Performance

Report

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| Name: | Fairlea Aged Care @ Harris Park |
| Commission ID: | 0579 |
| Address: | 7-11 Crown Street, HARRIS PARK, New South Wales, 2150 |
| Activity type: | Site Audit |
| Activity date: | 11 September 2024 to 13 September 2024 |
| Performance report date: | 18 October 2024 |
| Service included in this assessment: | Provider: 2310 Trinity Aged Care Pty Ltd  Service: 5448 Fairlea Aged Care @ Harris Park |

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 Fairlea Aged Care @ Harris Park (**the service**) has been prepared by Patricia Golledge, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* the Approved Provider’s response to the assessment team’s report received 4 October 2024.

# 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 they are treated with dignity, and staff know them as individuals and respect their diverse backgrounds. Staff spoke about consumers respectfully and they knew consumers’ individual backgrounds and preferences. Care documentation contained information about consumers’ culture, diversity and identity. The service’s policies helped foster a diverse and inclusive culture.

The service delivered culturally safe care. Consumers and representatives reported the service recognised and respected consumers cultural backgrounds, providing care aligned with their cultural traditions and preferences. For example, the service ensured staff who spoke the same language as the consumers were available. Staff knew consumers’ cultural backgrounds and how to provide care consistent with their care plans. Care documentation revealed information about consumers’ cultural backgrounds, care preferences, preferred language, and religious and spiritual needs.

Consumers said the service gave them a choice about how and when they received care, and that staff respected their choices. Staff knew how to support consumers to make choices, and maintain relationships important to them. Care documentation showed consumers’ individual choices about how and when the service delivered care, who was involved in their care, and how the service should support consumers to maintain relationships.

Consumers said the service supported them to take risks and live the life they chose. Staff were aware of the risk’s consumers took, and they supported consumers to live the way they wanted. The service had policies to support consumers to live the best life they could. Care documentation evidenced risk assessments and mitigation strategies were in place, with consumers having made informed decisions.

Staff provided information to consumers in a way that was clear, easy to understand and allowed them to make informed decisions. Consumers said the service kept them informed through printed information, and verbal reminders. Care documentation included communication plans for each consumer, to ensure they can understand information provided to them.

Consumers said staff respected their privacy. Staff used various practices to ensure consumers’ information remained confidential, including asking for permission before entering consumers’ rooms, locking nurses’ stations and computer screens when unattended, changing passwords regularly to ensure information systems were secure, and not displaying consumer information publicly.

Consumers gave practical examples of how their privacy was respected, such as staff did not disturb them when spending with family. The service also maintains a suite of privacy resources, called the ‘Privacy Program’, on their electronic policy intranet for staff to refer to, which included information about expected privacy under the Aged Care Quality Standards. Staff explained consumers’ privacy was respected by seeking consent prior to entering their rooms and ensuring doors and blinds were closed when providing care and respecting their requests for private time with family members. Staff were observed respecting consumers’ privacy by seeking consent prior to entering their rooms, whilst consumers’ personal information was kept confidential in secured nurses’ stations.

# 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 confirmed they were involved in the assessment and care planning process, and the care delivered met the consumer’s needs. Care documentation evidenced the assessment and planning process considered risks to consumers’ health and well-being and informed the delivery of safe and effective care and services. Staff demonstrated an understanding of the assessment and planning process. For example, clinical staff explained they utilise a range of validated tools to ensure the assessment and care planning process accurately identifies the risks and care needs of consumers. The Site Audit report contained information in relation to consumers being potentially subject to environment restrictive practice as the service’s entry/exit doors were secured and required a coded keypad to access. Whilst the keypad code is displayed in both English and Cantonese, consumers residing outside of the services memory support unit had not been assessed for their capacity to independently use the keycode to exit/enter the service. Following discussions with the Assessment Team management initially advised they had not considered this to be a potential environmental restraint, as consumers would have staff, or their family members assist them to exit/enter the service. Upon further discussions with the Assessment Team and a review of the service’s restrictive practice policy, management acknowledged consumers seeking assistance to leave the service could present a potential environmental restrictive practice. In response management implemented a plan for continuous improvement (PCI) which involved assessing each consumer’s capacity to independently use the keycode system to exit/enter the service and commenced consents and support strategies to assist consumers unable to independently exit the service. The Assessment Team report noted no negative impact was observed or reported by consumers or representatives in relation to the potential environmental restrictive practice identified by the Assessment Team.

Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and end of life wishes as appropriate. Consumers and representatives said the assessment and planning processes addressed consumers’ current needs, goals, and preferences and they were involved in discussions regarding advanced care planning. Staff explained how they approach advance care and end-of-life planning conversations with consumers and representatives upon entry to the service, during care plan reviews and at regular follow-ups. Policies and procedures on palliative care, end-of-life and advance care planning are available to guide staff practice.

Representatives said the service partnered with themselves and consumers and that they actively participated in the care planning process. Care documentation showed the service involved a range of external providers and services, such as speech pathologists and dietitians. Staff interviewed described a range of other health professionals involved in the care of consumers. The service’s Consumer Care and Service Planning Policy and Procedure guided staff on ensuring that the consumer’s needs, goals and preference are identified and planned for, and outlined a multidisciplinary approach with the consumer, representatives and external healthcare provides where required

Consumers and representatives said the service maintained good communication with them and that staff explained things clearly. The service offered consumers and their representatives a personal copy of their care plans. Care documentation reviewed included evidence of care plan reviews held with the consumer, their representatives, staff, and other health professionals where appropriate. Review of the service’s Resident Admission Checklist outlined tasks to be completed by staff on entry to the service, including offering a copy of the extended care plan to consumers and/or representatives.

Representatives said they were satisfied changes to consumers care are made following any concerns or incidents. Care documentation showed evidence of regular reviews and reviews in response to changes of circumstance or following incidents such as falls. Staff interviewed described the care plan review process, including the reviews that occur following an incident that impacts on the care needs of the consumer.

# 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 said consumers received safe and effective care that was best practice, tailored to meet their needs, and which optimised their health and well-being. Care documentation demonstrated consumers are receiving care in line with their needs to optimise their health and well-being. Staff described individual consumers’ care needs and strategies in place to support their care. The service had policies, procedures and work instructions for key areas of care, including restrictive practices, behaviour support, wound management, pain management and other areas.

Consumers said the service adequately managed risks to their health such as falls. The service managed high-impact, high-prevalence risks by monitoring its care activities, analysing clinical data, and implementing suitable risk mitigation strategies. Management and staff knew the service’s risk profile, including which consumers were subject to high-impact, high-prevalence risks.

Representatives said they had discussed end-of-life care with staff at the service and were confident the consumer’s needs and preferences would be respected during this time. Staff described how the delivery of care and services changed for consumers nearing end of life, and documentation evidenced palliative care was delivered in a way to support consumers’ dignity and comfort. Palliative and end of life care guidance was available to support staff in recognising and addressing consumers’ needs, goals, and preferences.

Care documentation and progress notes showed the service had identified and responded appropriately to consumer deterioration, and changes in circumstance. Representatives considered deterioration or changes in consumers were recognised and responded to in a timely manner. Staff described how they responded to deterioration or changes in consumers, such as escalation processes, and clinical staff described how they monitor progress notes daily for signs of consumer deterioration and discuss these during the daily handover, at the weekly organisation clinical meeting and the quarterly clinical meeting. Policies and procedures supported staff in recognising and responding to clinical deterioration.

Representatives were satisfied with the service’s care, including how it communicated consumers’ needs and preferences or any changes to these or their condition. Care documentation demonstrated information regarding the consumer’s condition, needs and preferences was documented and communicated to those involved in their care. Staff described the care needs and preferences of consumers, and how information was communicated within the service and with others where responsibility for care was shared.

Consumers and representatives said the service’s referrals were timely and appropriate and that they had access to a range of other health professionals and providers of care when they need it. Care documentation showed the service had an effective process for referring consumers to other providers. Management and clinical staff described the ways in which they make referrals to other health professionals and providers of care, noting the service has a physiotherapist on-site 5 days a week. They described how they utilise provider referral forms, use electronic mail to send requests directly to external care providers, and phone to initiate referrals and request reviews.

Consumers reported staff follow infection control protocols, including engaging in hand hygiene and wearing personal protective equipment (PPE) when needed, and are satisfied with the standard of cleanliness at the service. The service had policies and procedures to support staff to minimise the risk of infection, including policies on controlling infections and prescribing antibiotics. Clinical staff demonstrated sound knowledge and understanding of safe practices to promote infection control and antimicrobial stewardship. The service has an appointed Infection Prevention Control Lead. Care documentation for consumers who had experienced an infection demonstrated appropriate infection control practices and pathology testing prior to prescribing of antibiotics. The service-maintained records of staff vaccinations, including for influenza and COVID-19.

# 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 the service supported them to participate in activities they like, and to optimise their independence and quality of life such as exercise classes. Lifestyle staff said they consult consumers and representatives and receive feedback to gather an understanding of consumers’ needs, goals, and preferences, and develop appropriate supports for daily living. Staff could describe strategies and options to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers. Care planning documentation identified the interests and preferences of consumers.

Consumers and representatives considered consumers emotional well-being, religious and spiritual practices were supported. Staff explained how they would identify changes in consumers’ well-being, and what they would do in response, such as providing emotional support and spending one-to one time with consumers. Lifestyle staff said they offer to arrange further supports if required for consumers, such as arranging for pastoral care visits from the service’s chaplain. Care documentation evidenced consumers’ emotional and spiritual needs were considered and included individualised strategies to fulfil these needs.

Consumers said staff supported them to participate in communities within and outside the service. They said staff also supported them to keep in touch with people and do things they were interested in. Staff knew how to support consumers to engage in activities and they knew the activities specific consumers participated in. Care documentation identifies activities of interest for the consumers and how they are supported to participate in these activities.

Consumers said staff communicate well about consumers’ care needs, including communicating among themselves and with other providers involved in consumers’ care. Staff knew how to share information and keep informed about consumers’ conditions, needs and preferences. Care documentation contained adequate information to support safe and effective care concerning supports for daily living such as dietary needs and consumers who choose to have their meal in their room.

Representatives said staff refer consumers to other providers promptly and efficiently. Care documentation identified referrals to other organisations and services. Staff knew which consumers utilised external support services. The service had a network of external providers such as volunteers.

Consumers said they were happy with the variety, quality and quantity of food at the service. They said the service gives them a choice for each meal and they are able to request alternatives, if they do not like the meals offered on a given day. The service’s Chef advised all food at the service is prepared fresh on-site and has a 4-week menu which is reviewed 3 times a year. The Chef also explained they ensure consumers cultural dietary preferences are met including offering Chinese and Western meals. The dining experience was observed to be respectful and pleasant throughout the service. Consumers were observed to be offered support from staff where required and were offered the choice of chopsticks or Western cutlery to eat their meal with.

Consumers considered equipment used for lifestyle activities and their mobility equipment was safe, clean, and well maintained. Staff said they had access to supplies and equipment for daily living and described the processes in place to maintain the safety and cleanliness of equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean, and well-maintained.

# 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 site audit report contained information in Requirement 5(3)(c) relating to identification by the Assessment Team on day 1 of the Site Audit that the fire equipment at the service including extinguishers, fire blankets and fire hose reels had not been serviced since October 2023. This was not in compliance with the requirements of the Australian Fire Safety Standards (AS1851). The approved provider responded to the Assessment Team feedback and provided evidence of inspection of fire equipment by a fire safety technician on day 3 of the site audit and documented evidence of completion of all servicing of fire equipment on 26 September 2024. The approved provider in its response to the Site Audit report acknowledges the deficiency identified in the servicing of fire safety equipment and provided evidence of actions taken to ensure future maintenance of fire safety equipment undertaken by third party contractors will be monitored and delivered as arranged.

Actions taken included:

* all preventative and reactive maintenance tasks are uploaded to the service’s new software system.
* automated reminders will be generated for upcoming jobs and license expirations.

In coming to my decision, I am satisfied the service has taken actions to ensure compliance with this requirement and these actions are sustainable.

Therefore, it is my decision Requirements 5(3)(c) is Compliant.

Additionally, the service demonstrated compliance in requirements 5(3)(a) and 5(3)(b).

Consumers reflected they felt at home at the service, their visitors feel welcome and found the service environment easy to navigate. Staff demonstrated an understanding of how to support consumers in feeling at home, such as encouraging consumers to personalise their rooms and described how they assisted consumers to move freely around the service, supporting consumers’ sense of independence, interaction, and function. The service environment was observed to be clutter free and had sufficient lighting and handrails to assist with consumer movement and interaction.

The Site Audit report contained information in Requirement 5(3)(b) in relation to environmental restrictive practice, I have considered this further in my findings in Requirement 2(3)(a). The service was safe, clean and well-maintained and consumers were able to move around freely indoors and outdoors. Consumers said the service was well-maintained and clean and they did not feel restricted from exiting the service. Cleaning staff said they followed a cleaning schedule and management advised staff conduct spot cleans of each consumer room every day, including cleaning of high-touch-point areas and each consumer room, and shared spaces, are deep-cleaned throughout the week.

# Standard 6

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

Findings

Consumers and representatives said they knew how to give feedback or make a complaint and could describe the various options available. Management encouraged and supported consumers to provide feedback and make complaints and advised the service had various channels for consumers to raise complaints, including feedback forms, surveys, meetings and face-to-face with management and staff and via emails.

Representatives said themselves and consumers were aware of and had access to advocates, language services and other supports for raising complaints. Staff confirmed the service’s records showed it actively promoted advocacy services and that it made information available to consumers and their representatives. Management advised on an annual basis they provide consumers with a face-to-face information session by an external Senior’s agency. They also said as most consumers at the service have Cantonese or Mandarin as their first language, they requested to have interpreters for both of these languages during the most recent visit from the Senior’s advocacy service.

Consumers and representatives reported the service responds promptly to complaints and takes appropriate action including using an apology when things go wrong. Management and staff demonstrated their awareness of complaints management and open disclosure processes. The service’s feedback and complaints register demonstrated complaints were resolved in an appropriate and responsive manner using an open disclosure process.

Consumers reported improvements occur as a result of their feedback and complaints. The service had a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives. Management used feedback and complaints to inform 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 expressed satisfaction with the staffing levels at the service, confirming staff are able to provide the necessary care in a timely manner. Staff said they had enough time to complete their duties and management described strategies employed to replace staff on planned and unplanned leave. Documentation evidenced the service had a Registered nurse on 24 hours and had systems in place to regularly review the delivery and management of safe, quality care and services including monitoring of call bell response times.

Workforce interactions with consumers were kind, caring and respectful. Consumers and representatives said staff were kind, caring and gentle when providing care to consumers. Staff demonstrated they were familiar with each consumer's individual needs, preferences and identity. Interactions with consumers were observed to be to be kind and respectful and caring.

Consumers said staff are knowledgeable in providing the care and support they need. Management advised the service rostered new staff on with ‘buddy shifts’ when they commenced, and it maintained position description documents that listed out key competencies and qualifications essential for each role at the service. Documentation evidenced staff were appropriately qualified and had the necessary checks and registrations required for their role in line with position descriptions, and monitoring processes were in place to monitor expiry dates.

Consumers reported they feel staff are well trained in their roles and responsibilities and they feel safe when staff are assisting them. Management explained the service’s training program and how they ensure staff have the training and support they need to provide quality care. Staff could describe the training they receive including online and face-to-face training. Staff said the service provided mandatory and supplementary training to help them deliver quality care. Review of training records for 2024 showed all staff had either completed their mandatory training or were in the process of completing their mandatory training for the year.

Management described the processes for assessment, monitoring, and regular review of performance of each member of the workforce. Care and Registered staff reported they had recently completed their performance appraisal and it gave then the opportunity to raise any concerns or request any further training, and documentation evidenced high completion of performance reviews.

# 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 actively engaged consumers and representatives in the development, delivery and evaluation of care and services. Consumers advised they were engaged in the development, delivery, and evaluation of care and services, as evidenced in documentation. Management and staff described the mechanisms in place to engage and support consumers in providing input, such as through meetings, the Consumer Advisory Board, surveys, case conferences, feedback, and complaints processes, and through daily interactions.

Consumers expressed they feel safe and at home living at the service, and advised they receive high quality care which meets their needs. Management described how the governing body was involved, and accountable for the delivery of safe, quality care and services, such as through regular meetings and communication. Documentation evidenced the governing body maintained oversight of the service by reviewing reports which covered various aspects relating to the performance and delivery of care and services, such as clinical indicators, quality initiatives, feedback and complaints, and incidents.

A reporting structure, policies, procedures, training, and audit mechanisms supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Financial governance procedures support the changing needs of consumers for example, management described the approval process and recent purchase of a new beds and pressure relieving mattresses. However, while overall the service had effective systems for monitoring regulatory compliance, the Site Audit report contained information in relation to fire safety equipment not being serviced in accordance with Australian Fire Safety Standards (AS1851). I have considered this information, the Assessment Team’s findings and the providers response further in Requirement 5(3)(c).

The service had risk management frameworks, policies and guidelines, and it kept records of consumers’ decisions to take risks and live how they chose. Staff knew which consumers took risks and how to support them in the context of the service’s risk management framework. Records showed the service had implemented its risk-management frameworks, policies and guidelines effectively.

The Site Audit report contained information in Requirement 8(3)(e) in relation to environmental restrictive practice, I have determined the totality of evidence is applicable to Requirement 2(3)(a) and provided further information in this Requirement. The organisation’s clinical governance framework ensured it delivered safe, quality clinical care across various areas, including in antimicrobial stewardship, minimising restrictive practice, and applying open disclosure. The service’s policies and procedures in these areas were easy-to-access, and staff understood them. Staff had implemented the service’s clinical governance framework effectively.

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)