Performance

Report

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| Name: | Fitzgerald Memorial Aged Care Facility Limited |
| Commission ID: | 0383 |
| Address: | 1 Rum Corp Lane, WINDSOR, New South Wales, 2756 |
| Activity type: | Site Audit |
| Activity date: | 16 September 2024 to 18 September 2024 |
| Performance report date: | 23 October 2024 |
| Service included in this assessment: | Provider: 1030 Fitzgerald Memorial Aged Care Facility Limited  Service: 399 Fitzgerald Memorial Aged Care Facility Limited |

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 Fitzgerald Memorial Aged Care Facility Limited (**the service**) has been prepared by J. Bayldon, 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.

# 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 interviewed described how staff are always kind, caring and respectful towards them, expressing satisfaction with the way staff treat them. Staff interviewed said they ensure they respect each consumer’s individual preferences, including in relation to having specific gendered staff attend to the consumer’s personal care. A review of care planning documentation demonstrated information in relation to each consumer’s preferences, and their personal background and life history had been gathered and documented in the care plan.

Consumers interviewed stated the service knew about their individual identities and backgrounds and supported them to maintain their traditions or faith in a respectful way. Staff interviewed provided a clear understanding of the backgrounds of each of the consumers, including their personal history and life story, and how this has impacted on them as individuals and their needs and preferences. Training records demonstrated staff have received training in cultural diversity and safety and trauma informed care.

Consumers interviewed were able to describe how they were supported by the service to make choices about their care and services were delivered. Staff interviewed said most consumers are independent and can maintain contact with their family and friends via phone calls without staff assistance, however described how they support them where required. Care plans reviewed by the Assessment Team included information about who is important to the consumer, who is to be involved in their care, and how the consumer wants their care to be delivered.

Staff interviewed were able to describe consumers who engage in activities that involve risk and how they support consumers. A review of care planning documentation, and the Dignity of Risk Register, demonstrated care plans included risk assessments undertaken in consultation with the consumer and their representatives if appropriate.

Consumers interviewed stated they are provided with accurate and up to date information that enables them to make decisions in relation to their daily living and care. Staff described how they position themselves at the consumer’s level, ensuring they can see the consumer’s face and mouth, speaking clearly and directly to ensure they hear, and understand what is being explained to them. The Assessment Team observed information throughout the service which was accessible and easy to understand.

Staff interviewed described how they ensure to keep consumer information confidential, not discussing it in public areas, and only sharing it with authorised representatives and ensuring electronic devices are logged off when not in use. The Assessment Team observed staff respecting consumer’s privacy throughout the Site Audit including by knocking on doors before entering and waiting for the consumer to invite them in before entering the room.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 1 Consumer dignity and choice at the time of the performance report decision.

# 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 consumer representatives interviewed stated they were satisfied with the assessment and care planning process at the service, and said the care delivered meets the consumer’s needs. The service undertakes comprehensive assessment and care planning when the consumer enters the service to identify their needs, goals, and preferences and has clinical guidelines, policies, and procedures to guide staff in their practice on how to review care when risks are identified or incidents occur, how they are recorded and investigated, and how care plans are updated to reflect changes and interventions recommended. Clinical and care staff interviewed demonstrated awareness of the risks associated with sampled consumers and strategies that are implemented to support the consumer and minimise these risks.

Consumers and representatives sampled confirmed their involvement in, or have had discussions regarding general and ongoing assessments, as well as advanced care planning and how consumer needs, goals and preferences of care will be provided. Staff interviewed explained being a small service enables them to better know the consumers and what is important to them for planning and providing consumer centred care. Care plans reviewed identified whether there was an advance care directive (ACD) in place, the consumer’s needs, goals and preferences for end-of-life care, and evidence of consultation with families, if requested.

Management described how they involve consumers and representatives in the care planning and assessment process prior to entering the service, at the initial care planning meeting and progressively during their time within the service. Care documentation reviews for sampled consumers identified consumers and their representatives were consulted in assessments and care planning with other multi-disciplinary team members involved where required.

Consumers and representatives interviewed said staff explain things to them about the consumer’s care and stated they have been offered/provided with a copy of the consumer’s care plan. A review of care documentation for sampled consumers, demonstrated consumers and their representatives have been contacted for discussion as part of the case conferencing process and evaluation of the consumer’s care planning documentation.

Management and clinical staff interviewed stated care plans are reviewed every 3 months, following any incident and when circumstances change that impact on the care needs of the consumer and were able to explain the process of review following an incident. Care plans sampled demonstrated evidence of review on a regular basis or when circumstances changed and when incidents occurred, including falls and changes in mobility and behaviours.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 2 Ongoing assessment and planning at the time of the performance report decision.

# 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

A review of care planning documentation and assessments demonstrated that the consumer’s individual needs and preferences were identified regarding all aspects of their personal care and clinical care including skin, mobility, nutrition and hydration, continence, sleep, risk of falls, changed behaviours and other specialised nursing needs. Management explained that clinical care is monitored, assessed and evaluated through clinical indicators, clinical meetings and in the Clinical Governance Sub-Committee meetings reported monthly to the Board, to ensure best practice. A review of care planning documentation demonstrated, for consumers with a restrictive practice in place, informed consent had been provided and a comprehensive behaviour support plan was in place outlining the consumer’s behaviours and appropriate strategies to assist with supporting the consumer.

Staff explained the daily process for checking and maintaining low-low beds and bed rails, ensuring they are used appropriately and discussed alternative strategies with consumers and representatives. Management identified behaviours, falls, weight loss and skin integrity as their high-impact high-prevalence risks, and discussed strategies used to minimise risks. Care planning documentation reviewed demonstrated that where risks associated with the care of individual consumers had been identified, strategies had been implemented to manage the effects of these risks.

Clinical and care staff interviewed described how they continue to provide a high level of care to consumers who are reaching the palliative stage and end of life. A review of care plans identified plans contained advance care planning documentation and preferences. The service has policies and procedures to guide staff on providing palliative and end-of-life care to consumers.

Clinical and care staff interviewed described how changes in consumers’ care and services are communicated in the service’s online progress notes and at handover, including identification of consumers whose care needs have changed or whose condition has deteriorated. Care planning documentation reviewed demonstrated changes in a consumer’s condition were documented and responded to appropriately.

Consumers and representatives interviewed are satisfied the care needs of the consumer are being shared within the service, and they are happy with the care being provided. Management interviewed described how information is shared within the organisation at the clinical shift handovers and weekly clinical care meetings. Clinical and care staff demonstrated knowledge of consumer’s individual needs and preferences, as well as recent changes in dietary requirements, risks, risk minimisation strategies and other care needs.

Staff interviewed described the process of referring to other providers of care where required and were able to provide examples of referrals they had made for consumers. The Assessment Team observed the clinical handover during the Site Audit and noted communication of active referrals were discussed and tracked. Staff explained they have access to external allied health professionals who visit monthly or as required, including dietitian, speech pathologist, and podiatrist.

Management explained staff practice is monitored regularly to ensure that staff are donning and doffing appropriately, wearing personal protective equipment (PPE) where required and completing hand hygiene. Staff interviewed described the infection control measures that were being used by the service on a day-to-day basis including hand hygiene with hand sanitiser throughout the service and hand washing stations, wearing face masks when with the consumers and gloves where appropriate, wiping down equipment and trolleys after use and completing a RAT for COVID-19 every day before entering the service.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 3 Personal and clinical care at the time of the performance report decision.

# 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 interviewed reported the service runs a variety of activities and events which the consumers enjoy participating in. Staff described how they ensure there are a variety of activities to support the varying needs of the consumers. This included spending one-to-one time with consumers with cognitive impairment and doing specific one-to-one activities or games, including questions of various levels of difficulty in activities like trivia and ensuring that physical activities can be adapted, or the consumer can be supported to participate. A review of care planning documentation demonstrated the service gathers information pertaining to each consumer’s interests and what activities they would like to participate in, as well as any support required to facilitate involvement.

Consumers interviewed described how the service supports them with their emotional, spiritual and psychological wellbeing. Care and clinical staff interviewed described how they get to know the consumers well and can identify when they are not themselves or need additional support. Care plans reviewed demonstrated the service had identified each consumer’s emotional and spiritual needs and preferences.

Staff explained they have access to a bus, provided by a local community organisation, and they use a volunteer bus driver to take the consumers on community outings or scenic drives twice a month. Staff explained there are also a number of consumers who participate in activities in the community, such as outings with family or friends, or being part of local community groups. Care plans reviewed demonstrated information is gathered and recorded for each consumer in relation to activities that interest them, both within the service and in the community, and the people who are important to them.

Clinical and care staff described how they attend a handover at the commencement of their shift, where information on each consumer’s condition is shared, including where there have been any changes. Staff interviewed also described checking progress notes and consumer care planning documentation, as well as utilising staff messages, to get an update on any changes in the consumers’ condition. Care planning documentation reviewed demonstrated care plans and assessments are reviewed and updated regularly, ensuring staff have access to up-to-date and relevant information for each consumer.

Staff described a range of external lifestyle supports that are accessible and provided to the consumers living at the service including connections with local businesses and organisations, who support the service with fundraising and raffles, assisting to organise a range of activities for the consumers. Care planning documentation reviewed included information about external supports provided to individual consumers.

Consumers interviewed stated they are satisfied with the quality of the meals served at the service, noting they get choices, there is variety, and they get enough of it. The Assessment Team reviewed menu which demonstrated it is varied and diverse, with options available to the consumers at each meal. Care planning documentation reviewed included information pertaining to each consumers dietary needs, preferences and allergies, including whether a modified diet was required.

The Assessment Team observed equipment throughout the service to be clean, well-maintained, and suitable for use by the consumers. The Maintenance Supervisor explained how they check the electronic maintenance management system daily for any maintenance requests to ensure they are attended to in a timely manner. A review of maintenance records by the Assessment Team demonstrated reactive maintenance tasks were being attended to in a timely manner, and that the service was following a preventative maintenance program, with all tasks being attended to in line with the schedule.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 4 Services and supports for daily living at the time of the performance report decision.

# 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

Staff interviewed described how they ensure consumers, and their visitors feel welcome and at home within the service, and how they support consumers to maintain their independence. Staff described they encourage consumers to display photographs or other personal items in their rooms, to assist with making it feel more like home. The Assessment Team observed several consumer’s rooms and noted they contained personal items and displays such as photographs, pictures, books and electrical items to maintain independence.

Consumer rooms and communal areas observed by the Assessment Team were clean, tidy and well-maintained. Consumers were observed by the Assessment Team mobilising freely within the service environment, with doors accessible and easily opened to outdoor areas and various indoor areas of the service. Clinical, care and lifestyle staff all described how they log maintenance requests either directly and via the electronic system and said they can call at any time if needed, as the maintenance team is available on site.

The Assessment Team observed furniture and equipment throughout the service environment to be clean, safe and well-maintained, and in good condition, suitable for use by the consumers. Care staff stated shared equipment which is used in the care of the consumers is cleaned after every use.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 5 Organisation’s service environment at the time of the performance report decision.

# 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 were aware of different feedback mechanisms at the service and expressed that they feel welcome to go directly to management if they have a concern. Clinical and care staff interviewed told the Assessment Team they support consumers to give feedback by ensuring they feel comfortable, and said that most often, consumers bring feedback directly to them. The Assessment Team observed feedback forms in multiple areas throughout the service with a red post box available in the front foyer where they could be placed.

Consumers and representatives told the Assessment Team that they are comfortable seeking advocates, including having their representatives speak on their behalf. Clinical and care staff interviewed were aware of external complaints management organisations and advised they could assist consumers to contact them if they wished to. Staff also noted that they can advocate for consumers where needed and can assist them to make complaints or pass feedback on to management. The Assessment Team observed information available to consumers throughout the service advising them of external complaints management options including the Commission, OPAN and SRS.

Management described how they respond when a complaint is received, and how they ensure they are following an open disclosure approach and how staff are supported to do so as well. Staff were aware of open disclosure, could describe how they use it in their role, and confirmed that they have been provided training on open disclosure to ensure it is practiced. The Assessment Team reviewed the services Feedback and Complaints register which evidenced examples of open disclosure in practice.

Management explained they use feedback and complaints as a source of continuous improvement, with each piece of feedback being reviewed, with actions taken to rectify any issues and prevent them from reoccurring. A review of the Feedback and Complaints Register and related documentation by the Assessment Team evidenced how complaints were captured and use to improve the care and services provided to consumers.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 6 Feedback and complaints at the time of the performance report decision.

# 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 interviewed provided positive feedback in relation to the staffing mix and levels at the service, describing how they meet their care needs in a timely manner. Management explained rosters and staffing numbers are developed based on occupancy levels and the individual care needs of the consumers living at the service and they have the flexibility to roster additional shifts depending on the care needs of the consumers. Staff interviewed, including clinical and care staff, expressed they felt there were enough staff rostered on each shift to meet the care needs of consumers, and described being able to complete their allocated tasks in time. The Assessment Team reviewed allocation sheets which indicated there was minimal unplanned leave with management filling vacant shifts with employed or agency staff.

Consumers and representatives interviewed told the Assessment Team that staff at the service are kind, caring and respectful towards them. Management stated the consumers will also speak with their family members if they are unhappy with something, including the way staff treat them, with family members always welcomed to provide feedback and advocate on the consumer’s behalf. Clinical and care staff interviewed stated they all treat the consumers with dignity, respect and kindness.

Staff interviewed demonstrated they have a clear understanding of their role and the needs and preferences of the consumers. A review of sampled staff files demonstrated that staff are appropriately qualified with relevant experience, qualifications and competencies to undertake their role. Management described how staff undergo an induction process, where they engage in initial training, gain an understanding of the policies and processes and understand the way in which care is delivered within the organisation.

Management and staff interviewed described how training is provided when staff first commence employment at the service and ongoing to ensure their skills are maintained and they continue to meet the changing needs of the consumers. Management explained they also hold face-to-face toolbox education talks regularly with staff, covering a range of topics depending on where a need for additional training has been identified. Clinical and care staff interviewed stated they receive ‘lots of training’ as part of their employment at the service, describing how they received training in a range of areas including manual handling, fire safety, first aid, restrictive practices, incident management including serious incident response scheme (SIRS) incidents and wound management. A review of induction records and checklists demonstrated that staff complete training when they first commence employment at the service, in a range of topics including SIRS, open disclosure, antimicrobial stewardship, restrictive practices, cultural diversity, infection control and manual handling.

Management explained they monitor staff performance through a staff appraisal process, which is conducted annually, as well as ongoing informal staff performance monitoring. The Assessment Team reviewed records, including management’s performance management schedule, which demonstrated all staff had been involved in a performance review in the last 12 months. Clinical and care staff interviewed confirmed feeling supported by management at the service and could confirm having been involved in a performance review.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 7 Human resources at the time of the performance report decision.

# 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

Management described various ways in which consumers and representatives can contribute to the care and services provided including the service’s Resident Focus Group Meetings. Consumers interviewed gave examples of how they can participate in the Resident Focus Group Meetings should they have any concerns they wish to raise. The Assessment Team reviewed minutes from the Resident Focus Group Meetings which demonstrated consumers are engaged and kept informed about the ongoing care delivery and provision of services.

Management interviewed described how the governing body is involved in the delivery of care and services, including how information is shared between management at the service to the Board. Management explained how below the Board, the organisation has various subcommittees that cover varying areas of service delivery including the Governance and Risk Subcommittee, the Clinical Governance Subcommittee, the Finance Subcommittee and the Future Development Subcommittee. The Assessment Team reviewed Management Reports which included Clinical Governance Subcommittee Meeting minutes, any reportable incidents, feedback and complaints, restrictive practices in use, medication incidents, wound management, incidents, infections, audit results, call bell data, staffing and education, regulatory compliance, policy and procedure review, Quality Care Advisory Committee Meeting minutes, and operational information from the Business Manager, such as continuous quality improvements and other operational matters covering service delivery.

The service had effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. For example:

* Management and staff explained information is shared through a variety of methods, including the electronic care management system regarding the storage and communication of each individual consumer’s care information. The organisation has policies and procedures to guide staff practice in the appropriate use of information.
* A review of the service’s Continuous Improvement Plan (CIP) showed improvement items are documented and include the date the issue was identified, an outline of the issue and the outcomes to be achieved and dated comments detailing actions taken to address the issue, and when the action item is completed.
* Management explained the organisation has clear financial delegations and budgetary delegations, with large budgetary expenditure built into the budget for the year, and management able to make purchases for equipment where required to meet the changing needs of consumers.
* Management explained rosters are based around minimum care minutes requirements and the care needs of consumers living at the service, with management at the service, having ultimate control over the way shifts are formatted including the implementation of additional shifts if staff are requiring additional support. A review of staff records, including training records, qualifications and performance reviews demonstrated there are systems in place to establish staff responsibilities, with ongoing oversight of the staff employed to ensure they are adequately skilled and qualified for their role.
* The Assessment Team reviewed meeting minutes from various meetings including Directors Meetings, the Clinical Governance Subcommittee Meetings, and the monthly management report, where areas of regulatory compliance were discussed among management. Management advised the organisation monitors changes to legislation, regulatory requirements and aged care law through subscriptions to various associations and peak bodies, as well as receiving updates from the Aged Care Quality and Safety Commission (the Commission) and the Department of Health and Aged Care.
* The service records feedback and complaints in a feedback register. A review of the register by the Assessment Team noted feedback and complaints items included the date entered, the nature of the feedback and who was providing it, and actions taken to resolve the concerns.

Management explained clinical risks impacting on the care of consumers are discussed during monthly Clinical Governance Subcommittee Meetings, and the Board are provided with information on clinical risks impacting on the care of the consumers through the monthly management report provided to the Board. Clinical and care staff interviewed confirmed receiving training in incident management and SIRS and could clearly describe their role when an incident occurs, including notifying the required parties. A review of incident reports by the Assessment Team and SIRS reporting documentation demonstrated there had been 4 SIRS incidents reported to the Commission in the 6 months prior to the Site Audit. Documentation reviewed demonstrated these incidents had been reported to the Commission within the required timeframes, with other stakeholders informed and appropriate actions taken. The Assessment Team reviewed minutes from the Clinical Governance Subcommittee Meetings and noted that high risk consumers were discussed as well as incidents including SIRS incidents, the impact on the consumers and any strategies implemented to address these risks and enhance the care provided to consumers.

The service could demonstrate that it had effective clinical governance frameworks in place for antimicrobial stewardship, minimising the use of restraint, and open disclosure. For example:

* The service is guided by the Antimicrobial Stewardship Procedure which outlines appropriate antibiotic usage and ongoing monitoring to ensure quality and safe care is being provided to consumers. The Facility Manager, who was also one of the service’s Infection Prevention and Control (IPC) Leads explained they do an audit each month of antibiotic usage to ensure it is only being used where appropriate, including in consultation with the consumer’s General Practitioner (GP). A review of training records and induction documentation demonstrated staff receive training in antimicrobial stewardship as part of their initial induction into the organisation.
* Clinical and care staff described alternative strategies utilised prior to implementing a restrictive practice. Sampled consumers subject to a restrictive practice had behaviour support plans in place and evidence of informed consent for the use of the restraint, and the service could evidence instances of minimising the use of restrictive practice. Staff at the service are guided by the Restrictive Practices Procedure which outlines the 5 types of restrictive practice and documentation requirements and ongoing monitoring of consumers subject to a restrictive practice.
* Management and staff interviewed could effectively describe the principles of open disclosure, and how it affects them in their role. The service had an Open Disclosure Procedure which outlined the principles of open disclosure, as well as the principles being embedded into other policies and procedures within the organisation.

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)