Performance

Report

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| Name of service: | Estia Health Kogarah |
| Service address: | 74-76 Rocky Point Road Kogarah NSW 2217 |
| Commission ID: | 2815 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 23 January 2023 to 25 January 2023 |
| Performance report date: | 17 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 Estia Health Kogarah (**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 and others.
* the provider’s response to the Assessment Team’s report received 20 February 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 said staff treated them with dignity and respect, and that staff valued them as individuals. Staff spoke about consumers in a respectful manner and they were familiar consumers’ individual backgrounds and preferences. Care planning documents showed the service acknowledged consumers’ culture, diversity, and identity. The service’s policies fostered a diverse and inclusive environment.

Consumers said the service recognised and respected their cultural background and that it provided care consistent with their cultural preferences. Staff knew which consumers were culturally and linguistically diverse, and how to deliver care consistent with their care plan.

Consumers said the service supported them to make choices about their care, including who was involved in it and when they received it. They said the service respected their choices and supported them to maintain their relationships. Care planning documents identified consumers’ individual choices about when they received care, who was involved, and how staff should support them to maintain relationships.

Staff knew which consumers took risks, and how to support them to live the way they chose. Consumers said the service supported them to take risks and care planning documents showed the service helped consumers to manage risk appropriately. Care records included dignity of risk forms, risk assessments and information arising from risk discussions between staff and consumers.

Consumers and representatives said the service kept them informed through printed information, verbal reminders and by email. The service provided clear and intelligible information that supported consumers to make informed decisions.

The service respected consumers’ privacy, and kept their personal information confidential. Consumers said the service respected their privacy and staff demonstrated the practical ways they maintained consumers’ privacy. The service had procedures to guide staff in how to protect consumers’ privacy.

# 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

Care documents recorded risks to consumers’ health and well-being, and staff used this information to deliver safe and effective care. Consumers said the service engaged them in the care planning processes, and that they received appropriate care. Staff knew the service’s care planning and assessment processes and the service had procedures to guide staff about assessment and care planning.

Care plans showed consumers’ current needs, goals, and preferences, including advance-care planning and end-of-life care preferences, if the consumer wished. Staff had regular contact with consumers about care planning, including about consumers’ individual needs and end-of-life directives. Staff understood what was important to consumers through ongoing discussions, care plan reviews and observations.

Representatives said the service partnered with consumers, and other providers to plan consumers’ care. This included collaborating with medical officers, nurse practitioners, physiotherapists, and other allied health professionals. Staff partnered with consumers and their representatives through in-person meetings, telephone contact and digital messaging. Staff documented other providers’ care in consumers’ care plans, including progress notes and case conference information.

Representatives said staff communicated with them frequently about consumers’ care, and that they had access to care planning documents as they needed. They said staff helped them easily understand complex clinical information connected with consumers’ care. Care planning documents contained clear information. Progress notes showed that staff communicated with representatives through in-person meetings, telephone contact, and electronic messaging, they had contact with consumers during weekly reviews, and in relation to care changes or updates about incidents.

Care planning documents showed regular reviews and reviews in response to deterioration, incidents or other changes of circumstance. Representatives said staff regularly discussed consumers’ care with them and that staff addressed requests promptly.

# 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 effective and met their clinical and personal care needs. The service had processes to govern its use of restrictive practices, wound management and pain management, and these aligned with best practice. Care records showed the service’s care was safe, effective, and tailored to consumers’ individual needs. Staff knew how to provide safe, quality care to meet the individual needs of consumers.

The service managed high impact, high prevalence risks by monitoring clinical data, analysing trends, and applying mitigation strategies. Consumers said the service managed high-prevalence, high-impact risks effectively, particularly for falls and infections.

Staff preserved the dignity of consumers nearing end-of-life by facilitating regular family visits, supporting consumers to reposition, and providing care in relation to hygiene, comfort, pain-management, and continence management. Care plans included an advance-care plan, which described the needs, goals, and preferences of consumers nearing end-of-life.

The service responded to changes in consumers’ capacity or condition promptly. Care planning documents and progress notes showed staff identified and responded to changes in consumers’ conditions, and representatives said staff responded to changes promptly. Clinical and care staff monitored consumers for a range of changes, including unplanned weight gain or weight loss, general wellness, behavioural changes, and sudden changes in morale and daily living preferences. If a staff member identified a change, they initiated a medical officer review, and if appropriate, a hospital transfer and care plan review. Staff discussed any changes during handovers and staff meetings.

Service staff documented information about consumers’ conditions, needs and preferences effectively, and communicated it with those involved in their care. Progress notes and care plans provided adequate information to support safe and effective care. Representatives said staff worked together to deliver care, and that the representatives do not have to repeat directions to different staff.

Staff referred consumers to other care providers promptly. Consumers’ plans and progress notes showed the input of other providers and referrals where needed. Representatives said service staff made timely referrals to a range of health professionals, including medical officers and allied health providers. An on-site physiotherapist supported the service 5 days per week.

The service was prepared in the event of an infectious outbreak and it used a best-practice approach to prescribing antibiotics. Representatives said they were satisfied with the service’s management of recent outbreaks, and its infection prevention and control precautions. The service had access to an infection prevention and control (IPC) consultant who governed its IPC practices. It also had training program to prepare a registered nurse to take on a dedicated IPC lead role, which the relevant staff member would take up when appropriately trained.

# 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 staff supported them to participate in activities they liked, which optimised their independence and quality of life. Staff captured consumers’ care preferences through assessments, in progress notes and on the service’s electronic care management system and communicated them during handovers and through system generated messages. This included consumers’ care preferences and items such as their leisure activity preferences, spiritual affiliations and personal interests. Staff knew what consumers liked to do and their information aligned with consumers’ care plans.

Consumers said the service supported them when they were feeling low, and that it promoted their emotional, spiritual, and psychological well-being. Staff knew how to support consumers’ psychological wellbeing and care plans contained strategies to support their wellbeing.

Staff enabled consumers to maintain important social and personal connections and their interests. Consumers said the service supported them to participate in activities within and outside the facility. Care planning documents showed information about the activities consumers were interested in, and the people important them.

Consumers said staff communicated with them and other providers about developments in their care. Staff communicate though progress notes, during handovers, and using the service’s electronic care management system. All staff attended shift handovers, to ensure they were informed about care delivery within the service. Care planning documents showed adequate information to support safe and effective care.

The service engaged other organisations, volunteers, and providers to support consumers. For example, the service regularly scheduled entertainers and musicians to perform for consumers, to supplement its lifestyle program. Consumers confirmed that other providers delivered care and services to them. Care plans showed the service had referred consumers to other organisations, including volunteer organisations, and that it had engaged performers to entertain consumers in the service. Staff knew which consumers utilised specific external services.

Most consumers were satisfied with the variety, quality and quantity of the service’s food. Staff knew consumers’ dietary preferences and accommodated them during meal times. The service had feedback channels to collect consumer feedback about its food, including its monthly consumer food forum, feedback forms, and through direct contact with staff.

The service’s equipment was safe, suitable, clean, and well maintained. The service had a cleaning and maintenance schedule, and staff knew how to raise maintenance requests. Consumers said they felt safe using the service's equipment and that it was available when they needed it.

# 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 environment was welcoming, easy to navigate and gave consumers a sense of belonging. Staff helped consumers feel at home within the service.

Consumers could move freely, both inside and outside the facility. Consumers said the service environment was safe, clean, and well-maintained and that it allowed them to move around freely. The service was regularly cleaned and maintained.

The service’s furniture, fittings and equipment were safe, clean and well-maintained. The service had a maintenance schedule comprising internal audits, and proactive and reactive maintenance initiatives. Consumers said the service routinely checked, cleaned, and maintained their equipment.

# 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

The Assessment Team recommended that Requirements 6(3)(c) and 6(3)(d) were not met, I reviewed the evidence in the site audit report and the Approved Provider’s response and came to a different view.

Requirement 6(3)(c)

The Assessment Team brought forward evidence of two consumers and five representatives who said the service had not documented concerns they raised or addressed them sufficiently. Evidence included one consumer who said the service had not replaced their mattress, despite requesting staff to do so multiple times. Another consumer who said the service had not changed the food it served despite complaints being made about it. A representative who reported concerns regarding a wandering consumer entering rooms in the night, the representative had reported the wandering behaviour to the service, but stated it remained a concern. Another representative said staff did not support a consumer to leave the service for walks, and they had raised this with the service previously.

In its 20 February 2023 response, the service provided examples of the various ways it had attempted to work with consumers to resolve these complaints, which included offering an alternative mattress and the engagement of specialist services to address wandering consumers. In relation to the consumer who raised feedback about the meals, the response provided additional explanation regarding relevant diagnoses and evidence that the service has arranged dietician reviews and one on one meetings with the service’s chef to provide more suitable meals for the consumer. The Approved Provider also submitted additional explanation and evidence in relation to the representative feedback regarding the consumer leaving the service for walks, which demonstrates the service has met the preferences of the consumer in this instance.

I have considered the evidence brought forward in the Site Audit report and the Approved Provider’s response, I consider the response demonstrates that the service has made attempts to resolve some of the issues raised both prior to and since the Site Audit and I have also placed weight on the feedback of consumers and representatives throughout the report in relation to how the service manages feedback and complaints. I have formed the view that the service has demonstrated that it takes appropriate action in response to consumers complaints and has an appropriate open disclosure process in place. Therefore, I find the service Compliant with Requirement 6(3)(c).

The Assessment Team recommended that Requirement 6(3)(d) was not met and brought forward the following evidence.

The Assessment Team reviewed the service’s Plan for Continuous Improvement which evidenced improvements that have come from complaints trending and analysis. The areas of improvement included improving clinical care, staffing competencies, cleaning, and call bell response times. For example, the service had a continuous improvement initiative to improve cleaning services. Management conducted an internal review process and identified that staff members required further training on cleaning duties.

The Assessment Team relied on the evidence from one consumer representative who raised concerns over the delivery of care and discussed issues with a consumers continence care that occurred throughout November 2022 and January 2023, resulting in the need of hospital admission for treatment as a demonstration on non-compliance.

In its response of 20 February 2023, the Approved Provider acknowledged the situation raised by the Assessment Team and provided additional explanation of the handling of this consumer’s care. I have considered the evidence brought forward by the Assessment Team and the Approved Provider in their response. I have placed weight on the evidence brought forward by the Assessment Team in relation to several improvements made throughout the service in response to feedback and evidence brought forward throughout the Site Audit report that demonstrates improvements made in response to feedback and don’t consider the example brought forward in relation to the delivery care in the instance of one consumer appropriate as a demonstration of non-compliance with this Requirement. I am satisfied that the service has demonstrated that feedback and complaints are used to improves services and therefore find Requirement 6(3)(d) compliant.

I am satisfied the service is complaint with the remaining two requirements of Quality Standard 6.

The service had a continuous improvement plan and had made improvements to its care in the areas identified within the plan. The service also had complaints and feedback policies to guide its staff in responding to complaints, including by using open disclosure, encouraging feedback, and supporting consumers to provide feedback, among other methods.

Consumers said they felt safe making a complaint, and that they knew the various channels for doing so. The service encouraged consumers and their representatives to provide feedback and make complaints where appropriate. It had policies, procedures, and systems to facilitate consumer complaints feedback.

The service made information available to consumers, should they want support raising a complaint. The service displayed various resources related to advocacy organisations around the facility, including material related to the Aged Care Quality and Safety Commission (Commission). Consumers said they were aware of the available advocacy services.

# 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 had an adequate number and mix of staff to meet the needs of consumers. Consumers said that sometimes, the number of staff was insufficient. However, they reported no impact to the quality of care they received. Management said the service had enough staff for the number of consumers in the service, and that when unplanned leave occurred, clinical staff assisted to cover any shortfalls.

Staff interactions with consumers were kind, caring and respectful. Consumers and representatives confirmed staff were kind and caring and said staff were gentle when providing care. The service had a code of conduct policy, outlining the expected behaviours of aged care workers and governing persons.

Consumers said staff knew what they were doing. When new staff commenced, the service paired them with experienced staff, to facilitate on-the-job training. The service had policies to ensure its staff were appropriately qualified, including position descriptions, which set out essential qualifications for each role within the service.

Consumers said staff were mostly competent and qualified. Written materials and training reports showed the service trained its staff to deliver care commensurate with the Aged Care Quality Standards. Staff said the service provides mandatory and supplementary training to support them to provide quality care.

The service regularly reviewed and developed the performance of its staff. Management monitored staff performance through formal performance appraisals, clinical data and regular review. The service had policies and procedures that guided staff on their expected performance and behaviour.

# 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

The Assessment Team recommended that Requirements 8(3)(c) and 8(3)(d) were not met, I reviewed the evidence in the site audit report and the Approved Provider’s response and came to a different view.

Requirement 8(3)(c)

The Assessment Team found that the service had effective systems in relation to information management, continuous improvement, financial and workforce governance and regulatory compliance, however found deficiencies in the feedback and complaints system.

The service has an established complaints policy in place that states the service will document complaints, investigate them, and advise complainants about its investigations. The Assessment Team brought forward evidence of historical complaints identified during the site audit as discussed in Standard 6 that they found an insufficient response to. Evidence included consumer complaints relating to a mattress provided by the service, complaints regarding wandering consumers from a representative and complaints regarding meals in the instance of one consumer.

The Approved Provider’s written response of 20 February 2023 provided additional information to each of the examples brought forward by the Assessment Team that demonstrated the appropriate handling and treatment of those complaints and further reiterated the responses it gave to the findings against Standard 6.

I have considered the evidence brought forward in the Site Audit report, and the Approved Provider’s response. I have formed the view that the evidence relied on by the Assessment Team does not demonstrate deficits in the feedback and complaints system at an organisational level. The service has demonstrated an effective system to capture, investigate and address complaints and feedback. I therefore find that the service is non-compliant with Requirement 8(3)(c).

The Assessment Team found that Requirement 8(3)(d) was non-compliant, I have reviewed the evidence and come to a different view.

Requirement 8(3)(d)

The Assessment Team found that the service had appropriate systems to manage risks associated to consumers, however brought forward evidence in relation to how the service responds to and reports incidents. The Assessment team found the service had not reported several incidents it was obligated to report under the Serious Incident Response Scheme (SIRS). These incidents included:

* During the site audit, a representative reported to the Assessment Team that a consumer had a bruised hand, which the representative thought was caused by rough handling during care on Sunday 15 January 2023. The assessment team did not find wound charting, progress notes, photographs or an incident report concerning the skin damage. The service raised a SIRS report about this incident when the assessment team raised the matter with it on 25 January 2023.
* Care planning documents showed that a consumer appeared absent from the service on 3 October, 14 December and 24 December 2022. The Assessment Team concluded that these were reportable incidents under the SIRS but it found no evidence the service had raised SIRS reports about them for the period October-December 2022.

In its response to these findings, the service advised it had reported the incident involving a consumer with bruising within the required timeframe. Concerning the resident absent from the service between October and December 2022, the service advised it had assessed these incidents and determined they did meet the criteria to require a report under the SIRS, the consumer was uninjured and had remained on the service grounds for all incidents. The service advised it had reported the incidents to the consumer’s representative on each occasion.

I have considered the evidence brought forward in the Site Audit report and the provider’s response. I agree with the service’s contention that it did report the SIRS matter within the relevant timeframe, or the matters did not meet the criteria for the lodgement of a report under SIRS and the service has an effective framework in place to manage risks to consumers. I therefore find the service compliant with Requirement 8(3)(d).

I am satisfied the remaining three requirements of Quality Standard 8 are compliant.

The service engaged consumers to development, deliver and evaluate their care and services. Consumers were satisfied with how the service was managed and they said they feel like they were a partner in their care. They also said they are comfortable providing feedback about their care when the need arises.

The service’s Approved Provider organisation, and its clinical sub-committees ensured care at the service was safe, inclusive and high-quality. The service had a reporting structure that facilitated this outcome, with service management and the clinical governance committees analysing data at the local level and reporting upwards to the Board, which made strategic and governance decisions. The service’s quality framework was based on the Aged Care Quality Standards.

The service had policies and procedures relating to antimicrobial stewardship, restrictive practices, open disclosure, and minimising use of restraint. Staff knew these policies and procedures well, including related clinical concepts.

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)