Performance

Report

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| Name of service: | Coastal Waters Aged Care |
| Service address: | 100 The Wool Road Worrowing Heights NSW 2540 |
| Commission ID: | 0583 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Site Audit |
| Activity date: | 12 December 2022 to 14 December 2022 |
| Performance report date: | 24 January 2023 |

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

**This performance report**

This performance report for Coastal Waters Aged Care (**the service**) has been prepared by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, Consumers and representatives and others
* the provider’s response to the assessment team’s report received 11 January 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 | **Non-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

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

* **Requirement 3(3)(b)** - The service implements procedures and practices to effectively identify and manage high impact or high prevalence risks associated with the care of consumers, including but not limited to the management of blood pressure, type 2 diabetes, and congestive cardiac failure.

# 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 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 said they were treated with respect and dignity, with staff always having time for them and valuing their company given as examples. Staff were aware of consumers’ identities and tailored care to best suit each consumer in line with care documentation. The service displayed the Charter of aged care rights to ensure consumers were informed of their right to be treated with dignity and respect.

Consumers and representatives said they felt staff valued consumers’ culture, values, and backgrounds. Staff said the care and services were respectful of consumers’ cultural and religious backgrounds, preferences, and what mattered most to them and described how they came to understand consumers’ culture, stories, and backgrounds. The service has a diversity and inclusion policy upholding the consumers' right to culturally safe care.

Consumers and representatives said consumers were supported to exercise choice and independence which also included making decisions and maintaining relationships of their choice. Care planning documentation reflected the consumers’ choices as described by consumers, representatives, and staff. Staff were supported to encourage consumer choice and decision making through policies.

Consumers and representatives said they were supported by staff to take risks and live the best life they could. Staff described when a consumer wants to take risks, they were supported to understand the benefits and harm during their decision-making process. Care documentation evidenced, while risks have been discussed with consumers and safety precautions were in place to minimise the risk.

Consumers and representatives stated they were happy with the information provided and felt well-informed about activities, events, and when allied health services where visiting. Noticeboards were observed to contain information about current activities. Staff confirmed they informed and prompted consumers with what was happening on the day and any changes which may affect them.

Consumers and representatives said they felt consumers privacy, and personal information was kept confidential. Staff demonstrated knowledge of practices to maintain consumer privacy and were observed knocking on doors and awaiting a response prior to entering a consumer’s room. Consumer’s information was stored within an electronic care management system which required a password to access.

# 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

The assessment team recommended this requirement was not met.

* Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact the needs, goals, or preferences of the consumer.

I have considered the assessment team’s findings; the evidence documented in the Site Audit report and the provider’s response and have found:

The Site Audit report brought forward positive feedback from consumer and representatives on the timeliness of care planning reviews following an incident, change in condition or when a change in preference had been advised. However, for 5 named consumers, aspects of their care plan had not been routinely reviewed and for 3 named consumers the effectiveness of the planned care strategies had not been reviewed following an incident.

In consideration of regular review, for 4 named consumers documentation evidenced, the 6 monthly review of their mobility assistance, falls prevention strategies, nutrition, hydration or oral care needs had exceeded the scheduled timeframe on 49 occasions, with delays varying between 2 days and over 12 months being identified.

Where an incident or change had occurred, including for refusal of care, non-compliance with fluid restrictions, new wounds appeared, infectious status changed, catheter changes were required or the consumer fell, care documentation had not been reviewed or updated to reflect the change in consumer needs.

The provider’s response confirmed, prior to the Site Audit, the service had identified some care plans reviews had not been conducted within the scheduled timeframe and had deployed additional resources to ensure all consumer’s care plans had been reviewed and were current. Additional documentation including care plan summaries and extracts of care plan update reports evidenced the service had remedied the deficit in routine care plan reviews, prior to the Site Audit, and care plans for consumers were reflective of their currents needs which supports compliance with this requirement. I acknowledge a consumer’s care plan can be multifaceted and 49 outdated care plans is not reflective of care plans for 49 consumers.

The Provider acknowledged for two named consumers, their care plan was not updated following a change in their infectious status nor to alert staff when the next catheter change was due, neither omission had a negative impact on the care of the consumer. I also acknowledge the catheter change was identified to be the responsibility of the medical officer, this was scheduled within their appointments and an alert had been added to the electronic care management system.

For another named consumer, who was identified to have bilateral unstageable pressure injuries to both heels, the provider confirms these wounds were incorrectly classified, and submitted wound charting which supports both wounds had healed within a short period of time, while I note these wounds were incorrectly classified this does not support a deficit in reviewing the effectiveness of care strategies.

For another named consumer, who refused care and did not follow medical officer directives, I note the consumer, had recently entered the service and was transferring from accessing respite services to permanent services, and while a review of their care plan had not been undertaken to determine the effectiveness of current care strategies and directives, the consumer was in the process of undergoing a suite of assessments to generate a comprehensive care plan. I also note following the ongoing refusal of care, the medical officer reviewed the consumer and reduced the frequency of care monitoring directives.

Overall, I am satisfied, care and services were reviewed following an incident, a change in a consumer’s condition and routinely, despite some delays being identified, these were remedied prior to or immediately during the Site Audit.

Therefore, I find Requirement 2(3)(e) is compliant.

Consumers and representatives said they were involved in and had a say in the care planning process. Staff described the care planning process in detail, and how it informed the delivery of care and services. Care planning documentation evidenced a comprehensive assessment process upon entry to the service and reflected consumers’ current needs were considered in line with the management of personal/clinical risks.

Consumers and representatives said the assessment and care planning process had included discussions to determine the consumers wishes for advance care or end of life and had identified the consumers current goals, needs and care preferences. Care documentation contained information on what preferences the consumer had, what their goals or care were and their needs. Policies and procedures provided guidance to staff on end of life planning.

Consumers and representatives confirmed they provided their input into the assessment and care planning process, through formalised conversations and regular feedback. Staff reported ongoing communication with consumers and representatives to ensure consultation and partnership. Care documentation reflected the inclusion of multiple health disciplines and services into consumer assessment and planning such as dietitians, speech pathologists, medical officers, and physiotherapists.

Consumers and representatives said the outcomes of assessments and planning were communicated to them, they were consulted regarding the consumer’s care and any changes, were discussed in detail with them. Staff said they communicate outcomes of assessment to consumers by talking to them directly as well as to their representatives. Care documentation, evidenced regular communication with consumers and representatives about assessment and planning.

# 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. | Non-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 assessment team recommended this requirement was not met.

* Effective management of high impact or high prevalence risks associated with the care of each consumer.

The Site Audit brought forward deficiencies in the effective management of high-impact and high-prevalence risks associated with the care of each consumer as medical officer directives had not been put in place to ensure the effective management of risks associated with the care of consumers who had high blood pressure. Additionally, where directives had been put in place, and parameters had been exceeded, staff had not escalated the risk to the medical officer for management.

For a named consumer, who had a 1.2 litre fluid restriction in place due to the risk of fluid overload, monitoring documentation evidenced the consumer regularly consumed fluid in excess of this restriction and staff were either unaware of the restriction or incorrectly identified the restriction to be 1.5 litres.

For another named consumer, with a diagnosis of diabetes mellitus, a medical directive was in place for daily blood glucose levels daily and any readings outside of set parameters where to be escalated to the consumer’s medical officer. Care documentation evidenced, over a 4-day period, the daily readings exceeded those parameters and staff had not escalated this to the medical officer for consideration.

The provider’s response submitted on 11 January 2023 acknowledged the deficits identified in the Site Audit report and confirmed a plan for continuous improvement had been put in place to remedy these deficiencies however, a copy of the plan was not provided with the response.

Overall, I am satisfied based on the evidence brought forward and the providers acknowledgement that high impact or high prevalent risks were not being effectively managed.

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

Representatives were complimentary of the personal and clinical care provided at the service and expressed their satisfaction with the way the service met each consumer’s needs. Care planning documentation reflected individualised care, which was generally safe, effective, and was tailored to the specific needs and preferences of the consumer. Staff described consumers’ individual needs, preferences, and how this care was delivered in line with consumers care plans.

Consumers said they were confident when they required end-of-life care the service would support them to be as free as possible from pain and to have those important to them with them. Staff said, during end-of-life care, they prioritised the consumers comfort and dignity by attending to mouth care, skin care, repositioning, and their personal hygiene and families were encouraged to be present and welcomed throughout the end-of-life care of the consumers. The service had policies and procedures to direct the management of end-of-life care, including pain management and comfort care.

Consumers and representatives said the service recognised and responded to changes in condition quickly. Staff confirmed they were guided by policies and procedures to support them to recognize and respond to deterioration or changes in a consumer’s condition. Documentation indicated how consumers were generally monitored by registered staff and if any deterioration or change in a consumer’s mental, cognitive, or physical function, capacity, or condition occurred, this was generally recognised and responded to promptly, and representatives were notified.

Consumers and representatives gave positive feedback regarding the communication of changes to consumers’ conditions. Staff described how changes in consumers’ care and services were communicated through verbal handover processes, meetings, accessing care plans, and daily task reports. Documentation demonstrated staff generally notified the consumer’s medical officer and representatives when the consumer experienced any change in health condition including a clinical incident, transfer to or from the hospital, or a change in medication.

Consumers and representatives advised referrals were timely, appropriate, and occurred when needed and the consumer had access to relevant health professionals when required. Staff said they had regular access to many health professionals, including dieticians and podiatrists. The service had procedures for making referrals to health professionals outside of the service, through electronic messaging and telephone communications.

Consumers and representatives provided positive feedback about how the service managed the COVID-19 outbreak and the communication strategies implemented to keep everyone informed, the service was kept clean and staff practiced hand hygiene and wore personal protective equipment. Staff demonstrated their knowledge of antimicrobial stewardship and said pathology was generally collected before contacting the medical officer, and antibiotics were charted following a positive pathology result. Staff and visitors were observed wearing masks correctly and hand washing stations were observed throughout the service.

# 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 consumers received safe and effective service and support for daily living which met the consumer’s needs, goals, and preferences. Staff demonstrated an understanding of what was important to consumers and what they liked to do. Care planning documentation included information about the services and support required for consumers to optimise their quality of life, health, well-being, and independence.

Consumers and representatives stated consumers emotional, spiritual, and psychological well-being were being supported within and external to the service. Staff said they engaged with consumers the best way they could, using various methods appropriate for each consumer. Care planning documentation contained information about their emotional and spiritual or psychological well-being needs and how staff can support consumers.

Consumers and representatives’ feedback confirmed consumers were actively engaged with their local community and were provided with support to maintain relationships and do things of interest to them. Care planning documents include information about how consumers participate in the community, do things of interest and stay connected with family and friends. Staff said the service was relatively isolated from the closest town, but they offer bus trips 3 times per week for scenic drives around the countryside and this assisted consumers to stay connected to the local community.

Consumers and representatives said they felt information about their daily living choices and preferences was effectively communicated, and staff who provided daily support understood their needs and preferences. Care staff said the handover process keeps them informed about any updates to consumer care and services. Care planning documentation provided adequate information to ensure the delivery of effective supports and services of daily living.

Consumers and representatives advised they were connected and referred to other organisations and providers as needed or when requested. Staff described exploring individual community ties with consumers and representatives and how they facilitated ways of enabling the consumers to keep their ties to the community. Care planning documents reviewed were found to reflect the involvement of others in the provision of support.

Consumers and representatives offered positive feedback about the variety, quality, quantity, and temperature of meals, however, some consumers said sometimes they did not like the food. Management advised the service was committed to improving the variety and quality of meals by involving consumers and representatives in the decision-making process. Staff were observed assisting, encouraging, and offering choices with meals and staff were knowledgeable about consumers’ preferences and dietary requirements.

Consumers described feeling safe when using the service’s equipment and said it was clean, easily accessible, and suitable for their needs. Staff advised how maintenance requests were prepared and logged and signed off on the computer system when the service was completed. Maintenance documentation identified current and scheduled preventative maintenance, which also includes hoists, weight chairs, and other equipment.

# 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 described being happy with their accommodation and gave examples of the features they enjoyed, including the views. Consumers were observed playing games, having morning and afternoon teas, enjoying meals, socialising together, and enjoying the antics of the new service puppy. Staff were observed welcoming visitors to the service and chatting with families.

The service environment was observed to be clean, well maintained, easy to navigate and included lounge areas, several courtyards and garden areas for consumers and families to spend time together, sit quietly or engage in activities. Consumers agreed the service was clean, well maintained, and comfortable and stated they felt safe at the service. Staff described the process for documenting, reporting, and attending to maintenance issues.

Consumers and representatives said the equipment was well-maintained, safe, and clean. Maintenance staff were observed checking, cleaning, and repairing equipment used by the consumers. Staff described and demonstrated how routine, preventative, and corrective maintenance requirements were managed and monitored.

# 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 and to make complaints. Staff described how feedback and complaints could be made and said if a consumer made a complaint to them, they would try to resolve the issue if it was within the scope of their role. A feedback management policy guided staff practice. Feedback forms and post boxes were observed in various locations around the service.

Consumers and representatives advised they were aware of advocacy and language services available to them; and they described various internal and external mechanisms available to provide feedback and make a complaint. Staff were aware of how to access advocacy services and the interpreter service, however, said they have not needed to assist consumers to access these services. An advocacy policy set out how consumers living at the service were supported to make complaints.

Consumers and representatives advised the service addressed their complaints and resolved the concerns promptly and apologised when things went wrong. Staff discussed how open disclosure was used at the service, if an incident or mistake was made the staff would contact or meet with the consumer and representative to apologise, discuss what happened, investigate the incident, inform the consumer and representative of the results of the investigation and of the actions taken to prevent the incident or mistake from happening again.

Consumers and representatives said their feedback was used to improve the quality of care and services. Staff and management described how trending and analysing feedback and complaints have resulted in improvements and drove the actions taken in response. The service evaluated feedback and complaints, in consultation with consumers and representatives, at meetings, and through surveys, and actions or outcomes were evidenced in the continuous improvement plan.

# 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 they felt there was now enough staff at the service and confirmed they do not have to wait long for assistance. Staff the services tries to use, the same agency staff during unplanned leave to ensure the consumer's care requirements are already known. The organisation has introduced strategies to ensure staffing allocations are able to meet the needs of consumer having reduced bed occupancy and limiting the number of new consumers to 2 per week.

Consumers and representatives said staff were kind, respectful, and caring when providing care. Staff spoke about the consumers, who they were, what they liked, and demonstrated knowledge of what they required assistance with and spoke about them respectfully and used their preferred name.

Consumers and representatives said staff, were capable and had the knowledge to provide care and support. Management ensured all staff met the minimum qualification and registration requirements for their roles including monitoring police checks, or visas. Staff said they were well supported by management to undertake the orientation training and buddy shifts to support their transition into the service. Position descriptions outlined the required qualifications and skills.

Staff confirmed receiving orientation education, annual mandatory training, completing core competencies, and they felt comfortable requesting any additional training they required to perform their roles. Consumers and representatives confirmed they felt staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Training records evidenced staff completed mandatory training and were required to demonstrate their competence.

Care staff confirmed they have their performance reviewed regularly by senior registered staff and management. The organisation has an ‘employee performance and feedback policy’ guiding managers and employees on the ways employees were confirmed as valued members of the team. The annual performance appraisal register evidenced performance reviews had been completed during 2022.

# 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 considered the service was well run and they were aware of engagement opportunities to inform the design, delivery, and evaluation of services including through consumer meetings, feedback/suggestion forms and consumer surveys. Management advised consumers and representatives were encouraged to be involved in various meetings and gave examples of how their feedback resulted in changes at the service.

Consumers and representatives said consumers felt safe at the service and lived in an inclusive environment with access to quality care and services. Management said the organisation’s governance structure provides direct transfer of information to the organisational management team from the front-line managers at each service. Management described the various ways the organisation communicates with consumers, representatives, and staff regarding updates on policies, procedures, or changes to legislation. Information was communicated downstream to the service level, via emails, resident and staff meetings, service newsletters, and training for staff when policies change.

The organisation had governance systems overseen by a Board. The Board then satisfies itself systems and processes were in place to ensure the right care was being provided in line with the Quality Standards. Documentation and feedback from management and staff demonstrated effective organisation-wide governance systems concerning areas including, but not limited to, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints.

The Service has a risk management system in place to monitor and assess high-impact or high-prevalence risks associated with the care of consumers while supporting consumers to live the best life they can. Risks were generally identified, reported, escalated, and reviewed by management at the service level and again at the organisation level by the executive team and Board.

Management described how clinical care practice was governed by policies pertaining to antimicrobial stewardship, restrictive practice, and open disclosure. Care documentation demonstrated compliance with the service’s policies for antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff advised they had training in the Quality Standards, infection control, restrictive practices, dementia, and open disclosure and gave examples of how these applied to their practice.

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)