Queensland, 4380 |
| Activity type: | Site Audit |
| Activity date: | 19 March 2024 to 22 March 2024 |
| Performance report date: | 23 April 2024 |
| Service included in this assessment: | Provider: 370 Churches of Christ in Queensland  Service: 7243 Churches of Christ Stanthorpe Aged Care Service |

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 Churches of Christ Stanthorpe Aged Care Service (**the service**) has been prepared by S Turner, 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 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 dated 12 April 2024, accepting the findings of the Assessment Team
* the Performance report dated 29 September 2023, for the Assessment Contact conducted 22 August 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 and representatives spoke highly of staff and said they were kind and caring and treated them with dignity and respect. Staff demonstrated an understanding of the individual consumer’s identity, culture and diversity and were observed engaging with consumers respectfully and with patience.

Care plans included information about consumers including their emotional, spiritual and cultural preferences and lifestyle staff described how this information was captured on a ‘my history’ form when a consumer entered the service. Staff described processes to assist communication with consumers from varied cultural backgrounds. Culturally significant days were celebrated including ANZAC Day, St Patrick’s Day, Christmas and Easter.

Consumers and representatives said they were involved in decision making relating to consumers’ care and services and that consumers could maintain relationships of choice. Consumers provided examples as to how they were supported to maintain their independence, exercise their preferences in relation to care delivery and maintain significant personal relationships. Staff had a sound understanding of consumers’ relationships and described how they assisted consumers to maintain these. Care documentation included information about those people involved in consumer decision-making including authorised decision makers.

Consumers and representatives said consumers were supported to take risks in order to live the best life they could and provided examples of this. Staff said consumers were provided with information about the benefits and possible harm associated with the risks they wanted to take as part of their day-to-day life. Care documentation identified risk assessments were completed that included interventions to mitigate risks.

Consumers were satisfied with the information they received and said this included details about activities, meals and events. Monthly consumer meetings were held, and posters were displayed throughout the service that included information about advocacy, interpreter services, complaints processes, menus and activities.

Organisational policies and procedures guide staff in relation to privacy and confidentiality and staff described how they promoted consumers’ privacy during care delivery and maintained the confidentiality of consumers’ personal information. Consumers were satisfied with this aspect of their care, and it was observed that consumers’ doors were closed during care delivery and ‘do not disturb’ signage was utilised for those consumers desiring privacy.

For the reasons detailed I am satisfied consumers’ dignity is promoted and their right to make choices is supported. I find Standard 1 Compliant.

# 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

Policies and procedures guided staff in relation to assessment and care planning processes. Registered staff described the assessment and care planning process and said it involved consideration of risks to consumers’ health and well-being and included other health professionals when a need was identified. Care documentation was detailed and individualised and informed the delivery of safe and effective care and services; identified risks included pain, diabetes management, wounds, skin integrity, cognitive decline and falls. Consumers and representatives said consumers were safe and they felt confident the workforce were aware of consumers’ needs and preferences and delivered safe care and services.

Consumers and representatives were satisfied that assessment and care planning considered consumers’ needs, goals and preferences including advanced care and end of life wishes. Management and staff described how discussions relating to end-of-life care were managed sensitively and were reviewed at case conferences or when there was a decline in the consumer’s condition.

Care documentation demonstrated staff consulted with consumers, their representatives and other health care providers and organisations such as medical officers, allied health professionals and medical specialists when planning care. Consumers and representatives confirmed care planning was completed in partnership with consumers and those they wished to be involved in their care.

Staff explained how they accessed consumer information through the electronic care management system and said that information was shared at handover. Staff said copies of care plans were offered to consumers and their representatives and this was confirmed by consumers.

Care plans were reviewed by a registered nurse on a regular basis and when circumstances changed, or an incident occurred. Registered staff meetings were used as a forum to discuss case conferences and risk assessments that were due for review.

For the reasons detailed, I am satisfied assessment and care planning processes meet consumers’ needs, goals and preferences and optimise their health and well-being. I find Standard 2 Compliant.

# 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

The service has taken action to address deficiencies relating to the management of changed behaviours and restrictive practices under Requirement 3(3)(a) that were identified during an Assessment Contact conducted 22 August 2023. Actions included:

* all staff have received training provided by a dementia advisory service
* additional education and training sessions provided to staff included:
  + behaviour support plans, identification of triggers, implementation of management strategies and the development of an individualised behaviour support plan
  + documentation and the incident management system
  + non-pharmacological interventions and the management of changed behaviours.
* a review of all incidents including those reported to the Aged Care Quality and Safety Commission under the Serious Incident Response Scheme
* a review of consumers subjected to restrictive practices was completed to ensure appropriate referrals had been initiated including to a geriatrician and/or dementia advisory service where needed, and that discussions with consumers and representatives had occurred with care documentation updated accordingly.

Consumers and representatives said consumers received safe and effective clinical and personal care. Care documentation for consumers with complex care needs, chronic health conditions or restrictive practices in place demonstrated care needs were identified, assessed, monitored and reviewed. Where appropriate, risk assessments had been completed and strategies to minimise the risk of injury had been documented.

I am satisfied consumers are receiving safe and effective personal and clinical care that is tailored to their needs and optimises their health and well-being.

Consumers and representatives said the service managed risks to the consumers’ health and well-being. Management described how clinical indicator data was used to identify high impact and high prevalence risks associated with consumer care, for example increased falls. Care documentation included strategies to minimise risks including those relating to falls, and care included the use of sensor beams, accessibility of call bells, frequent staff monitoring, scheduled toileting, appropriate footwear and staff assistance with daily routines. Registered staff and care staff were familiar with consumers’ individualised needs.

Consumers’ end of life care preferences were documented in their care plan and were discussed with consumers and representatives during case conferences and when the consumer moved through the palliative care phase. The service had resources to support the delivery of palliative care and relevant policies and procedures provided guidance for staff.

There was evidence staff recognised and responded to consumer clinical deterioration and consumers said staff were prompt in responding to their needs and provided examples of this. Changes to consumers’ mental health, cognitive and physical function were discussed at handover and clinical guidelines and assessment tools were available to support staff practice.

Consumers and representatives said staff were aware of consumers’ needs and that effective communication occurred between staff, consumer representatives and other health care providers. Registered and care staff described how information was shared when changes in a consumer’s condition occurred or external appointments were made. Health professionals visiting the service had access to information that supported care delivery.

Care documentation demonstrated timely referrals to health care providers including medical officers, dementia advisory services, pharmacists, dentists, geriatricians and local hospitals and community health services. Registered staff explained how the electronic care management system supported referral processes.

The service had policies, procedures and an outbreak management plan to guide staff in relation to infection control, the management of infectious outbreaks and antimicrobial stewardship. A vaccination program for seasonal influenza and COVID-19 was in place and an Infection Prevention and Control Lead had been appointed. Staff provided examples of the practices they employed to minimise infections including hand hygiene, the use of personal protective equipment and reviewing pathology results prior to the commencement of antibiotics. Consumers said they were satisfied with the strategies the service implemented in relation to infection control.

For the reasons detailed, I am satisfied consumers receive safe, effective, quality personal and clinical care. I find Standard 3 is Compliant.

# 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 and representatives said the service’s lifestyle and activities program provided consumers with opportunities to participate in activities of choice. Staff were aware of consumers’ needs goals and preferences and the support they required to participate in activities and pursue individual interests. Staff said they supported consumers to be as independent as possible.

Staff described the various ways they supported consumers’ emotional, spiritual and psychological needs. A variety of religious services were conducted at the service and pastoral support was available to consumers from ministers of differing denominations. Lifestyle staff and the pastor said they are alert to changes in consumers’ emotional well-being and can support consumers through chats, visits, activities and visits from volunteers. There were activities provided to encourage the development of relationships such as a regular ‘cuppa’ at the café. Consumers were observed attending religious services, participating in gospel singing and spending time in the café with family and friends.

Consumers and representatives described the types of activities they enjoyed and said they took part in activities and events within the service, went out to visit family, went shopping or pursued other activities of interest. They said staff supported them to stay connected with others and had assisted consumers with social media applications and making phone calls. Care documentation included information about those people important to the consumer and those people involved in providing care and supporting engagement in activities of interest.

Staff were aware of consumers’ needs and preferences including engagement with other organisations to deliver care and support. Where a need was identified, for example, a consumer struggling with a diagnosis or a decline due to dementia, staff referred the consumer to other services including dementia advisory services or to a volunteer. Care documentation reflected consumers’ needs, goals and preferences and staff said the documentation was updated as a consumer’s condition or their preferences changed. Staff said they were informed of changes to consumers’ care via handover or alerts in the electronic care management system.

Consumers spoke highly of food services and provided feedback that included ‘food is great, plenty of variety and it is well cooked’, another consumer reported they ’love’ the food. The service had a monthly menu which was reviewed by a dietitian on a regular basis. The majority of meals were prepared on site with catering staff advising they sourced local ingredients where possible that included using local produce suppliers and butcher. Consumers were offered a range of meal options if they did not want the meals on the daily menu and this included sandwiches or soups. Consumers were provided with opportunities to provide feedback and make suggestions about the menu, and this was reflected in consumer meeting minutes. The service had policies and procedures to guide staff in relation to food preparation, food handling and assisting with meals.

Consumers said they felt safe when using equipment and knew how to report any concerns they may have. Care documentation detailed the type of equipment modifications required to suit consumers’ individual needs and staff were observed using equipment which was appropriate for the consumer.

For the reasons detailed, I am satisfied that services and supports for daily living provided to consumers assists them to live independently and enjoy life. I find Standard 4 is Compliant.

# 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

The service environment was welcoming, with wide unobstructed corridors and common rooms opened to outdoor areas that provided a light and airy atmosphere. There were several areas for consumers and representatives to relax, socialise and congregate, large outdoor garden areas and a café where consumers could interact with each other and enjoy a meal together. Consumers’ rooms were decorated with furnishings and personal items that reflected their individual tastes and styles. Outdoor areas included shaded areas where consumers could sit and shelter from the sun and the weather. Consumers were observed spending time in the courtyard, café and various activity areas.

Consumers provided positive feedback about the cleaning saying cleaning staff were ‘very good’ and that maintenance was attended promptly. Various areas of the service were easily accessed supporting consumers to move freely. The service was safe and clean and welcoming to consumers and representatives. A cleaning schedule guided staff and monthly audits were completed to monitor cleaning; the audit for February 2024 demonstrated 98% compliance. Maintenance staff described how they identified and managed any emerging maintenance issues and staff were familiar with the processes for raising a maintenance request.

Consumers said the furniture, fittings and equipment assisted them to be independent and were kept clean and well-maintained. Care staff were familiar with the processes for cleaning personal care equipment and maintenance staff described how they ensured equipment such as lifting equipment and weight chars were maintained appropriately and were safe to use. Maintenance records demonstrated the electronic preventative maintenance program was monitored by head office and that reactive maintenance was completed promptly.

For the reasons detailed, I am satisfied the service environment promotes consumers’ sense of belonging, independence and function. I find Standard 5 is Compliant.

# Standard 6

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

Findings

Consumers and representatives were aware of the service’s formal mechanisms for providing feedback and making complaints through forums including consumer and representative meetings, direct contact with management, emails and completion of the service’s feedback forms. Information about feedback and complaints was also included in the service’s entry pack. Consumers and representatives reported feeling comfortable approaching management with a concern. Staff described the avenues available to consumers and representatives should they wish to lodge a complaint and said they would assist the consumer to complete a feedback form. Feedback forms and complaints information was observed on each level of the service with a locked feedback and complaints box available for return.

Management described how the service promoted methods to raise complaints externally and access language services if required through posters on the noticeboard, promotional material and contact details within the service’s entry pack and through the provision of information in the service newsletter. The service newsletter and entry pack was found to include information about the Aged Care Quality and Safety Commission, Older Person’s Advocacy Network and language services. Consumers and representatives were aware of these organisations but said they had not needed to use them.

Consumer representatives said the service had acknowledged and responded to complaints that had been made and that this had included an apology. Management and staff demonstrated a shared understanding of the complaints process and when the principles of open disclosure were to be applied. They described how feedback and complaints were documented in the organisation’s feedback and complaints register and monitored to resolution to ensure appropriate action was taken.

Feedback and complaints were reviewed and were used by the service to improve the quality of care and services. Consumers provided examples of how the service had addressed their feedback and the service’s plan for continuous improvement and complaints register demonstrated the improvement actions undertaken by the service in response to the feedback. Additionally, the plan for continuous improvement demonstrated the service involved consumers and representatives in the resolution process through to the implementation of an improvement initiative. Staff said feedback and complaints were discussed during staff meetings and at handover and staff were encouraged to contribute to improvements and be part of the solution; evidence of this was reflected in meeting minutes.

For the reasons detailed, I am satisfied consumers are encouraged and supported to provide feedback and make complaints and that appropriate action is taken in response to this information. I find Standard 6 is Compliant.

# 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 and representatives said there were enough staff at the service to meet consumers’ needs. They said staff were available when needed and attended consumers promptly when they requested assistance. Management said there were contingency plans in place to replace staff when required and rosters were reviewed on a regular basis to ensure staff allocations were adequately meeting consumers’ needs and preferences. Call bell audits were conducted daily with delayed responses investigated. Staff reported they had sufficient time to complete their allocated tasks and responsibilities and were observed attending to consumers in a timely manner.

A base roster was established for permanent staff and the service aimed to fill vacant shifts or unplanned leave with organisational staff before using agency staff. A review of the organisation’s roster for the previous month demonstrated the majority of shifts had been filled.

The organisation had a suite of policies that outlined organisational expectations relating to staff and the way they interact with and treat consumers. Staff were described as kind, gentle and caring by consumers and representatives; with some representatives describing how staff respected consumers’ identity and culture. Staff were familiar with consumers’ needs and preferences and management advised they monitored staff interactions with consumers through observations and formal and informal feedback and complaints mechanisms. Staff were observed interacting kindly and respectfully with consumers and representatives during the Site Audit.

Consumers and representatives said staff performed their duties effectively and they felt that staff had the knowledge and skills to perform their roles. Staff said they completed online training modules, including mandatory training modules during orientation and that the service also provided in person training when a need was identified. Staff reported satisfaction with the training and support they received. Management described the mechanisms to ensure staff competency including position descriptions for all roles, orientation and onboarding processes, ‘buddy’ shifts with experienced colleagues, skills assessments, performance reviews, surveys, clinical reviews, monitoring of professional registrations and consumer feedback.

Management said the service undertakes staff performance reviews during and at the end of the probationary period and annually. Staff interviewed confirmed they had participated in a performance review within the previous 12-month period; they said they were engaged in their own professional development and were provided with opportunities to request specific training relevant to their role.

For the reasons detailed, I am satisfied the workforce is sufficient, and is skilled and qualified to provide safe, quality care and services. I find Standard 7 is Compliant.

# Standard 8

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

Findings

Consumers and representatives were confident in the way the service was run and their ability to engage in the development, delivery and evaluation of care and services. Management said consumer engagement was supported through consumer meetings, the use of feedback forms and by communicating directly with management. Management provided examples of recent changes at the service and organisational level which had involved consumer input. The plan for continuous improvement, the complaints log and meeting minutes demonstrated consumer participation and engagement.

There were systems and processes to monitor the service’s performance and ensure the delivery of safe, inclusive quality care and services. Policies relating to organisational governance identified a leadership structure and outlined the roles and responsibilities of the Board, governance committees, service management and quality management processes. Management described how the Board promoted a culture of safe, quality care including through a corporate vision that included a code of conduct for staff. Organisational information including updated policies, procedures and changes to legislation was communicated through meetings, memos, emails, newsletters and staff training.

The service demonstrated effective governance systems relating to information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Consumers, representatives and staff said they were provided with the information they needed. The service had a plan for continuous improvement that was informed by incident data, feedback and complaints; management advised consumers were encouraged to provide feedback about care and service delivery and this was confirmed by consumers.

There was a framework, including policies to manage risk and respond to incidents and the service demonstrated how high impact and high prevalence risks had been managed. The incident management system and reportable incidents register demonstrated how incidents, including those reported through the Serious Incident Response Scheme, were identified, responded to and reported. Staff could explain how they applied the service’s policies in their practice.

Management provided the service’s policies in relation to open disclosure, antimicrobial stewardship and restrictive practice and said these areas were included in staff orientation and mandatory training and this was confirmed in staff training records. Clinical management and staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented on a day-to-day basis. For example, clinical staff said pathology results were acquired prior to commencing antibiotics and staff were aware that non-pharmacological interventions (as detailed in the consumer’s care plan) were employed prior to using restraint. Care documentation including progress notes and incident forms confirmed staff complied with organisational policies.

For the reasons detailed, I am satisfied the organisational body is responsible for delivering safe, quality care. I find Standard 8 is Compliant.

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