Performance

Report

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| Name of service: | Faversham House |
| Service address: | 27 Shierlaw Avenue CANTERBURY VIC 3126 |
| Commission ID: | 3096 |
| Approved provider: | Boroondara Aged Services Society |
| Activity type: | Site Audit |
| Activity date: | 13 September 2022 to 16 September 2022 |
| Performance report date: | 7 November 2022 |

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 Faversham House (**the service**) has been prepared by S Byers, 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 7 October 2022

# 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 | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 3(3)(a) – the approved provider ensures each consumer gets safe and effective personal and clinical including in the areas of restrictive practices and behaviour support.

# 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 were satisfied they are treated with dignity and respect. Care plans were individualised and reflected what was important to the consumer, including values and goals. Staff demonstrated they are familiar with the individual needs and preferences of the consumers.

The service has in place policies and procedures to guide staff practice in the delivery of culturally safe care. Staff demonstrated how they provide culturally safe care and services according to the consumers’ needs and preferences. Care documentation reflected individual consumers' identity, cultural needs and preferences.

Consumers confirmed they are supported to exercise choice and independence around making care decisions including maintaining relationships with family and friends. Staff described how they encourage and support consumers to maintain relationships and make informed decisions.

Consumers described how they are supported to take risks and have the freedom of choice to participate in activities they enjoy. Management described the risk assessment process. Care planning documentation included risks assessments, where appropriate.

Consumers were satisfied with how information is communicated to them. Consumers said they feel informed when staff speaking directly to them to provide daily updates about what is happening at the service. Copies of the menu, activities and newsletter were observed in consumers rooms. The Assessment Team observed a consumer/relative meeting where information was discussed in consultation with consumers.

Consumers and representatives are satisfied their privacy is respected. Staff provided examples of how they respect consumer privacy when delivering care and maintain the confidentiality of personal information. Consumer information was stored securely. Observation of staff practice demonstrated the privacy of consumers is respected.

# 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

The Assessment Team recommended requirement 2(3)(a) was not met, however I have considered the Assessment Team’s findings, the evidence in the site audit report and the Approved Provider’s response and have come to a different view:

The Assessment Team found that while assessment information is obtained according to the service’s 28-day assessment and care planning schedule, assessment information did not always accurately inform care plans. Assessment processes did not consistently identify risks and risk assessments were not completed in a timely manner for a new consumer entering the service and for those consumers who may be subject to restrictive practices.

Staff described assessment and planning processes including the completion of risk assessments in accordance with service’s schedule. Prior to the date of each scheduled assessment, staff document consumer information including consideration of risk in progress notes. Staff explained that risk assessments for new consumers were completed in line with the services’ schedule and this was supported by the documented schedule. In relation to a named consumer, I note that while risk assessments and charting were not completed on entry to the service, progress notes provided comprehensive information about the consumer’s diagnoses, identified risks and information to guide staff practice. Progress notes documented comprehensive assessment of the consumer’s falls risks by their physiotherapist on entry to the service and regular review by their medical practitioner. I’m mindful the consumer had only been in the service for a short period of time and acknowledge the challenges associated with completing the consumers assessments and that these were being completed as part of the service’s processes and the 28 day timeframe had not yet expired.

I have considered deficits in relation to behaviour support planning, behaviour management and restrictive practices for consumers named in the site audit report under Standard 3 Requirements 3(3)(a) and 3(3)(b) where I consider it more relevant.

The response from the Approved Provider refutes the information in the site audit report. The Approved Provider submitted a written response with clarifying information and documentation including assessment and planning templates, policy documents and progress notes.

While I acknowledge there were some deficits in assessment and planning documentation, I am satisfied the Approved Provider demonstrated it has systems in place to ensure assessment and planning, including the consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. On balance, I find Requirement 2(3)(a) is Compliant.

I am satisfied the remaining four requirements of Standard 2 Ongoing assessment and planning with consumers are Compliant:

Most consumers and representatives are satisfied with assessment and care planning processes, including advanced care planning. Overall, care planning documentation identified and addressed the consumers’ current needs, goals and preferences. All consumers sampled had documented information available on advanced care planning and end of life wishes.

Consumers and representatives considered they are partners in the ongoing assessment and planning of their care and services. Consumers and representatives provided examples of their partnership in practice, including care consultations and telephone calls. Management and staff described the multi-disciplinary approach taken by the service in relation to assessment and planning. Care planning documentation demonstrated involvement by consumers, representatives, medical practitioners and other organisations and providers of care, for example the involvement of a wound consultant, physiotherapist and geriatrician.

Most consumers and representatives confirmed they are aware of and can access their care plans upon request. Care plans are readily accessible to staff and available to be provided to consumers.

Consumers and representatives described how they are involved in the regular review of care and services. Representatives confirmed being contacted when incidents occur or circumstances change. Care documentation demonstrated ongoing review by medical practitioners and external health specialists and the prompt reporting of incidents. Changes in consumers care needs and preferences were updated in their care documentation following a change in circumstance or incident. Staff explained how each consumer’s care plan is reviewed regularly through monthly and quarterly reviews. Staff demonstrated understanding of incident reporting, incident monitoring and escalation processes where changes to a consumer’s needs or health condition are recognised.

# 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. | Non-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

I have assessed this Quality standard as Non-complaint as I am satisfied Requirement 3(3)(a) is Non-compliant:

Care was identified that was not in line with best practice and did not demonstrate each consumer receives personal and clinical care in a safe and effective manner. The Assessment Team identified four named consumers prescribed psychotropic medications as being chemically restrained. Behaviour support plans were not completed for the named consumers who displayed changed behaviours or who may be subject to chemical restrictive practices. Behaviour assessments were not personalised and tailored to the consumer’s needs. Staff did not demonstrate understanding of individualised behaviour management strategies and documented non-pharmacological interventions were generic and ineffective.

The Approved Provider refutes the information in the site audit report. The Approved Provider’s response contained clarifying information and supporting documentation including policy and procedure documents, assessment and care planning templates, gap analysis and psychotropic medication analysis reports and plans for continuous improvement. The Approved Provider submitted it follows the published advice of the Commission and provided evidence of Commission based guidance and resources relating to restrictive practices.

While the Approved Provider submitted a medical assessment form demonstrating appropriate diagnosis and prescribed psychotropic medication for one consumer with psychosis, I note the supporting evidence submitted by the Approved Provider is primarily templates and not evidence personalised to the consumers named in the site audit report. One behaviour support plan was submitted; however, it did not relate to a consumer named in the site audit report.

The Approved Provider acknowledged it could improve the personalisation of behaviour support plans and assessments, and that it had self-identified this as an area of improvement and included it in its Plan for Continuous Improvement. I acknowledge as a result of feedback from the Assessment Team during the site audit, management initiated the development of behaviour support plans for the consumers.

The Approved Provider submitted a detailed action plan demonstrating the actions planned to address required improvements. Actions include reviewing psychotropic medications, reviewing behaviour support assessments, documenting behaviour support plans and behavioural management education.

I am not satisfied the Approved Provider has demonstrated chemical restrictive practices and behaviour support are managed in line with best practice or legislative requirements. While care planning documentation demonstrated medical officer review, it did not demonstrate informed consent had been obtained or personalised behaviour support plans were completed. While the Approved Provider submitted it completes behaviour support plans for all consumers subject to restrictive practices, evidence collected by the Assessment Team did not demonstrate this in practice. One named consumer prescribed psychotropic medication to settle behaviour did not have informed consent documented or a behaviour support plan completed. Three other named consumers who displayed changed or escalating behaviours did not have personalised behaviour support plans in place. It is a legislative requirement that Approved Providers ensure consumers in need of behaviour support have a behaviour support plan included in the consumer’s care and services plan. In my view, the Approved Provider has not demonstrated it meets legislative requirements relating to informed consent and behaviour support plans.

I have reviewed all of the information provided. While I note the Approved Provider has taken some action in response to the information raised in the site audit report, I was not provided sufficient evidence in the Approved Provider’s response to satisfy me that the deficits identified have been rectified and each consumer receives personal and clinical care that is best practice, meets legislative requirements and is tailored to their needs, specifically relating to restrictive practices and behaviour support. I find Requirement 3(3)(a) is Non-compliant.

The Assessment Team recommended Requirement 3(3)(b) was not met; however, I have considered the Assessment Team’s findings, the evidence in the site audit report and the Approved Provider’s response and have come to a different view:

The Assessment Team found that while the service had effective processes to manage high impact and high prevalence risks, the service did not effectively manage and review consumers with challenging behaviours. The Assessment Team found the service effectively managed risks associated with falls, weight loss and specialised nursing care.

Care planning documentation for named consumers with challenging behaviours demonstrated review by medical practitioners and external health providers including, geriatricians and physiotherapists. While risk assessments were yet to be completed, for a named consumer recently admitted to the service, progress notes included comprehensive information about risks and mitigation strategies to guide staff practice. Behaviour charting and medical review was commenced following a behaviour incident between the named consumer and another consumer. While staff were not able to describe personalised strategies, staff were observed engaging the consumer in meaningful interactions throughout the site audit and the representative was satisfied with the care delivered.

As the named consumer had only recently entered the service, I consider it reasonable that staff were still getting to know the consumer’s needs and completing assessments in accordance with their care planning and assessment schedule.

The Approved Provider refutes the information in the site audit report. The Approved Provider’s response contained clarifying information and supporting documentation including policy and procedure documents, care planning and assessment templates, the Commission’s resources and guidance.

I have considered deficits in behaviour support plans and the Approved Provider’s response under Requirement 3(3)(a) in relation to best practice and tailored clinical care.

I have reviewed all the information provided and, on balance, find Requirement 3(3)(b) is Compliant. I’m satisfied the Approved Provider demonstrated it has systems in place to effectively manage high impact and high prevalence risks associated with each consumer.

I am satisfied the remaining five requirements of Standard 3 Personal and clinical care are Compliant:

Care planning documentation demonstrated the service plans and delivers palliative care to meet consumer’s needs and preferences, and ensures comfort is maximised. Staff described the palliative care pathway and the resources available to them to support consumers nearing the end of life. Advance care directives were individualised and tailored to the consumer’s wishes which reflected staff’s knowledge of specific consumers end of life needs and preferences.

Consumers expressed satisfaction with how the service has responded to a change or deterioration in their condition. Clinical staff described how deterioration or changes in a consumer’s health status are identified, actioned and communicated. Care planning documentation reflected deterioration, changes to a consumer’s condition or health status are recognised and responded to appropriately in a timely manner.

Consumers are satisfied staff are aware of their current needs and they do not need to repeat themselves. The service has systems and processes in place for communicating information about consumers’ conditions, needs and preferences. Staff confirmed receiving up to date information about consumers at handover to inform the delivery of consumer care.

Consumers are satisfied with the access and referral to medical practitioners, allied health professionals and other external specialist services when required. Management and staff described referral processes and care planning documentation demonstrated timely and appropriate referrals.

The service demonstrated policies and procedures are in place to guide staff practice in relation to infection prevention and control, outbreak management and antimicrobial stewardship. Standard and transmission-based precautions have been implemented to support the service to prevent and control infection. Staff demonstrated understanding of infection prevention and control measures, antimicrobial stewardship principles and were observed following current personal protective equipment (PPE) guidelines. Infections are identified and managed appropriately with antibiotic use minimised. Relevant infection control training has been provided to staff.

# Standard 4

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

Findings

Consumers and representatives are satisfied consumers get safe and effective services and supports for daily living which meets their needs, goals, and preferences, optimises their independence, improve their well-being and quality of life. Care planning documentation was tailored and identified consumers’ individual lifestyle choices. The activities program is designed in consultation with consumers, their family and staff.

Consumers and representatives are satisfied consumers’ emotional, spiritual, and psychological well-being is supported. Staff demonstrated they know consumers well and described how they provide effective services and support for consumers, including emotional support.

Consumers and representatives are satisfied the services and supports enable them to participate in the community, have relationships and do the things of interest to them. Consumers provided examples of engaging in activities outside the service. Staff described how they support consumers to do the things that are important to them, participate within and outside the service environment and have social relationships. Care planning documentation reflected the interests and preferences of the consumer and their important social and personal relationships.

Consumers and representatives described how consumers can access and are referred to individuals, other organisations and providers of care and services, where appropriate. Consumer documentation demonstrated there is adequate information to support effective and safe sharing of the consumer’s care and timely and appropriate referrals are actioned where required.

Most consumers and representatives are satisfied with the quality and quantity of meals. Staff provided examples of individual consumer’s dietary preferences and requirements. Consumer planning documentation contained specific dietary needs and preferences that are effectively communicated to the kitchen. In addition to the consumer engagement survey, the service has established a food forum committee made up of consumers and representatives, the head chef, hospitality and quality staff to assist with menu development. Meals were observed to be well presented and served within an appropriate timeframe.

Consumer and representatives are satisfied they have access to suitable and well-maintained equipment. Staff described cleaning processes for shared equipment. Equipment was observed to be clean, well maintained, and available to meet the needs of consumers.

# Standard 5

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

Findings

Consumers and representatives are satisfied the service is welcoming and offers several comfortably furnished internal and external communal spaces that enable consumers to interact with their families and other consumers. Consumers said they are encouraged to personalise their rooms.

Consumers and representatives reported the environment is comfortable and clean. The service was observed to be clean and uncluttered enabling the free movement of consumers. Consumers were observed moving freely through the service, accessing indoor and outdoor communal areas including gardens.

Consumers and representatives said the furniture, fittings, and equipment at the service are clean and well maintained. Consumers said maintenance staff responded to maintenance requests promptly. Staff demonstrated an understanding of maintenance request processes and procedures. Maintenance records demonstrated maintenance requests are recorded and responded to in a timely manner.

# 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 are aware of the processes available to give feedback and make complaints and preferred to provide this information verbally at consumer meetings or directly to staff. Staff described how they support consumers to give feedback and make complaints, document the consumers concerns and refer the issues to management where appropriate. The service has in place complaint handling policies and procedures to guide staff practice. Feedback forms and boxes were observed to be readily available and easily accessible throughout the service.

Staff demonstrated understanding of advocacy services available to consumers and described how they support consumers and representatives to access these services. Written resources about language and advocacy services were observed throughout the service.

Consumers said staff are responsive to any complaints, and if they are unable to address the issue themselves, staff will refer it to someone who can. The service has an open disclosure policy to guide staff practice and staff demonstrated knowledge of the policy and open disclosure principles. The service demonstrated there are established processes that ensure formal complaints are documented, actioned, and resolved in a timely manner.

Management described how complaints are trended to identify systemic issues and staff training. For example, several complaints were received from dissatisfied consumers about the quality of meat used for meals and this resulted in a change in meat supplier. Complaint documentation and the service’s plan for continuous improvement (PCI) demonstrated the timely action, review and implementation of complaints and feedback to improve quality care and 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

Consumers and representatives are satisfied there are enough staff at the service to meet consumer’s needs. Staff said there are sufficient staff to deliver safe and quality care and services. Management provided examples of how they plan the workforce to ensure the right mix of staff are available to deliver care and services. Roster documents showed that most shifts were filled. Call bell response times demonstrated calls bells are responded to in a timely manner. Call bell data is reviewed, monitored, analysed and trended.

Consumers and representatives said staff are kind, gentle and caring when providing care. Staff demonstrated they are familiar with consumer’s needs and were observed to greet consumers by their preferred names. Management described the service’s policies and procedures which guide staff practice ensuring care and services are delivered in a respectful, kind and person-centred manner.

Most consumers and representatives expressed confidence that staff are competent and skilled to meet their care needs. Staff described the onboarding and orientation process which included the completion of competencies and mandatory education. Management described how the organisation monitors role requirements and qualifications and how this informs workforce planning and rostering.

Consumers and representatives are satisfied staff have the appropriate skills and knowledge to deliver safe and quality care and services. Staff said they feel supported by the training provided by the service. Management described how staff training needs are identified through consultation with consumers, representatives and staff performance appraisals and how mandatory training is monitored. Management provided examples where identified training needs had resulted in specific education being delivered by external providers. For example, manual handling and dementia education. Education documentation demonstrated most staff have completed annual mandatory training. Processes are in place to regularly remind staff who have not completed training.

The service has a performance management framework in place. Performance reviews are conducted annually for all staff and after initial probation. This was supported by performance review schedules and professional development documentation. Staff confirmed participating in annual performance appraisals and provided examples of when they had requested further education and this had been supported by management.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers are satisfied they are supported to engage in the development, delivery and the evaluation of care and services. Consumers described feeling included and supported to provide feedback. Management described how feedback is sought from consumers and representatives through meetings, surveys and forums and demonstrated how feedback is implemented in practice.

Consumers and representatives said they feel safe and live in an inclusive environment. Management described how the organisational structure supports the government of the delivery of quality care and services, and promotes safe and inclusive care through staff practice. To ensure the Quality Standards are being met, reporting mechanisms are in place to ensure the Board is regularly informed and able to effectively promote a culture of safe and inclusive care and services, engage and communicate with consumers, representatives and staff. Organisation sub-committees are in place to support the Board, with information assessed reported through the completion of internal audits, data and consumer feedback to ensure consumer safety.

The organisation demonstrated it has effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff demonstrated understanding of the policies and processes that supported each of the governance systems.

The organisation provided a documented risk management framework supported by policies and procedures documented to manage risk, abuse and neglect of consumers, supporting consumers to live the best life they can and incident management. The organisation has an incident management system in place and staff demonstrated understanding of incident reporting processes and responsibilities related to their role. A risk committee has been established to oversee high impact and high prevalence risks and report to the Board through key performance indicator reporting.

The organisation provided a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and an open disclosure policies and procedures. Staff confirmed receiving education about the policies and procedures and were able to provide examples of the relevance to their work.  While the Assessment Team identified some deficits in staff understanding of chemical restraint, I have considered this under Standard 3, Requirement 3(3)(a).

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)