Performance

Report

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| Name of service: | Clifton Views |
| Service address: | 217-241 Queens Parade FITZROY NORTH VIC 3068 |
| Commission ID: | 4576 |
| Approved provider: | TLC Melbourne Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 12 October 2022 to 14 October 2022 |
| Performance report date: | 21 December 2022 |

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

**This performance report**

This performance report for Clifton Views (**the service**) has been prepared by James Howard, 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 conducted from 12 October 2022 to 14 October 2022; the site audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives.
* The Approved Provider’s response to the site audit report, received 11 November 2022.
* Other information and intelligence held by the Commission in relation to the service.

# 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 they feel valued and were always treated with respect. Staff described the needs and preferences of consumers under their care, using respectful communication and actions. Care planning documentation contained individual strategies for inclusive care and service delivery tailored for each consumer.

Staff promoted an inclusive environment through culturally safe and inclusive practice by incorporating consumers’ cultural backgrounds, religions, interests and preferences in planning activities as well planning a variety of dishes representing different cultures. Consumers said staff included them and their families in planning care and services that were culturally appropriate and safe.

Consumers said they were included in all decision-making processes in the delivery of their care and services and staff respected their personal preferences, lifestyles, and choices. Progress notes showed staff supported consumer choices and preferences and assisted consumers to maintain relationships, through arranging virtual calls with family overseas; consumers confirmed they were supported to maintain relationships with the people important to them.

Staff assisted consumers and representatives to understand risks and determine strategies to help them live their best lives. Care planning documentation, including support plans and progress notes, showed consumer goals and preferences were tailored to identified risks. Staff were familiar with risks associated with various consumer activities and/or when using various equipment, such as bed poles and the risk of asphyxiation by entrapment.

Consumers and representatives said the service provided relevant information such as COVID-19 updates and responding to queries regarding consumer care and services. Staff organised regular consumer meetings to answer consumers’ queries and gather feedback regarding current services. Care planning documentation was up to date, and lifestyle coordinators met regularly with consumers to gather feedback on interests and activities.

Staff were observed adhering to consumer privacy when delivering care, such as knocking before entering consumer rooms. Consumer records were stored confidentially on the service’s electronic care management system, which was password protected. The service had policies in place which guided staff practice in relation to consumer privacy and confidentiality.

# 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

Staff advised consumers were assessed upon admission using validated risk tools, with outcomes documented in care plans and communicated to other staff to guide them in providing safe and effective care to consumers. Consumers and representatives said they were satisfied with the care they received, and risks were identified and managed to promote consumers’ independence and safe care. Care planning documentation identified key risks for consumers such as falls, pressure injury development, diabetic care plans, weight loss, swallowing difficulties and challenging behaviours.

Consumers and representatives said staff discussed their needs upon admission and on an ongoing basis to capture what was important to them. Care planning documentation reflected consumers’ goals, needs and preferences, which included advance care planning and end of life care wishes. The advanced care plan for a consumer who had recently passed away showed their end-of-life wishes were delivered by the service.

Staff knew how to assess and refer consumers to other allied health professionals; care planning documentation showed the involvement of consumers, representatives and allied health professionals such as the medical officer, physiotherapists, dieticians, and podiatry services in assessment and planning processes. Consumers and representatives confirmed their involvement in the care assessment and planning process.

Consumers and representatives said the service maintained good communication with them and any changes in consumers’ conditions were discussed promptly with them in person or over the phone. Care planning documentation was available to consumers and representatives, staff, specialists, doctors, and other allied health professionals involved in the delivery of care at the service.

Consumers and representatives said they were notified when circumstances changed or when incidents occurred. Staff were familiar with reporting requirements under the Serious Incident Response Scheme and described their role in the reporting process. The service was guided by policies and procedures for recording and reporting incidents and care plans were updated when circumstances changed, such as a change in health or when incidents occurred.

# 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

Care planning documentation reflected individualised care that was safe, effective, and tailored to consumers’ specific needs and preferences. Consumers and representatives felt their care and services were delivered the way they wished. Staff demonstrated an understanding of individual consumer’s personal and clinical care needs, described restraint as a last resort intervention and were familiar with alternative interventions when working with consumers who became agitated or distressed.

Consumers and representatives said the service effectively identified and managed high impact or high prevalence risks, and care planning documentation identified key risks in relation to falls, pain, behaviour, skin integrity, nutrition/hydration, infection, and complex nursing needs. Care planning documentation identified effective strategies to manage key risks, which were recorded in a range of assessment tools, care plans and progress notes.

Consumers and representatives said care was personalised to their needs, goals and preferences. End-of-life preferences and advance care planning was discussed upon admission to the service and on an ongoing basis. Staff described attending to mouth care, skin care, repositioning and personal hygiene of consumers to prioritise comfort and dignity during end-of-life care. Management advised families were encouraged to be present throughout the end-of-life care of the consumer. Care planning documentation detailed advance care planning information, which included choices and end-of-life preferences.

Care planning documentation reflected the identification of, and responses to, deterioration or changes in function, capacity, and condition. Staff said registered staff were responsive when they reported any changes or concerns in a consumers’ conditions, and they felt supported in providing safe care to consumers. Clinical management staff reviewed progress notes and incidents daily to identify any changes or deterioration in consumers’ conditions and ensured they were followed up appropriately. Staff were guided by organisational policies for identification and escalation of changes to consumers’ conditions.

Care planning documentation showed relevant consumer care information was documented and effectively communicated with staff, external allied health professionals and representatives. Consumers and representatives confirmed the service communicated any changes in consumers’ needs and conditions. Staff described how changes were communicated via verbal handovers, messaging on the electronic care planning system and changes made to care plans. Care planning documentation identified adequate and accurate information to support effective and safe consumer care.

Care planning documentation showed the involvement of allied health professionals in consumer care, such as medical officers, geriatricians, podiatry services, physiotherapists, and dietitians. Changes in consumers’ conditions led to referrals to appropriate health specialists. Consumers and representatives confirmed consumers had access to relevant health professionals and specialists. Staff described the process for referring consumers to health professionals. Information and recommendations from other providers of care and services in consumer care planning were consistently recorded on consumers’ files.

Consumers and representatives expressed their satisfaction with the service’s infection control practices. Staff demonstrated an understanding of how to minimise the need for, or use of, antibiotics and ensure they were used appropriately. Staff said they received training in infection minimization strategies, including hand hygiene, the use of appropriate personal protective equipment and outbreak management processes, during orientation including for COVID-19.

# 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 advised they received safe and effective services which were tailored to their needs, goals and preferences. Staff were familiar with consumers’ needs and preferences and described strategies to support consumers, which were reflected in behaviour support plans and care planning documentation. Staff said they assisted consumers to maintain their independence and quality of life.

Consumers described meaningful activities of interest and importance to them, such as going out with family members and participating in community activities. Care planning documentation reflected consumers’ own stories, experiences and their preferred activities and interests. The latest activities calendar, which included church services, support groups, community club meetings, exercise sessions and craft activities, was displayed throughout the service.

Consumers said they were supported to maintain personal relationships and the service helped them to stay engaged with the community and to participate in meaningful activities. Staff knew how to assist consumers to take part in activities they were interested in and said consumers had control over what they participated in, which included not participating if they did not wish to do so. The service had policies in place to support consumer outings from the service and to maintain relationships of choice.

Consumers said they received regular updates from management and staff through emails, phone calls or virtual meetings. Care planning documentation reflected consumer consent for the sharing of their personal information with others responsible for providing care. Staff demonstrated an understanding of their roles and responsibilities in handover procedures to ensure continuity of services and supports and knew to update information through progress notes.

Care planning documentation demonstrated collaboration with individuals, organisations, or other service providers to support the diverse needs of consumers. Consumers said they were referred to appropriate services and were satisfied with the support provided. Staff advised referrals were sent to other service providers promptly and the service had an established network of support services which supported consumers with a range of services.

Consumers said the service offered a variety of food options and quality meals and the dining experience was comfortable and not rushed, which supported their quality of life. Staff were observed providing appropriate assistance to consumers during mealtimes and were familiar with each consumers’ nutrition and hydration needs and preferences and how to support consumers’ independence. Feedback documentation showed consumers participated in the menu planning process.

Consumers said they felt safe when using the service’s equipment. Staff said consumers knew how to report any concerns regarding furniture, fittings or equipment used and described how gym equipment was regularly serviced and maintained on a 3 monthly basis. An examination of the service’s maintenance log showed maintenance requests were up to date.

# 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 entrance to the service was bright and welcoming and there was adequate seating for visitors and guests. Staff were observed to be friendly and welcoming when guests or visitors arrived. Signage, including maps with directions, was displayed in common areas, which supported consumers’ independence and provided easy navigation for visitors. Consumers’ rooms had adequate space for personal effects, including consumers’ own equipment.

Consumers said they felt safe in the service environment, which was clean, well-maintained and comfortable. Hallways and walkways were free from clutter and obstructions and consumers with electric wheelchairs or other mobility aids were observed moving freely in hallways and in common areas. Staff were observed regularly collecting consumer laundry and emptying individual rubbish bins.

Consumers had access to a range of appropriate furniture, fittings and equipment, which were available on each level of the service. Staff said furniture was cleaned regularly and maintained daily to support consumers’ health and wellbeing. Consumers and staff were observed using furniture in lounges and dining rooms safely, with no incidents reported to the time of the site audit. Activity rooms were observed to be clean and well-maintained.

# 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 said they were encouraged and supported to provide feedback regarding care and services and felt comfortable raising concerns, if the need arose. Staff described avenues for consumers and representatives to provide feedback and make a complaint and outlined how consumers or representatives could raise issues with them directly. The continuous improvement register showed consumer complaints and feedback was recorded, monitored, and actioned.

Consumers and representatives said they knew how to raise a complaint and were comfortable raising concerns directly with management and staff. Staff described how they advocated for consumers by communicating concerns to management on their behalf, encouraging them to provide feedback and assisting consumers to complete feedback forms as required. Staff knew how to access interpreter and advocacy services for consumers. Information on advocacy services was displayed on noticeboards throughout the service and information brochures in alternate languages were available.

Consumers and representatives said staff promptly addressed and resolved their concerns and complaints. Staff and management described the process when feedback or a complaint was received, which included escalation to senior clinical personnel or management, if applicable. Management provided examples of recent actions taken in response to complaints made and feedback provided by consumers/representatives, which showed issues were resolved in a timely manner.

Consumers and representatives described recent improvements at the service based on their feedback, such as the introduction of extra laundry bins to address laundry complaints. Staff described how information from feedback and complaints were used to improve the quality of care and services as feedback and complaints were trended, analysed, and used to improve the quality of care and services. Consumer and staff meeting minutes demonstrated complaints and feedback made by consumers/representatives were discussed at each meeting, and actions taken by the service were evaluated.

# 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

I have assessed the service as Compliant with this Quality Standard as I am satisfied the service is Compliant with the following Requirements:

* + *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.
  + *Requirement 7(3)(e)* – Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

*Requirement 7(3)(a):*

The service demonstrated an appropriate mix of skills within the workforce; however, the site audit report noted concerns by consumers and representatives regarding staff numbers being inadequate and insufficient to meet consumer need. In addition, the site audit report identified that rosters and call bell response times indicated occasions of extended waiting times for consumers.

The Approved Provider’s response included additional evidence such as call bell audits, individual call bell reports for specific consumers, and consumer care plans, lifestyle wellbeing and continence plans.

In relation to identified delayed response times to call bells, the Approved Provider acknowledged a shortage of rostered staff for identified shifts; however, further documentation submitted showed additional staff were on duty to cover staff shortages in identified shifts including wellbeing staff, quality advisors and regional operations staff and at no time was consumer care compromised.

I considered the evidence brought forward by both the Assessment Team and the Approved Provider, including the positive feedback brought forward by the Assessment Team that management had a clear understanding of its role to provide backup to short-staffed shifts, the service proactively identified occasional excessive call bell response times through its own internal audit processes and actioned responses, such as increasing management oversight of call bell audits and ensuring call bell results were placed on the agenda for staff and general meetings.

Based on the totality of evidence available to me, I am satisfied the instances identified by the Assessment Team in the site audit report were not systemic and that the Approved Provider demonstrated the workforce is planned to enable delivery of safe and quality care and services. Therefore, having considered all relevant information, I decided the service is Compliant with Requirement 7(3)(a).

*Requirement 7(3)(e):*

Management advised staff performance is currently monitored through observations, competency checks, analysis of internal audits, clinical data, and consumer/representative and staff feedback. However, the site audit report noted deficits in relation to monitoring the performance of the workforce, as the service did not have an annual performance appraisal for staff at the service at the time of the site audit.

The Approved Provider’s response explained the service undertook regular assessment, monitoring and review of staff performance through an ongoing assessment and monitoring system, which included applying a professional development tool to supplement ongoing performance reviews. Additionally, evidence of proactive notes made to the human resources section of the continuous improvement plan, showed the service had already identified and adjusted staff performance monitoring during an ongoing COVID-19 pandemic response.

Having considered the evidence submitted by both the Assessment Team and the Approved Provider, I am satisfied the Approved Provider demonstrated it undertook regular assessment, monitoring and review of the performance of each member of the workforce. Therefore, I decided the service is Compliant with Requirement 7(3)(e).

*The other Requirements:*

I am satisfied the service is Compliant with the remaining Requirements of Quality Standard 7.

Consumers and representatives provided positive feedback that staff engaged with them in a respectful, kind, and caring manner. Staff demonstrated an in-depth understanding of consumers, including their needs and preferences, which aligned with care planning documentation and feedback from consumers. Management advised they monitored staff interactions with consumers and representatives through observations and complaints processes utilised by consumers, representatives, and other staff.

Consumers and representatives were confident staff were knowledgeable, competent and met their care needs. Staff said the service provided ongoing development including ‘toolbox sessions’ to address identified training shortfalls. Management described how staff were monitored for competency and capability in their roles through feedback from consumers and representatives, monthly competencies for personal care staff, input from other staff members and analyses of clinical data to monitor clinical outcomes.

Consumers and representatives were confident in the abilities of staff to deliver care and services, and said staff were well trained and equipped to perform their roles. Staff described the training, support, professional development, and supervision they received during orientation and on an ongoing basis. Training records showed ongoing workforce development. The service tracked attendance at mandatory training and organisational policies and procedures guided staff practice in relation to this requirement.

# 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

I have assessed the service as Compliant with this Quality Standard as I am satisfied the service is Compliant with the following Requirements:

* + *Requirement 8(3)(c)* – Effective organisation wide governance systems relating to the following: information management, continuous improvement, financial governance, workforce governance, including the assignment of clear responsibilities and accountabilities; regulatory compliance; feedback and complaints.
  + *Requirement 8(3)(e)* – Where clinical care is provided – a clinical governance framework, including but not limited to the following: antimicrobial stewardship; minimising the use of restraint; open disclosure.

*Requirement 8(3)(c):*

The service demonstrated an organisation-wide governance system for the identification, capturing and monitoring of continuous improvement activities, financial governance and feedback and complaints. However, the site audit report noted deficits in information management, as the Assessment Team identified minor discrepancies in recording consumer diagnoses and the use of psychotropic medication in the psychotic medication register. Additionally, the site audit report noted deficits relating to workforce governance, as not all staff demonstrated knowledge of how to access organisational policies and procedures to guide their everyday practice.

The Approved Provider’s response included additional evidence, such as the psychotropic medication register, geriatrician’s reports, mental health consultation notes and other written evidence, which demonstrated the service had organisation-wide systems in place for effective information management. Additionally, the service demonstrated it had workforce governance systems in place, as per information contained under requirement 7(3)(a), and at no time was consumer care compromised.

Having considered the evidence included in the site audit report and the Approved Provider’s response, I am satisfied the Approved Provider demonstrated it had organisation-wide governance systems in place for information and workforce management. Therefore, I decided the service is Compliant with Requirement 8(3)(c).

*Requirement 8(3)(e):*

The service had a documented clinical governance framework in place to promote antimicrobial stewardship and the use of an open disclosure process. Staff practice was guided by policies relating to antimicrobial stewardship, infection control, minimising the use of restraint, behaviour support policy, and open disclosure; however, the site audit report noted minor discrepancies in documenting and recording the diagnoses and use of psychotropic medication.

The Approved Provider’s response included additional evidence, such as authorisation and consent forms for consumers using psychotropic medication, as well as evidence of a clinical documentation system for storing consumer information relating to psychotropic medication.

Having considered the evidence included in the site audit report and Approved Provider’s response, I am satisfied the Approved Provider demonstrated where clinical care is provided, it has a clinical governance framework in place, including for: antimicrobial stewardship; minimising the use of restraint; and open disclosure. Therefore, I decided the service is Compliant with Requirement 8(3)(e).

*The other Requirements:*

I am satisfied the service is Compliant with the remaining three Requirements of Quality Standard 8.

Consumers and representatives felt the service was run well, and confirmed they were engaged in the development, delivery and evaluation of care and services through a variety of ways including through regular consumer and representative meetings, case consultations, food and lifestyle surveys and a feedback management system. Staff were familiar with how consumers were engaged with and involved in decisions about changes to the service, and the development, delivery and evaluation of care and services they received. The continuous improvement register showed consumer and representative engagement in developing services for consumers.

The governing body was accountable for the delivery of care and services, and promoted a culture of safe, inclusive, and quality driven culture. The service implemented new systems and processes to monitor the performance of the service and to ensure governing body accountability for the delivery of safe, inclusive, and quality care and services. Consolidated reports were provided to the governing body each month, which outlined data and information relating to internal audits, consumer/representative and staff feedback and complaints, continuous improvement initiatives, reported hazards and risks, and clinical and incident data analysis. The governing body used this information to identify the service’s compliance with the Quality Standards, to initiate improvement actions to enhance performance, and to monitor care and service delivery. Management described how the service communicated with consumers, representatives and staff regarding updates on legislation, through regular staff meetings, emails, newsletters and training where required.

The service had a risk management framework in place, which included policies on high impact and high prevalence risks, identifying and responding to abuse and neglect, supporting consumers to live the best lives possible and managing and preventing incidents. Staff demonstrated sound knowledge of various risk minimisation strategies, including preventing falls, infections, managing challenging behaviours and minimising the use of restrictive practices. Staff described the incident management system, which included identifying, responding to and reporting incidents in accordance with legislation, including for the Serious Incident Reporting Scheme.

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