Performance

Report

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| Name of service: | Elizabeth Jenkins Place Aged Care Plus Centre |
| Service address: | 8 Homestead Avenue Collaroy NSW 2097 |
| Commission ID: | 0414 |
| Approved provider: | The Salvation Army (NSW) Property Trust |
| Activity type: | Site Audit |
| Activity date: | 14 February 2023 to 16 February 2023 |
| Performance report date: | 28 March 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 Elizabeth Jenkins Place Aged Care Plus Centre (**the service**) has been prepared by K. Spurrell, 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.
* 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 and representatives said they are treated with dignity and respect, and staff value their identity, culture, and diversity. Staff consistently spoke about consumers in a way that demonstrated respect and an understanding of their personal circumstances and life experience. Care planning documentation reflected what is important to consumers to maintain their identity, including who is important to them, their life journey, cultural background, spiritual preference, family relationships, activities of interest, and individual personal preferences.

Consumers said they feel safe and respected by staff; staff are courteous when engaging with them and gentle while providing care. Staff identified consumers from culturally diverse backgrounds and were familiar with individual care preferences, this aligned with information detailed in care plans. Management advised cultural awareness is mandatory training for all staff, and all staff have completed this training.

Consumers and representatives said consumers are supported to make choices regarding their care, the way services are delivered and whom they want to be involved in their care. Staff described how consumers are supported to maintain relationships, such as regular family visits and taking consumers on outings. Care planning documentation included contact information for the representatives, power of attorney, family and friends.

Consumers and representatives said consumers are supported to take risks, if they so choose, to enable them to live the best life they can. Staff described areas in which consumers want to take risks and how the consumer is supported to understand the benefits, and possible harm. Care planning documentation reflected discussions held regarding risks associated with choking, falls, outings without supervision and strategies to mitigate risks, and care directives to guide staff.

Consumers and representatives advised they receive up-to-date information about activities, meals, COVID-19 and other events happening in the service. Posters and flyers of upcoming activities were observed on notice boards and in rooms. Staff described interpreter services available where necessary and described how the service communicates information through food-focus meetings, consumer/representative meetings, and case conferences.

Consumers and representatives said their privacy is respected, doors are closed when receiving care assistance, and staff knock before entering consumers’ rooms. Staff identified ways in which consumer privacy is respected through password protected computers, locked nurses’ stations when staff not in attendance and all hardcopy documentation locked away. The service has protocols in place to protect consumer privacy and observed staff knocking before entering a consumer’s 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. | 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

Following an Assessment Contact - Site from 10 to 11 February 2021, the service was found non-compliant in Requirements 2(3)(a), 2(3)(b) and 2(3)(e). Evidence brought forward in the site audit report dated 14 to 16 February 2023, supports the service has implemented improvements to address areas of non-compliance and now demonstrates compliance with these Requirements.

Requirement 2(3)(a)

Consumers and representatives said they are regularly informed when consumers’ care changes and when incidents occur. Care planning documentation showed evidence of review on a regular basis and when circumstances change, or when incidents occur. Staff and management confirmed care plans are reviewed 3 monthly or when health or care needs change and described how incidents might generate a reassessment or review of consumer’s needs.

Requirement 2(3)(b)

Consumers and representatives said they are consulted in relation to the needs, goals and preferences of the consumers’ care, and staff have spoken with them about advance care and end of life planning. Staff demonstrated an understanding of consumers’ individual needs and preferences and described how they approach end of life and advance care planning conversations with consumers during the admission process and at case conferences and as needs change. Care planning documentation evidenced consumers’ current needs, goals and preferences and advance care planning.

Requirement 2(3)(e)

Consumers and representatives said they are regularly informed when consumers’ care changes and when incidents occur. Care planning documentation evidenced review on a regular basis and when circumstances change, or when incidents occur. Staff confirmed care plans are reviewed 3 monthly or when health or care needs change and described how incidents might generate a reassessment or review of consumer’s needs.

Regarding the remaining compliant Requirements of Quality Standard 2:

Consumers and representatives confirmed their involvement in assessment and planning through care conferences, verbal updates together with those people important to them. Staff described the involvement of others in consumers’ assessment and planning on entry to the service and on an ongoing basis through verbal updates and annual case conferences, this included medical officers and allied health professionals. Care planning documentation evidenced involvement and input from the consumer/representative, medical officer and allied health specialists.

Consumers and representatives confirmed receiving verbal updates and communicated with staff as care changes occurred and said they can request a copy of the care plan if they wish. Staff advised the outcomes of assessments are documented in care conference records and care planning documentation reflected updates on consumers’ care needs during handover. Care planning documentation reflected regular communication with the consumer and representatives about the outcomes of assessment and care 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. | 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

Following an Assessment Contact - Site from 10 to 11 February 2021, the service was found non-compliant in Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e) and 3(3)(g). Evidence brought forward in the site audit report dated 14 to 16 February 2023, supports the service has implemented improvements to address areas of non-compliance and now demonstrates compliance with these Requirements.

Requirement 3(3)(a)

Representatives confirmed consumers are provided with care, suitable to their current needs and preferences. Care planning documentation evidenced the service effectively monitors clinical and personal needs of consumers including for complex clinical issues such as skin integrity, pain and restrictive practices. Staff described how they provide best practice care to consumers, by following organisational policies and procedures, as well as seeking input from specialist care services. Management described how they support staff through overarching day to day clinical oversight.

Requirement 3(3)(b)

Representatives confirmed they are informed and consulted about consumer risks and are aware of mitigating strategies implemented by the service to address risks. Staff described consumer risks identified during admission, as well as management of consumer risks as they emerge. Management explained how clinical indicators are in place to assist the service to identify, address and mitigate consumer risks in a timely manner.

Requirement 3(3)(c)

Representatives said the service delivers effective end of life care. Staff described the service’s processes and documentary requirements in relation to providing end of life care, including the use of palliative referral services. Care planning documentation reflected active end of life care in place to support the care delivered a consumer who was palliating at the time.

Requirement 3(3)(d)

Representatives confirmed they are informed of consumer changes and the service provides strategies to address changes in consumer care needs. Staff described the service’s procedures in relation to post fall management, end of life care, pain management, acute deterioration, changes in swallowing needs as well as changes in skin integrity needs. Care planning documentation evidenced of monitoring a consumers’ condition when changes occurred including for changes in overall consumer status.

Requirement 3(3)(e)

Consumers and representatives confirmed the service has provided information and updates in relation to consumer changes in a timely manner. Care planning documentation evidenced case conferences and ongoing communication with representatives, medical officers, allied health providers. Staff described processes of communication in place such as through handovers, and the use of smartphones and digitally enhanced telecommunications system.

Requirement 3(3)(g)

The service has implemented new policies and staff training in relation to antimicrobial stewardship and staff guidance in relation to the monitoring of antibiotic use. Staff were able to describe the service’s processes in relation to identification and management of consumer infections, appropriate hand hygiene requirements, as well as the service’s initiatives to prevent and control COVID-19. The service has Outbreak management plan in place, and currently has two infection prevention and control leads (IPCL) in the service. Consumer files sampled had information demonstrating appropriate use of antibiotics.

Regarding the remaining compliant Requirement of Quality Standard 3:

Consumers and representatives advised timely, and appropriate referrals occur, and the consumer has access to relevant health supports and services such as the medical officer, physiotherapist, speech pathologist, geriatrician, podiatrist, and chaplain services. Care planning documentation, including progress notes, evidenced a referral process to other health care providers as needed. Staff described the process for referring consumers to other health professionals and how this informs care and services provided for consumers.

# 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

Following an Assessment Contact - Site from 10 to 11 February 2021, the service was found non-compliant in Requirements 4(3)(c), 4(3)(d) and 4(3)(e). Evidence brought forward in the site audit report dated 14 to 16 February 2023, supports the service has implemented improvements to address areas of non-compliance and now demonstrates compliance with these Requirements.

Requirement 4(3)(c)

Consumers described how they are supported to do things within and outside the service and stay in touch with people important to them such as enjoying time with their family. Staff described the strong community links the service has established with regular visits from churches, library services and other members of the community. Consumers were observed leaving the service with family members, and consumers were seen receiving visitors within the service.

Requirement 4(3)(d)

Consumers and representatives said information about their condition was effectively communicated, and staff understand their needs. Care planning documentation reflected sufficient information to deliver effective and safe care where responsibility for care is shared. Staff described how they share information on consumer’s needs via the electronic care management system and are notified of changes at handovers.

Requirement 4(3)(e)

Consumers and representatives said they are referred to allied health services when required and have free access to the library, church service and hairdressing service. Staff described how volunteers and chaplains provide pastoral care, one-to-one support to consumers particularly for those consumers who prefer not to participate in group activities. Care planning documentation contained information about external services involved in supporting consumers. Brochures and resources available to support referrals to external organisations were available to consumers.

Regarding the remaining compliant Requirements of Quality Standard 4:

Consumers and representatives said consumers are supported by the service to do things of interest to them including participating in lifestyle program activities at the service or spending time on independent activities of choice. Staff explained how they partner with the consumer and representatives to identify individual preferences, likes, dislikes and interests, social, emotional, cultural, or spiritual needs and traditions detailed in lifestyle plans. Consumers were observed engaging in various group and independent activities.

Consumers said they enjoy attending various religious services offered within the activities schedule. Staff advised the consumer’s emotional, social, and psychological needs can be supported in ways including facilitating connections with people important to them through technology, church, and religious service. Care planning documentation reflected information about consumer’s spiritual and emotional needs, background, and interests, to support staff to engage and reminisce with consumers.

Consumers and representatives provided positive feedback about food at the service and said they are satisfied with the quality and variety of meals and acknowledged the improvements with the new chef and menu. Staff were observed to be assisting, encouraging, and offering choices with meals and were knowledgeable about consumers’ preferences and dietary needs. Care planning documentation identified consumer dietary requirements, preferences, and allergies.

Consumers and representatives said equipment is safe, suitable, clean, and well maintained and they can access a range of equipment, including mobility aids, shower chairs and manual handling equipment. Staff reported that shared equipment is cleaned with disinfectant wipes after each use and described processes for reporting maintenance issues when equipment is or defective. The daily maintenance schedule included current items requiring maintenance.

# 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

Following an Assessment Contact - Site from 10 to 11 February 2021, the service was found non-compliant in Requirement 5(3)(b). Evidence brought forward in the site audit report dated 14 to 16 February 2023, supports the service has implemented improvements to address areas of non-compliance and now demonstrates compliance with this Requirement.

Requirement 5(3)(b)

Consumers and representatives said the service environment is clean and well maintained and they could access indoor and outdoor areas. Staff described the cleaning schedule in relation to regular cleaning and laundry services and maintenance staff discussed the preventative maintenance schedule for arranging repairs to the building or equipment. The service was observed to be clean and tidy, walkways were clear and free of obstructions, and equipment stored in designed areas.

Regarding the remaining compliant Requirements of Quality Standard 5:

Consumers and representatives said the service environment is open and welcoming, and they feel at home; the service was observed to be light-filled, easy to navigate, and maintained at a comfortable temperature. A variety of activities were on offer for consumers such as exercise classes, games, music, arts and crafts. Consumers were observed moving between the different areas of the service to visit other consumers or participate in activities.

Consumers said furniture, fittings and equipment are safe, clean, well maintained and suitable for them. Staff advised furniture, fittings and equipment are suitability to meet consumers’ personal and clinical needs and lifting equipment is maintained and cleaned between use. The service has a schedule for preventative maintenance which identified all items are completed, and daily logging for corrective maintenance issues.

# 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

Following an Assessment Contact - Site from 10 to 11 February 2021, the service was found non-compliant in Requirements 6(3)(c) and 6(3)(d). Evidence brought forward in the site audit report dated 14 to 16 February 2023, supports the service has implemented improvements to address areas of non-compliance and now demonstrates compliance with these Requirements.

Requirement 6(3)(c)

Consumers and representatives said the service responds appropriately to their concerns, in a timely manner and apologises when things go wrong. Staff demonstrated their understanding of the open disclosure process and the complaints management process and how they offer an apology if things go wrong. The complaints register confirmed the use of open disclosure and timely management of complaints in accordance with the service’s open disclosure policy.

Requirement 6(3)(d)

Staff described how trending and analysing feedback and complaints has resulted in improvements in actions taken in response to feedback and complaints, these were evaluated in consultation with consumers and representatives at meetings and through surveys and were evidenced in the continuous improvement plan. Feedback and complaints data is collected and forwarded to the Board monthly for their oversight.

Regarding the remaining compliant Requirements of Quality Standard 6:

Consumers and representatives said they know how to provide feedback and make a complaint either directly with staff, via feedback forms and surveys, or by making a complaint during consumer/representative or food focus meetings. The complaints register identified the service captures feedback, suggestions, compliments and complaints from consumers, representatives, and staff. The consumer handbook contained information on how to provide feedback or make a complaint.

Consumers and representatives said they have access to external avenues such as advocacy services, language services, and government services for raising and resolving complaints. Staff described how they can access translating and interpreting services and advocacy services if they required assistance to make a complaint. Posters providing information on external support services and contact details were clearly displayed in the service.

# 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

Following an Assessment Contact - Site from 10 to 11 February 2021, the service was found non-compliant in Requirements 7(3)(a), 7(3)(c), 7(3)(d) and 7(3)(e). Evidence brought forward in the site audit report dated 14 to 16 February 2023, supports the service has implemented improvements to address areas of non-compliance and now demonstrates compliance with these Requirements.

Requirement 7(3)(a)

Consumers confirmed they do not have to wait long for assistance. Staff said there is enough staff, and when they are short staffed, they are supported by management, senior staff and registered nurses. Management described how they handle unplanned leave such as asking staff to work additional hours and/or arranging casual staff from the pool.

Requirement 7(3)(c)

Consumers reported staff were skilled in their roles and competent to meet their care needs. Staff said they are well supported by management in undertaking ongoing training and development; during onboarding new staff work buddy shifts until they are confident to handle their roles competently. Position descriptions and recruitment documentation evidenced that new recruits must meet required qualifications, registration, knowledge skills and abilities required for all staff roles and responsibilities.

Requirement 7(3)(d)

Consumers and representatives confirmed staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff confirmed they were supported through an orientation program and ongoing training, including annual mandatory training and core competencies. The service has implemented an education tracker, which is maintained by human resources and reviewed by management regularly.

Requirement 7(3)(e)

Management described the performance appraisal process and provided examples of completed performance appraisals for staff. Staff confirmed they had completed their performance appraisals annually and were able to explain the performance appraisal process. The performance appraisal register evidenced that all staff had completed their performance review annually.

Regarding the remaining compliant Requirements of Quality Standard 7:

Consumers and representatives said staff are kind, respectful and caring when providing care. Staff were observed interacting with consumers in a kind and caring manner. Staff were familiar with individual consumers’ needs and preferences which aligned with information detailed in care planning documentation and progress notes.

# 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

Following an Assessment Contact - Site from 10 to 11 February 2021, the service was found non-compliant in Requirements 8(3)(c), 8(3)(d), and 8(3)(e). Evidence brought forward in the site audit report dated 14 to 16 February 2023 supports the service has implemented improvements to address areas of non-compliance and now demonstrates compliance with these Requirements.

Requirement 8(3)(c)

The service demonstrated effective organisation wide governance systems in place relating to information management, continuous improvement, financial and workforce governance, regulatory compliance, and feedback and complaints. The service has established several clinical registers to achieve an overarching monitoring process for changes in consumer’s condition, needs and preferences including for high risks, complex health care needs and case management. Staff can access a centralised policy hub for all policies and procedures; policies are reviewed by the clinical policy lead and the procedure review group. All consumer information and records were stored within the electronic care management system ensuring that relevant information is available for sharing information and sending alerts to staff. Management and executive management review quality performance data, clinical indicators and consumer feedback/complaints and incidents to satisfy themselves that quality standards are being met. Management explained how the service is supported by effective financial management systems and regulatory compliance is managed centrally by the executive leadership team who receives updates to legislation changes.

Requirement 8(3)(d)

The service has risk management systems in place to monitor and assess high-impact or high-prevalence risks associated with the care of consumers whilst supporting consumers to live the best life they can. Risks are identified, reported, escalated, and reviewed by management, the executive level and the board. The service completes incident reports through the electronic care management system with an incident management program. Management confirmed they analyse incidents, identify issues and trends and report these to various committees. The final data goes to the board to identify improvements to care and services for consumers.

Requirement 8(3)(e)

Consumers and representatives stated that when things go wrong, the service contacts them, explains what has happened and offers an apology. Staff and management were aware of policies and procedures and described having access to these through the internal internet platform. Additionally, they described how they are followed in clinical care practices for antimicrobial stewardship, restrictive practices, and open disclosure. A clinical governance framework supports clinical care practice within the service. A review of care planning documentation demonstrated compliance with the antimicrobial stewardship policy.

Regarding the remaining compliant Requirements of Quality Standard 8:

Consumers and representatives said the organisation is well run and confirmed they are aware of engagement opportunities to inform the design, delivery, and evaluation of services, including consumer/representative meetings, food focus meetings, feedback forms and consumer surveys. Staff said consumers and representatives are encouraged to be engaged through various mechanisms including lifestyle planning and surveys which occur on a regular basis. Consumer and lifestyle meeting minutes evidenced discussions regarding activities of interest that were selected by consumers.

Consumers and representatives said they feel safe at the service and live in an inclusive environment with access to quality care and services. Management described how the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and monitors the services’ performance through direct reporting from management to the executive leadership group. Staff described how clinical indicators, quality initiatives and incidents are discussed at relevant meetings. The services ‘Mission, Vision and Values statement was on display throughout the service and are reflective of the organisation’s promotion of a culture of safe, inclusive, quality care and services.

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