Performance

Report

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| Name of service: | Estia Health Pacific Paradise |
| Service address: | 26-40 Menzies Drive Pacific Paradise QLD 4564 |
| Commission ID: | 5365 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
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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 Pacific Paradise (**the service**) has been prepared by G Hope-Simpson, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission in relation to the service.
* the provider’s response to the assessment team’s report received on 12 April 2023.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **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 that staff treated them with dignity and respect and they felt valued as individuals. Staff acknowledged consumers’ choices and built rapport with them by investing time to understand their background, life history and needs. The service had policies to guide staff on creating a diverse and inclusive culture.

Consumers said the service recognised and respected their cultural background and that it provided care that was consistent with their cultural preferences. Staff knew which consumers were from culturally diverse backgrounds, and how to deliver care according to their care plan. Care planning documents contained information about consumers’ cultural backgrounds, linguistic abilities and preferred activities.

Consumers said the service engaged them about how and when they wanted their care delivered and that staff respected their choices. Staff supported consumers to make choices about their care and to maintain their chosen relationships, including by honouring consumers’ preferences, scheduling preferred activities, and if consumers wished to be near each other, lodging them in adjacent rooms. Care planning documents showed consumers’ individual choices about how and when they wanted to receive care, who was involved and how staff should support them to maintain their relationships.

The service supported consumers to take risks and live the life they chose. Staff knew the risks consumers took, and they supported consumers to live the way they chose by helping them mitigate the impact of their chosen risks. Consumers confirmed the service supported them to take risks. Care planning documents showed the service generally assessed consumers’ risks before consumers commenced relevant activities.

Consumers said the service’s communication with them was clear and prompt and that it helped them make informed decisions about their care. Staff knew how and when to provide information to consumers and their representatives, in line with their preferences. For example, staff adapted their communication style for consumers with cognitive impairment, using whiteboards, cue cards and body language as necessary. Staff also used interpreter services to support consumers from culturally and linguistically diverse backgrounds.

Consumers said staff respected their privacy and protected their personal information. Staff protected consumers’ privacy by knocking on doors before entering, locking nurse’s stations and computer screens, and closing doors when delivering personal care. The service had protocols that encouraged staff to protect consumers’ privacy and keep their personal information confidential.

# 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 planning documents detailed individual consumers’ risks and identified strategies to reduce or eliminate those risks. Consumers said they received the care and services they needed. Staff knew the assessment and care planning process, and how it informed care delivery. Records showed the service’s care planning processes considered risks to each consumer’s health.

Consumers said staff engaged them and their representatives throughout assessment and planning, during admission, during care plan reviews and when consumers’ circumstances changed. Staff did so through regular formal and informal conversations, and through communication via email and telephone. Staff ensured assessment and planning reflected consumers' current preferences by recording information accurately in care plans and on the service’s electronic care management system. The service had policies and procedures regarding assessment and care planning, advance care planning, palliative and EOL care.

Care planning documents showed staff evaluated and reviewed consumers’ care plans regularly, and that they involved a range of external providers and services such as medical officers, physiotherapists, dietitians, speech pathologists, and others. Staff knew the importance of consumer-centred care planning and they collaborated with consumers and their representatives to deliver quality care.

Staff documented the outcomes of assessment and care planning effectively and communicated them to consumers verbally, in writing and as part of their care and services plans. The service made the plans accessible to consumers and those involved in their care. Consumers said the service maintained good communication with them, particularly around changes in their care and medication. They said staff explained things clearly and clarified clinical matters if needed. Clinical staff communicated with consumers’ representatives by telephone and email.

Care planning documents showed staff reviewed consumers’ care regularly, and in response to changes of circumstance, such as when a consumer sustained an infection, fall or wound, among other forms of deterioration. Clinical staff knew how and when to review consumer care plans. Consumers said staff regularly discussed their care needs with them, and that staff addressed care changes promptly. Allied health professionals reviewed consumers’ care plans every 4-months or in response to changes of circumstance.

# 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 the service delivered safe and effective care that was best practice, tailored to meet their needs and that optimised their health and well-being. Consumer care files showed that consumers received safe, effective care tailored to their needs. Staff knew how to deliver safe, quality care and the service had policies and procedures for key areas of care, including restrictive practices, skin integrity, pain management and other areas.

Care planning documents showed staff identified high-impact, high-prevalence risks and generally managed them by monitoring and analysing clinical data for trends and implementing suitable risk mitigation strategies. Management and staff knew which consumers had high impact, high prevalence risks. Consumers said their care was safe and right for them.

Consumer care planning documents included advance care plans and records of discussions about palliative care with representatives. Consumers said the service provided care nearing end of life. Staff knew how to approach conversations around end-of-life, and how to provide palliative care and maximise consumers’ comfort towards end-of-life. The service had policies to guide staff in advance care planning and delivering palliative care and these guidelines were consistent with best practice.

Care planning documents and progress notes showed staff identified and responded to deterioration and changes in consumers’ conditions. Consumers said the service recognised and responded to changes quickly and appropriately. The service had a risk review system focussed on detecting risk factors early and reviewing consumers’ risks and relevant interventions for efficacy. Clinical staff monitored consumer deterioration and communicated about it during handovers and case conferences. Atypical clinical factors triggered the service’s medical officers to review consumers, and staff to transfer the consumer to hospital if appropriate. Staff reviewed care plans following hospital transfers.

Staff documented information about consumers’ conditions, needs and preferences effectively and communicated it with those involved in consumers’ care. The service’s progress notes, care plans and other care documents provided sufficient information to support staff to deliver effective care. Consumers said staff communicated about their care needs effectively, and that they received the care they needed. Staff knew how to document and communicate information about consumers’ needs, conditions, and preferences. This included communicating between each other, and with external providers where clinical care was shared.

The service referred consumers to other providers of care promptly and appropriately. Care planning documents and progress notes showed the service made referrals to medical officers, allied health practitioners and other providers. Consumers said staff made referrals quickly and appropriately, and as a result, consumers could access a range of health professionals. Management and clinical staff knew the service’s network of providers and how to refer consumers to them based on the consumer’s circumstances and needs.

The service had appointed an Infection Prevention and Control lead, who had primary responsibility for managing the service’s infection risks. Staff knew best practice infection control measures and they applied them as part of their routine work during the site audit. The service had a thorough process for screening visitors and staff on entry to the service, to detect coronavirus (COVID-19) and other infections. Staff practiced antimicrobial stewardship through close monitoring and by working with the service’s medical officer, to deploy non-pharmacological interventions where possible. Consumers said they were confident in the service’s ability to minimise and prevent infections and outbreaks.

# 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

The Assessment Team found the service did not meet the following Requirement:

* 4(3)(f) – Where meals are provided, they are varied and of suitable quality and quantity.

The Assessment Team found that, of the 10 consumers and representatives it interviewed, 7 said they were dissatisfied with the quality and quantity of food the service provided. Consumers with special dietary needs also said the service did not accommodate them. Consumers raised a number of concerns, including meals being served cold, lack of options for consumers living with diabetes and poor quality of specific dishes. One consumer reported they had lost weight due to not eating as a result of their dissatisfaction with food at the service.

The service provided a written response on 12 April 2023, advising it was aware of the identified concerns about its food and that it had begun implementing measures to address the concerns prior to the site audit, as part of its December 2022 Continuous Improvement Plan. The response confirmed the service had completed many of the action items related to food service within its Continuous Improvement Plan. These included:

* Engaged with consumers via numerous meetings and 1 to 1 discussion about the service’s menu. This included seeking input from consumers about what items they wanted on the menu over the course of January 2023.
* Implemented a new menu from 27 February 2023. This included engaging with consumers post-implementation, to gather consumer feedback about the new menu.
* Installed commercial catering equipment, including an industrial toaster, sandwich presses, new crockery, cutlery and tableware.
* Procured a commercial combination oven, which the service was in the process of installing.
* Commenced a new tray service process for consumers who dine in their rooms.
* Made a referral to a dietician for the consumer who experienced weight loss.

As of 6 April 2023, the service had deployed a significant amount of resources to address consumers’ concerns about its food. Notably, on top of the measures outlined above, the service also planned to employ new catering staff and deliver additional training to its existing catering staff, including training on catering for consumers with special dietary needs. Both of these initiatives were ongoing as of 6 April 2023.

The service reported that, since implementing the above interventions, consumers gave positive feedback about food quality and variety, and dining room ambience. Consumers also said staff served their food at a good temperature, that they felt catering staff supported them better, and that they were happier with the variety of food options available. The service stated it had observed less food waste since introducing the above measures. The service’s response also noted that many of the assessment team’s findings pertained to circumstances within the service prior to implementation of the above reforms. The service provided a range of secondary evidence to substantiate its various claims, comprising feedback forms, receipts for equipment purchases, and records relating to engagement activity.

I have considered the evidence brought forward in the Site Audit report, and the Approved Provider’s response. After examining the available evidence, I have concluded that many of the adverse findings the Assessment Team made pertained to circumstances prior to the service’s recent improvement activity. The service’s response shows that it has undertaken a significant range of improvement activity, since the site audit, and that this activity had a positive effect on consumers’ dining experiences. Furthermore, the range and nature of interventions the service has marshalled in response to its catering issues addressed most of the adverse findings and shows that the service is committed to improving the dining experience of its consumers. I am satisfied that the service’s response shows it has addressed most relevant findings. I am also satisfied that, where there are unresolved findings, the service has a plan to address these and that it is actively pursuing its plan. I therefore find the service compliant with Requirement 4(3)(f).

I am satisfied the service is compliant with the remaining seven requirements of Quality Standard 4.

Consumers said the service supported them to participate in activities they liked, and to optimise their independence and quality of life. Lifestyle staff conducted a lifestyle assessment when consumers entered the service, capturing their individual preferences, likes, dislikes, interests, and their social, emotional, cultural and spiritual needs. Staff knew what was important to consumers and what they liked to do, and this aligned with information in the consumer’s care plan.

Consumers said the service supported their emotional, spiritual and psychological needs. Lifestyle staff supported consumers’ emotional, social and psychological needs by facilitating their social connections, supporting pets to visit, and coordinating church and religious services. Care planning documents contained information on consumers' emotional, spiritual and psychological well-being needs, goals and preferences.

Consumers said the service supported them to participate in activities within and outside the service facility. This included staff helping consumers keep in touch with people important to them and supporting them to do things they were interested in. Staff knew which consumers engaged in individual activities outside the service, and how best to support them. Consumers' care planning documents aligned with the verbal information the consumers gave about how they wanted to be involved in their community and how they wanted to maintain their personal relationships.

Overall, consumers and representatives said staff communicated well about their needs and preferences. Staff shared information about the changing condition, needs and preferences for each consumer using progress notes, electronic messaging and verbally during handovers. Care planning documents showed adequate information to support safe and effective daily living support.

Consumers said service staff refer them to other organisations, support services and providers of other care promptly and appropriately. Consumers’ care planning documents contained records of referrals to other organisations and services. Staff knew the service’s network of individuals, organisations and providers of other care, and the specific consumers who utilised them. The service’s network of lifestyle providers included volunteers, entertainers, hairdressers, library services, pet therapists and representatives from the local RSL, among others.

Where the service provided equipment to consumers, it was safe, clean and well-maintained. Consumers said they had access to safe, clean and well-maintained equipment. Staff said they had access to equipment when they needed it and they knew the service’s methods and processes for keeping equipment safe, clean and well-maintained. The service had a preventative maintenance schedule that showed regular and up-to-date maintenance activity for equipment such as wheelchairs, walkers, transfer equipment, and various other equipment.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service environment was welcoming, with spaces designed according to dementia-enabling principles, and sufficient lighting and handrails to enable consumer mobility. There was ample signage and rooms had visible numbers. Consumers said the service environment was welcoming, accessible and that it enhanced their sense of belonging. Management and lifestyle staff supported consumers with spatial orientation, and by physically accompanying them to activities or outdoor areas as appropriate. Consumers had warm and welcoming interactions with staff, engaged in conversation with other consumers and mobilised independently within the service.

Consumers said the service environment was safe, clean, well-maintained and that it enabled them to move freely. Maintenance staff cleaned and maintained the service environment following a schedule and the service’s maintenance register showed they completed reactive maintenance work in a timely manner. The service’s cleaning process included a daily checklist for cleaning consumers’ rooms, common areas, high-touch areas and various other areas of the service.

During the site audit, the service’s furniture, fittings and equipment were safe, clean and well maintained. Consumers confirmed this, saying staff kept the service clean and safe. The service’s call bell system was in good working condition and furniture in the various lounge, balcony and outdoor seating areas was clean and in good condition. The service had a robust preventative maintenance schedule that the service's staff adhered to. Qualified contracted service providers conducted all equipment servicing to ensure equipment was in good working order, safe and fit-for-purpose.

# 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 said they knew how to give feedback or make a complaint, that they felt safe doing so. The service had various channels for consumers to provide feedback and raise complaints, including in person, via feedback forms or during meetings. Staff knew how to support consumers to provide feedback and complaints and did so by advocating for them, escalating their concerns and ensuring they could access external support services. The service had policies, procedures and systems to ensure consumers and their representatives are aware of the various ways to provide feedback and complaints.

Consumers said staff had told them about the various advocacy services available to them, and other methods for raising and resolving complaints. During interview, staff corroborated this, demonstrating knowledge about the various advocacy services available to consumers, and about how to support consumers to access them. The service displayed information and brochures about advocacy services in different languages for consumers with linguistically diverse backgrounds. The service’s records showed it actively promoted the various advocacy services available to consumers.

Consumers said the service resolved their complaints promptly and that it responded to incidents quickly. Staff understood the principles of open disclosure, and knew when and how to issue an apology and disclose information when something went wrong. The service’s incident data showed that when an issue arose, staff acknowledged the affected person’s concerns, apologised, remained transparent and resolved the issue while keeping relevant parties informed.

Consumers said the service generally resolved their complaints and used them to improve its care, except in relation to food (refer to requirement 4(3)(f). Staff cited recent improvement activity arising from consumer feedback and complaints, which included buying a coffee-machine based on a consumer’s suggestion, holding ad-hoc meetings with consumers to provide them with information, and discussing specific matters during regular consumer meetings. The service’s complaints register and continuous improvement plan showed that staff recorded complaints and used them to inform the service’s continuous improvement activity.

# 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

Twelve of 20 interviewed consumers said they were satisfied with the service’s staffing allocation, and that staff responded to their care needs promptly. Eight consumers said staffing levels were insufficient but that this did not impact on their care. Staff said the service had enough employees and they had enough time to complete their daily activities. The service’s records showed it maintained ongoing recruitment activity. Management monitored call bell response times using regular audits, and the service trained staff to prioritise responding to call bells.

During the site audit, staff interactions with consumers were kind, caring and respectful of each consumer's identity, culture and diversity. Consumers said staff were kind, caring and gentle when providing care. The consumer handbook enshrined consumers’ rights to be treated with dignity and respect and to have their identity, culture and diversity valued and supported.

Consumers said staff were skilled enough to perform their roles. The service had position descriptions that set out the skill and qualification requirements for each role within the service. There was a comprehensive staff onboarding process that included various methods for ensuring staff were capable and competent, including orientation, buddy shifts, and regular training, among others. The service conducted police checks and vaccination.

Consumers said staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. The service had an online training portal through which it delivered annual mandatory training, and other supplementary training to staff. Staff said the service provided mandatory and supplementary training to support them to deliver quality care.

The service had a framework to assess, monitor, and review staff performance. The framework included processes for staff to identify performance goals and for the service to manage poor performance. Management monitored performance through ongoing monitoring and review. The service had a suite of policies that informed its expected standards for 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 service engaged consumers to help develop, deliver and evaluate its care through a variety of channels, including through monthly consumer meetings, 3-monthly care plan reviews, direct conversation, feedback processes, complaints processes, regular audits and surveys. Minutes from consumer meetings showed the service engaged and responded to consumers’ suggestions for improvement activities. For example, the service recently purchased a coffee machine for residents, which was based on a consumer’s suggestion.

The service took accountability for delivering safe, inclusive and quality care, and its policies and procedures facilitated safe care delivery. The service’s organisational structure supported these outcomes through its governance arrangements, reporting structure and communications channels. The Approved Provider’s management and board regularly monitored key metrics including clinical indicators, incidents, and complaints and feedback.

The service had processes, policies, procedures and technology that together formed generally effective organisation-wide governance systems for continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. Management knew the various governance systems and how they interacted. The systems were effective, fit for purpose and user friendly.

The service had effective risk management systems that supported staff to manage high impact risks, identify consumer abuse, support consumers to live their best lives and help staff to manage incidents. Staff and management knew the service’s risk profile and the service’s various strategies for mitigating risks. The service also had a framework for identifying, reporting, recording and reviewing Serious Incident Response Scheme (SIRS) incidents. Its records concerning SIRS incidents were in order and showed recent SIRS activity, including appropriate responses and follow ups.

The service had policies, procedures and operational frameworks governing antimicrobial stewardship, restrictive practices and open disclosure. These documents stipulated how staff should apply relevant principles, such as for example, encouraging staff to minimise restraint. Staff knew these modalities and how to apply them in their day-to-day work. Staff exercised anti-microbial stewardship by supporting consumers to manage UTIs through good personal hygiene, regular handwashing, pathology testing and appropriate hydration and hygiene care. The service’s medication advisory committee (MAC) monitored its antibiotic use through regular residential medication management reviews. The service had similar approaches for restrictive practices and open disclosure.

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)