Performance

Report

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| Name of service: | Estia Health Albany Creek |
| Service address: | 55 Faheys Road West ALBANY CREEK QLD 4035 |
| Commission ID: | 5786 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 27 June 2023 to 29 June 2023 |
| Performance report date: | 2 August 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 Estia Health Albany Creek (**the service**) has been prepared by

J. Earnshaw, 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 20 July 2023.
* 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 confirmed staff treated consumers with dignity and respect. Staff were observed engaging with consumers in a friendly, dignified and respectful manner and understood the consumers’ identity and cultural background. Care planning documentation reflected the history and background of consumers and what was important to them to maintain their identity. Staff were consistently observed speaking to consumers in a way that was respectful and with an understanding of their personal circumstances. Staff stated they had not witnessed a consumer being treated in an undignified or disrespectful way but would immediately address with the staff member or report the issues to registered staff and management where required.

Consumers and representatives confirmed the service recognised and respected consumers’ cultural background and provides care which was consistent with their preferences. Staff were able to identify consumers from culturally diverse backgrounds and were able to provide information relevant to ensuring each consumer received the care required that aligned with their care plan. Lifestyle staff included important days of celebration in the activities calendar, and this reflected the different cultural background of consumers. Care planning documents reflected the diversity of consumers at the service, and their profiles recorded their country of birth.

Consumers were supported to exercise choice and maintain their independence by making decisions about their care and services. Consumers were supported to nominate who they would like involved in their care. Consumers felt they could communicate their decisions, make connections with others, and maintain their relationships of choice. Staff demonstrated knowledge, awareness and understanding of consumer choices and preferences and described how each consumer was supported to make informed decisions about their care and services. Management advised consumers’ care needs, goals and preferences were discussed including who the consumer wished to be involved in their care. Case conferences were held with consumers and their nominated representatives as part of consultation processes, seeking to ensure consumers were supported to exercise choice and afforded opportunities to communicate their decisions.

Consumers were supported by staff to take risks and live their best life. Staff described areas in which those consumers wanted to take risks, how the consumer was supported to understand the benefits and possible harm when they made decisions about taking risk, and how consumers were involved in problem-solving solutions to reduce risk where possible. Care staff explained the different safety needs for consumers who smoke and consumers who use mobility scooters to access the community.

Consumers were provided with information enabling them to make informed decisions about their care and services and exercise choice in how their needs, goals and preferences were met. Consumers said staff provided them with lifestyle activities and menus in advance, asked for their feedback, and respected their choices. Lifestyle staff released the new activities calendar in the last week of the month after they discussed the proposed calendar at the consumer meetings to ensure they received feedback and could make changes as needed. Management used a mobile application and emails to keep consumers and representatives informed of recent events including publishing the monthly newsletter, menu, and activities calendar.

The service had a mix of single rooms with ensuites and shared rooms with two consumers per room and shared bathrooms. Consumers felt their privacy was maintained in the shared rooms and care staff described how they maintained consumers’ privacy when providing care. The service used an electronic care management system which was password protected and only accessible by authorised staff with independent usernames and passwords. Care staff described how they maintain privacy whilst providing cares to consumers in shared rooms. Care staff said they ensured the curtain between beds was drawn, the door was closed and they communicated with the consumer’s room companion cares were about to be provided. Registered staff completed handover in the nurses’ station to ensure consumer privacy was maintained. Nurses’ stations were not accessible to consumers, and computer access and private information of consumers was kept within environments that maintained confidentiality.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives expressed satisfaction with assessment and care planning processes which result in the delivery of safe and effective care and services to consumers. Care planning documentation reflected the consideration of potential risks to consumers’ health and wellbeing.

The service demonstrated a consistent approach to assessment and care planning is undertaken with consideration of risks such as falls, skin integrity, weight loss, restrictive practises and diabetes management.

Consumers and representatives considered consumers are partners in the ongoing assessment and planning of consumers’ care and services, however, the Assessment Team report raised inconsistencies in the consideration of consumer’s advance care planning where the consumer has chosen to do this. Staff advised, and the Approved Provider’s response further described discussion about a consumer’s advance care and end-of-life wishes are conducted when a consumer enters the service, at care plan review, and if a consumer's condition deteriorates. The Approved Provider’s response demonstrated how this information is captured, shared and accessed, including communicated through handover and via care planning documentation within the electronic care management system.

Staff were able to describe assessment and care planning processes and how consultation occurs with the consumers and representatives. Care planning documentation evidenced the involvement of the consumer, those the consumer wishes to be involved, medical officers, and other health care practitioners.

The organisation had policies and procedures in regard to assessment and planning to guide staff practice.

Consumer care planning documentation identified assessment and planning included the consideration of individual consumers’ risk and reflected the consumer’s current needs, goals and preferences.

Staff said they have access to care planning information through the electronic care management system. The service demonstrated care plans are reviewed every 3 months or when circumstances change.

Consumers and representatives said staff discuss consumers’ care needs or preferences with them and are responsive when there is a change to these. Staff described how information is shared related to identified changes in consumer condition, including within the electronic care management system and at handover.

The Approved Provider, in its response, refuted the Assessment Team recommendations and described how end-of-life preferences are managed, including requesting said preferences on entry to the service and if deterioration is noted. The response demonstrated documented evidence to support that the service has maintained compliance under this requirement and provided examples of additional actions taken including:

* conducted a gap assessment of all consumer care planning documentation, confirming the 2 consumer files identified by the Assessment Team to be the only files identified for updating related to end-of-life information received by the service.
* amended consumer documentation where inconsistencies were identified by the Assessment Team.
* provided education to staff related to end-of-life documentation.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Provider’s response. I am persuaded by the Approved Provider’s response that adequate measures are in place to support consumers end of life wishes. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

# Standard 3

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

Findings

Consumers and representatives considered consumers received personal care and clinical care that is safe, right for them and in accordance with the consumers’ individual needs and preferences.

Care planning documentation for consumers demonstrated effective assessment, management and evaluation of restrictive practices, falls risk, weight loss, skin integrity and pain management.

Pressure area care and wound care management is completed as prescribed. Consumers with pressure injuries and other wound types have a wound management plan.

The service was able to demonstrate consumers experiencing chronic pain receive regular pain assessments identifying the site, type and severity of pain identified. Care planning documentation included assessment by validated assessment tools, and interventions of both pharmacological and non-pharmacological interventions recorded and reviewed for effectiveness.

Where restrictive practices are used, assessments, authorisation, consent and monitoring were demonstrated. Behaviour support plans are in place for consumers who are subject to restrictive practices and the service maintains a psychotropic medication register.

The service was able to demonstrate effective processes to manage high-impact or high-prevalence risks associated with the care of each consumer. Staff demonstrated knowledge of the process for identifying, managing, documenting and investigating incidents, reporting these are documented in the incident management system.

Care documentation identified consumers at risk, and staff were able to describe risks to the consumers including falls, skin integrity, pain management and behavioural support needs and the risk mitigation strategies to support consumer care delivery.

The Assessment Team raised areas where the service was not able to demonstrate a consistent approach to obtaining and recording consumer end-of-life wishes and staff being unable to consistently demonstrate knowledge of consumer end-of-life preferences. Such as consumers who are/ or are not wishing to be resuscitated as part of their end-of-life pathway. However, the Approved Provider’s response details how and when these conversations are held and evidenced how this information is documented, shared with and accessed by staff. I am satisfied that adequate advance care planning and end-of-life planning are occurring and available to staff, for consumers who are palliating or wish to engage in such discussions.

Staff were able to describe the ways they recognise and respond to deterioration or change in the consumer’s condition. Clinical pathways are available to guide staff in identifying and responding to a change or deterioration in consumers’ conditions.

Consumers and representatives said consumers receive the care they need and expressed satisfaction that consumers’ needs, and preferences were effectively communicated between staff. Staff described the ways in which information was shared amongst staff, including within the electronic care management system, through handover and staff meetings.

Consumers and representatives reported, and documentation confirmed, referrals being timely, appropriate and occur when needed and that the consumer has access to relevant health professionals, such as allied health practitioners and medical specialists.

The service has a suite of documented policies and procedures related to this standard, including an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and management of COVID-19 outbreaks. The service is supported by an infection prevention and control lead and maintains a vaccination program for staff and consumers.

The service was able to demonstrate the minimising of infection-related risks through antimicrobial stewardship, the implementation of screening processes, and through standard transmission-based precautions to prevent and control infection.

The Approved Provider, in its response, refuted the Assessment Team recommendations and provided adequate documented evidence to demonstrate how end-of-life preferences are managed effectively, including requesting said preferences on entry to the service and if deterioration is noted.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Provider’s response. I am persuaded by the Approved Provider’s response that adequate measures are in place to support consumers end of life wishes. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

# Standard 4

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

Findings

Consumers and representatives confirmed the service’s lifestyle program was supporting consumers’ lifestyle needs and staff assisted consumers to be as independent as possible. Staff demonstrated knowledge of consumers’ needs, goals and preferences and the support they required to participate in activities or pursue individual interests. Care planning documentation reflected strategies to deliver services and supports for daily living that reflected the diverse needs and characteristics of consumers. Consumers were observed engaging in a variety of activities during the Site Audit, including concerts, exercise classes, movies, high tea and interactions with each other, family members and visitors.

Consumers were provided with emotional, spiritual, and psychological support when needed and staff described the processes for providing those supports to consumers. Lifestyle staff checked in on every consumer each morning and care staff will inform them if a consumer was feeling down or not themselves. Lifestyle staff spend individual time with consumers to listen to any of their concerns or undertake activities they enjoy with them. There were multiple religious visits and services throughout the week including visits from the local Catholic priest every Tuesday, the Anglican church every month and an ecumenical service once a week. The service had a volunteer who attended weekly with a therapy dog. The volunteer stated the consumers are always happy when they visit and lifestyle staff said the visits were enjoyed by all, and some consumers requested the dog comes to their room every week.

Consumers were supported to take part in community activities outside the service, to visit family, go shopping or engage in social relationships with other consumers at the service. Consumers were observed enjoying the company of visitors at the service and engaging in positive interactions with staff.

Consumer services and supports were consistent, and staff knew consumers’ individual preferences and organisations involved in their care. Staff described changes in a consumer’s condition, needs, preferences or supports for daily living were communicated at handover and documented in the electronic care system. Care planning documentation for consumers provided adequate information to support safe and effective care as it related to services and supports for daily living.

Timely and appropriate referrals occurred to other individuals, organisation, or providers in collaboration to meet the diverse needs of consumers. The service will also engage volunteers to help in providing activities that consumers wished to participate in and were of interest to them.

Consumers and representatives confirmed meals were varied and of suitable quality and quantity. Staff knew consumers’ nutrition and hydration needs and preferences. Consumer’s preferences and any allergies or intolerances were available on the electronic care system and in the kitchen. The chef and kitchen staff demonstrated consumers’ dietary requirements sheets and the chef confirmed this report was updated and delivered daily. The menu was rotated monthly and developed with feedback from consumers through food club meetings, consumer meetings, feedback forms and verbal feedback from consumers given directly to staff.

Consumers had access to equipment that was fit for purpose, well maintained, and cleaned to assist them with their daily living activities and consumers were aware of how to log a maintenance request if required. The service had adequate numbers of mechanical lifting devices and other items of shared equipment throughout the service. Mobility aids, such as walking devices or wheelchairs, were clean, tyres were inflated, foot plates were in place and items were well maintained. Consumers confirmed their mobility aids were maintained by the service.

# 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 ways the service made them feel welcome including personalising their rooms with personal items and decorated furnishings which reflected individual tastes. A central dining room, lounge areas, a large outdoor area that had a barbecue and covered area with clean and well-maintained tables and chairs was observed. Consumers were observed to be moving around the service using wheelchairs and 4 wheeled walkers. The Memory support unit reflected dementia enabling principles of design, including consumers had their name and picture on their door and personalised items in a display box next to their door to assist them to locate their room. Rooms were large enough to minimise clutter, even in shared rooms.

The service was observed to be presented in a clean, comfortable, safe, and well-maintained manner. Consumers were observed to freely move around the service both inside and outside. Consumers confirmed they felt safe and comfortable in the service, the service was always clean, and they could move freely around the service. Cleaning and maintenance staff described the process to ensure all tasks were completed and monitored. The new electronic cleaning care devices worked to monitor all rooms were cleaned regularly including communal areas and high touch points. The internal and external living environments enabled consumers to move around freely including handrails throughout the service and courtyards were observed to be clean and welcoming with well-maintained gardens and lawns surrounding the service.

Consumers confirmed furniture and equipment were always clean and well maintained and maintenance and cleaning requests were completed in a timely manner. Consumers confirmed staff were competent in the use of equipment and said they felt safe when staff used the equipment when providing care and services. There were effective systems and scheduling to ensure that furniture and equipment were safe, clean, and well maintained for use. Maintenance staff explained how maintenance tasks were conducted and contractors were used for tasks requiring a qualified tradesperson or when maintenance staff were unable to complete the tasks safely.

# Standard 6

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

Findings

Consumers and representatives were supported to give feedback or make a complaint and said they felt comfortable doing so. Management and staff described processes in place to encourage and support feedback and complaints. Feedback forms and return boxes were located in the common areas at the service. Feedback forms were included with the monthly newsletter provided to all consumers with information on how to report any concerns. Feedback forms completed by staff on behalf of consumers were included within the complaints and feedback log of the service.

Consumers and representatives were comfortable with sharing any concerns or complaints with staff, completing feedback forms, or raising issues at consumer meetings. Staff and management stated they have not needed to assist consumers to use interpreters or advocacy services. Management and staff demonstrated a shared understanding of the internal and external complaints and feedback avenues and advocacy and translation services available for consumers and representatives. The service’s internal and external complaints mechanisms included promotional material for the Older Persons Advocacy Network which were displayed in reception.

Consumers and representatives were confident management would address and resolve any concerns which were raised. Management and staff demonstrated an understanding of the principles of open disclosure and the service maintained records of when open disclosure had been applied. Staff confirmed the principles of open disclosure stating they would apologise and explain to consumers and representatives if anything went wrong. The feedback and complaints register included details of actions taken, timeframe status and details of when open disclosure had been applied in response to addressing or resolving complaints. The service was guided by a Feedback, Complaints and Open Disclosure Management policy which included the steps in addressing open disclosure; and a Feedback procedure which included privacy and other information, including reference to the Charter of Aged Care Rights.

Consumers and representatives expressed confidence the service used feedback and complaints to improve the quality of care and services and confirmed consumers were involved in improvement. The service trended and analysed complaints, feedback and concerns raised by consumers and representatives and used this information to inform continuous improvement activities across the service which were documented under the service’s plan for continuous improvement.

# 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 consider they received quality care and services when they need them from people who were knowledgeable, capable, kind and respectful.

The service demonstrated the workforce is planned to meet the needs of consumers and the service has systems and processes in place to ensure there is sufficient staff rostered across all shifts. Call bell response times were monitored, with delays in response for assistance investigated by management.

Staff considered there were sufficient staff to deliver care and services in accordance with the consumers’ needs and preferences. Staff said they are provided with the support and training needed to perform their roles.

Staff interactions with consumers was observed to be kind and caring. Management said they use consumer and representative feedback to monitor staff behaviour and to ensure interactions between staff and consumers meet the organisation’s expectations. Staff had a shared understanding of consumers and what was important to them.

Management described how they determine whether staff are competent and capable in their role, which included induction on commencement of employment, and completion of mandatory training programs.

Management described how the workforce is recruited, trained, and equipped to deliver the outcomes required by the Quality Standards. Systems and processes were in place to identify training needs, provide education to staff, monitor staff performance, professional registrations and national criminal history checks.

# 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 advised they consider the service to be well run, and they can partner in improving the delivery of care and services and expressed satisfaction with the care and services provided to them.

Management described how consumers are supported to be engaged in the development, delivery and evaluation of care and services through consumer meetings, feedback forms and by providing direct feedback to management. Management provided examples of how improvements have been implemented as a result of consumer feedback.

The organisation’s governing body, the Board, promotes a culture of safe, inclusive and quality care and services and was accountable for their delivery. The Board is informed by monthly audits, clinical data and governance reports and is supported by the organisation’s quality partners in the review of data and risk for the service. Staff advised they were able to access the information they needed to perform their roles and demonstrated an understanding of consumers with high-impact or high-prevalence risks.

The service was able to demonstrate established governance frameworks, policies and procedures that support the management of risk associated with the care of consumers. However, deficiencies in information management were identified in relation to inconsistent documentation of consumer preferences, specifically in relation to end-of-life preferences. This has been considered under Standards 2 and 3, and I am satisfied that the service has adequate systems and processes in place and that the service has addressed the deficits identified.

Consumer feedback, audit and survey results, incident data, and the analysis of clinical indicators were used to inform continuous improvement activities. The service demonstrated systems are in place to monitor workforce competency and ensure the workforce is appropriately planned to facilitate the delivery of safe and effective consumer care.

Staff were able to describe how changes in legislation were communicated to them.

The service demonstrated systems are in place to encourage the provision of consumer feedback and complaints and ensure appropriate and proportionate action is taken. Evidence of open disclosure was observed within staff practices and how consumer feedback and complaints positively contribute to improvement initiatives and outcomes.

The organisation has a clinical governance framework and policy which directs the service on how to manage high-impact and high-prevalence risks; respond to abuse and neglect; support consumer choice and decision-making; and report and manage incidents. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how they are implemented within their daily practise.

Management and staff described how incidents are reported and managed through an electronic Incident management system, however the Assessment Team identified inconsistencies in how some incidents are investigated or analysed.

The Approved Provider, in its response, refuted the Assessment Team recommendations and demonstrated how the service has maintained compliance under this Standard, and provided documented evidence as previously considered under Standard 2 and 3. The response, also described how the service records reportable incidents (separate from the incident management system) and provided evidence to support their position of compliance under this requirement.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Provider’s response. I am persuaded by the Approved Provider’s response that adequate measures are in place to support information management, consumers end of life wishes and incident management. Therefore, it is my decision that each requirement and the overall quality standard are compliant.

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