Performance

Report

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| Name of service: | Coptic Hostel |
| Service address: | 18 St Kyrillos Place HALLAM VIC 3805 |
| Commission ID: | 3268 |
| Approved provider: | Coptic Village Hostel Inc |
| Activity type: | Site Audit |
| Activity date: | 14 March 2023 to 16 March 2023 |
| Performance report date: | 3 May 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 Coptic Hostel (**the service**) has been prepared by G.Hope-Simpson delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit. The Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 11 April 2023.
* other information and intelligence held by the Commission in relation.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-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 | **Non-compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

**Requirement 2(3)(a):** The Approved Provider ensures restrictive practices are used in strict compliance with all legal requirements set out in the *Quality of Care Principles 2014*. The Approved Provider ensures that specific requirements for use of chemical restraints are complied with, including that any chemical restraints are assessed as necessary by a medical practitioner or nurse practitioner before such practices are used, that informed consent for the use of the restraint is obtained from the consumer or their representative and that all legal requirements for Behaviour Support Plans are met.

**Requirement 8(3)(c):** The service ensures oversight of and responsibility for management and use of restrictive practices at the service is clearly defined, that all regulatory requirements for use of chemical restrictive practices are met and actions outlined in the service’s Plan for Continuous Improvement (PCI) are implemented and measured for sustained effectiveness. The service ensures police checks for staff are kept current and necessary risk management steps are taken and adhered to when this is not possible.

# 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 said consumers’ identity, culture, and diversity was valued and they were treated with dignity and respect. Staff were familiar with consumers’ personal circumstances, life experiences and culturally diverse backgrounds consistent with care planning documents. Staff were observed treating consumers with dignity and respect, such as addressing consumers by their preferred names.

Consumers and representatives said the service recognised and respected their cultural background. Staff identified consumers with diverse backgrounds and said the goal for all staff was to ensure all consumers were made to feel respected, supported, safe and secure.

Consumers were supported to exercise choice and independence, including their care and who should be involved. Care planning documents identified consumers’ preferences and important relationships. Staff assisted consumers with their activities of daily living, and ensured consumers were provided opportunities to voice their preferences. The service’s policies and procedures outlined consumers’ rights to make choices enabling them to live according to their preferences.

Consumers were supported to take risks that enabled them to live their best lives. The service completed risk assessments, which supported consumers to make informed risk taking decisions, and implemented safety strategies.

Consumers were provided information that was accurate, current and easy to understand, and enabled them to exercise choice. Staff described ways in which information was provided, including for consumers who may have difficulty communicating or living with cognitive impairments.

Consumers’ privacy was respected, and their personal information kept confidential. Staff were guided by the service’s privacy policy and procedure which included protocols to protect consumers’ privacy, such as locked unattended staff rooms, password protection of computers and knocking on doors prior to entering the consumers’ room.

# 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. | Non-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 the following Requirement was not met:

* 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.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service is non- compliant for this Requirement.

The Assessment Team found that consumers had assessments and care plans that included consideration of risks to inform the delivery of safe and effective care and services. However, the service’s psychotropic medication self-assessment tool listed 13 consumers who were administered psychotropic medication for indicated reasons that suggested they were subject to chemical restrictive practice. Further documentation review showed the 13 consumers did not have behaviour support plans in place. Additionally, the Assessment Team found that although some of the consumers had a completed ‘cognitive, mental health and behaviour assessment’ care plan, these did not satisfy all legal requirements for restrictive practices. Interviews with management showed deficits in understanding of requirements for chemically restrained consumers. During the site audit, the service commenced remedial actions, including consultation with consumers and/or representatives, and developing consumer behaviour support plans. Whilst some of the consumers’ behaviour support plans were still outstanding at the end of the Site Audit, there was no identified detrimental impact to consumer care, no identified overuse of as required medications, and consumers and representatives had no concerns in relation to medication administration.

The Approved Provider responded on 11 April 2023 and outlined steps taken to address the deficiencies identified in the Site Audit Report. The response included evidence of two completed consumer behaviour support plans, a copy of the service’s Plan for Continuous Improvement (PCI) which outlined a range of improvement actions taken and planned, to address the deficits, and an updated psychotropic self-assessment tool identifying those subject to chemical restraints. In addition, the Approved Provider advised the service would commence use of an electronic assessment and care plan system, which included behaviour support plans based on legal requirements. Furthermore, the service had scheduled staff education aligned to the deficiencies and updated relevant position descriptions to identify responsibilities and accountability for management of psychotropic medication administration and chemical restraint.

While I acknowledge the planned and implemented improvement actions identified in the response, supporting evidence did not confirm that all consumers subject to chemical restraints have had behaviour support plans developed since the site audit. It was not demonstrated that the service is fulfilling other legal requirements for use of chemical restraints, including gaining informed consents from consumers or their representatives. Information provided with the response did not clearly identify when some improvement actions would be completed or how they would be monitored for sustained effect. For these reasons, I do not consider that assessment and planning is undertaken with consumers and their representatives, including consideration of risks to the consumer’s health and well-being, from use of chemical restrictive practices.

Therefore, I find the service does not comply with Requirement 2(3)(a).

Regarding the remaining Requirements: Consumer files evidenced an effective assessment and planning process to identify needs, goals, and preferences. Staff had a shared understanding of the assessment and planning process, including how the service supports culturally and linguistically diverse consumers to express their end-of-life goals and needs.

Care planning documents evidenced the involvement of consumers, representatives and other health professionals in the assessment and planning process. Staff described how they partnered with consumers and representatives in the assessment and planning process. Consumers and their representatives said staff explain information about care and services. Consumer care plans were made available to consumers and representatives as needed.

The service had processes in place for the regular and as needed review of care and services While some plans did not list recent review dates, evidence was provided to show the care and services had been regularly reviewed for effectiveness, including consultation with consumers and representatives.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers said they received care that was safe and right for them and met their needs and preferences. Although the service had processes in place to manage restrictive practices, skin integrity and pain management, the Assessment Team identified a deficit in assessment and planning for consumers subject to chemical restraint. This evidence was considered under Requirement 2(3)(a). Overall, consumers and representatives provided positive feedback in relation to restrictive practices, and felt care and services were appropriate for the consumer, tailored to their needs and optimised their health and well-being. Care planning documents otherwise reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer.

Care planning documents identified high impact and high prevalence risks were effectively managed, and members of the workforce implemented relevant strategies to minimise risks, including in relation to falls risk, wandering, exit seeking and diabetes. Consumers and representatives said they were satisfied with the management of risks.

Care planning documents showed consumers who were nearing end-of-life had their dignity preserved, and care provided in accordance with their needs and preferences. Staff described practical ways in which consumers’ comfort was maximised and their dignity preserved. The service had policies and procedures to guide staff practice in relation to palliative care assessment, advanced care planning and end-of-life care.

Care planning documents and progress notes reflected timely identification of, and response to, deterioration and changes in functions of consumers. Staff were guided by policies procedures and could describe strategies for identifying and responding to changes in a consumer’s condition such as undertaking routine observation and weighing of consumers to monitor for a decline in health status.

Consumers and representatives were satisfied consumers’ needs and preferences were effectively communicated between staff, and consumers received the care they needed. Care planning documents and progress notes provided adequate information to support effective sharing of information about consumers’ condition, preferences, and care needs.

Care planning documents reflected referrals to other health professionals were timely and staff understood the process to refer matters to other providers. Consumers confirmed referrals were made in a timely manner and in consultation with the consumer.

The service had documented policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. The service had an Outbreak Management Plan to support the service’s preparedness in the event of an outbreak.

# Standard 4

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

Findings

Consumers said they felt supported to engage in activities of interest, and were provided with relevant supports, such as equipment and resources, to promote their well-being, independence, and quality of life. Staff explained what was important to consumers and what they liked to do, which aligned with information in consumers’ care plans. The Assessment Team observed small and larger group activities and exercise classes where consumers were actively engaged and participating.

Consumers said they could celebrate days that were meaningful to their culture or religion, and the service supported and promoted their spiritual, emotional, and psychological well-being, such as consumer’s who wished to have morning prays at sunrise. Care planning documents contained information about consumers’ emotional and spiritual or psychological well-being and how staff could support them.

Consumers and representatives said they were supported to participate within and outside the service environment, keep in touch with people that were important to them and do things of interest. Care planning documents showed consumers have involvement in the community, pursue their interests and maintain personal and social relationships.

Information about each consumer’s condition, needs and preferences was communicated within the organisation, and with others where responsibility for care was shared. Consumers and representatives considered information was effectively communicated between staff and other providers.

Care planning documents evidenced timely and appropriate referrals were made to individuals, other organisations and providers of other care and services to support consumers’ lifestyle and emotional needs. The service regularly reviews individuals, organisations, or providers to ensure their services remain safe and effective, and quality care and services were being delivered. Lifestyle staff confirmed they used volunteer organisations to connect consumers to their community.

Consumers expressed satisfaction with the quality and quantity of the food. The dining experience was observed to be comfortable with consumers receiving appropriate assistance in a dignified manner. Kitchen processes were organised with updated certifications. The service was committed to continually reviewing and improving the dining experience of consumers.

Equipment for daily living and lifestyle supports were observed to be safe, suitable, clean and well maintained. Consumers said they had access to equipment, including mobility aids, to assist them with their daily living activities. Management and staff described the process for checking and cleaning equipment, and reporting any faults.

# 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 was welcoming, with signage and handrails to support consumers to move independently. Consumers confirmed the service environment pleasant and homely and said consumers were encouraged to personalise their rooms according to their personal and cultural preferences.

The service environment was observed to be clean and well maintained. Consumers confirmed they can move freely and independently indoors and outdoors, and although the Assessment Team observed the presence of coded locked doors, codes were displayed. The service had processes and systems in place for identifying and recording hazards, maintenance issues and cleaning. Documentation reviewed showed requests were completed in a timely manner.

Furniture, fittings, and equipment were observed to be safe, clean, and suitable for the use and needs of the consumers. Consumers and staff confirmed sufficient equipment was available. Call bells and mobility aids were observed to be within reach of consumers and staff were observed to attend to call bells in a timely manner. There were systems in place to ensure regular maintenance of equipment and furnishings was performed in a timely manner.

# 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 feel safe and supported to provide feedback or raise concerns with staff and management. Staff were aware of the process to follow when an issue was raised with them directly, and described the different avenues for consumers to raise concerns, such as consumer and representative meetings, feedback forms or speaking directly with the management team. Management reviewed the service’s complaints register on a weekly basis to ensure resolutions, rectification and follow-up of any complaints.

Consumers and representatives said they were aware of other avenues for raising a complaint but were comfortable raising concerns with management and staff in the first instance. Staff described how they assisted consumers with a cognitive impairment or difficulty communicating to raise a complaint or provide feedback. Although all consumers at the service could speak English, staff were aware of translation services available, and some staff were able to communicate in some consumer’s preferred language of Arabic.

Consumers and representatives said when feedback was provided, the service responded appropriately, apologised if things went wrong, and acted promptly to resolve the issues. For example: The service received ongoing complaints in 2022, that the meat being served was too tough. In response, the service changed their meat supplier, and all consumers said they were very happy with the better quality of meat being used. Members of the workforce described the process followed when feedback or a complaint was received and knew the underlying principles of open disclosure.

Feedback and complaints were trended, analysed, and used to improve the quality of care and services. Improvement actions taken in response to feedback and complaints were evaluated in consultation with consumers and or representatives.

# 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

The service ensured the allocation of staffing was adequate to meet the care and service delivery needs of consumers. Most consumers and representatives confirmed there were sufficient staff to meet consumers’ needs, and although some consumers said call bells were not always answered promptly, this did not impact their care needs being met. Observations by the Assessment Team, and review of call bell data identified staff were available when consumers need them, and call bells were answered in under 10 minutes.

Consumers said staff were kind, caring and respectful, and they felt safe at the service. Staff were observed being kind and respectful to consumers. The service had policies and procedures to guide staff practice which outlined the code of conduct for members of the workforce and expected behaviour and conduct towards consumers.

Consumers and representatives felt staff were competent, and confident staff were skilled to meet their care needs. Each role had a position description, minimum qualifications, and credential requirements.

All members of the workforce said they were trained, equipped, and supported to deliver safe and effective care. Education records identified staff participated in mandatory training and other training identified as required. Consumers and representatives expressed confidence in the abilities of staff.

The service had processes to regularly undertake assessment, monitoring and review of the performance of staff. Consumers and representatives said staff were performing well, and they had no concerns in relation to any member of the workforce. The service had recently moved to annual performance appraisal, whereas previously, longstanding staff members had reduced performance appraisal frequency.

# 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. | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The Assessment Team recommended the following requirement as not met:

* 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.

I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service non-compliant with this requirement.

The service had effective governance systems in place relating to areas including but not limited to, continuous improvement, workforce governance, and feedback and complaints. However, the service was not complying with regulatory requirements for consumers subject to chemical restrictive practices, as was considered and relied upon under Requirement 2(3)(a). Additionally, two staff were found to be working with expired police checks. Although the staff had reportedly applied for updated police checks, the checks had been expired for some time. Although management advised the staff members had always been accompanied on shift by another member of staff with a current check, one of the staff confirmed they had at times worked alone. Management undertook immediate actions to rectify the deficits. On day two of the audit, management provided valid police check with clearance for one of the staff members and removed the other staff member from the roster until their clearance was provided. Management gave an undertaking to monitor expiries more closely and remove staff from the roster until their police checks were returned.

Other evidence brought forward to support the not met recommendation was either refuted by the response or was not sufficiently particularised to allow the Approved Provider to respond. I have not considered this evidence in reaching my decision.

The Approved Provider‘s written response of 11 April 2023 outlined steps taken to address the deficiencies identified in the Site Audit Report. The response included a copy of the service’s PCI with inclusion of the deficiencies. In addition, the Approved Provider advised the service’s policies and procedures were updated to ensure staff without a current police check will be taken off the roster, and implementation of a system which identified police checks expiring within 90 days and reminders sent to relevant staff.

I acknowledge the corrective actions undertaken during the Site Audit, the overall positive feedback from consumers in the Site Audit report, and the Approved Provider’s PCI and commitment to continuous improvement. However, evidence provided with the response, and outlined previously in Requirement 2(3)(a), did not demonstrate that steps taken since the site audit were effective to return the service to full compliance with restrictive practices legislation. Evidence of informed consent for consumers subject to chemical restraint was not provided, nor were behaviour support plans provided for all consumers identified as being subject to chemical restraint. Based on evidence before me, I find the service’s systems for ensuring regulatory compliance remain in need of improvement. While I acknowledge there was no identified impact to consumers because of these deficits, I find necessary probity checks of personnel were not current, risk management measures to protect consumers when staff had no valid police checks were not always adhered to and assessment, planning and oversight of restrictive practices was not maintained. Steps taken since site audit require time to embed and monitoring to ensure changes made are effective and sustained. For these reasons, I find the service does not comply with Requirement 8(3)(c).

Regarding the remaining Requirements: Consumers and representatives confirmed they were involved in discussions and development of the service. The service used various strategies to elicit consumer participation, including feedback forms, surveys, and resident and representative meetings. Specific examples of consumer involvement were identified, including the service changing their meat supplier in response to negative consumer feedback.

Management confirmed the governing body promoted a culture of quality, safety and inclusion, and described how the board satisfied itself the Quality Standards were met through analysis of internal audit results and monitoring of clinical indicators, consumer and workforce feedback. The Assessment Team observed several governing body members were involved in a morning prayer and breakfast session with consumers at the service. Management advised this occurred on a weekly basis.

The organisation had an effective risk management system to monitor and assess high impact or high prevalence risks associated with the care of consumers. Risks were reported, escalated and reviewed at the service level and by the governing body. The service had a policy and procedure to support consumers’ dignity of risk and staff had been trained in their obligations to identify and respond to abuse and neglect, under the Serious Incident Reporting Scheme.

Although the service had a documented clinical governance framework, which included policies and guidelines relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure, the Assessment Team found these were not always followed, specifically for consumers subject to chemical restraint. This was considered under Requirement 2(3)(a). On balance, the Assessment Team found this requirement met based on the framework being available to identify processes for consumers subject to other types of restraints such as environmental, mechanical, and physical. Staff used practice examples to demonstrate their understanding of open disclosure, antimicrobial stewardship and ways to minimise restrictive practices.

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)