Performance

Report

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| Name: | Geraldton Shore Care Community |
| Commission ID: | 7892 |
| Address: | 159-161 Fitzgerald Street, GERALDTON, Western Australia, 6530 |
| Activity type: | Site Audit |
| Activity date: | 26 June 2024 to 28 June 2024 |
| Performance report date: | 31 July 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 4898 Geraldton Shore Care Community |

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 Geraldton Shore Care Community (**the service**) has been prepared by P. Wallner, 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 provider’s response to the assessment team’s report received on 19 July 2024.
* other information held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said staff were kind, caring and treated consumers with dignity and respect. Staff described ways they respected consumers’ identity and make them feel valued and respected. Management said staff complete mandatory code of conduct training annually, and the service had policies and procedures setting out consumers’ rights to respect, choice, and dignity. Care planning documents reflected the diversity, background, and personal preferences of consumers. Staff were observed treating consumers with dignity and respect.

Consumers and representatives said staff respected their cultural background and provided culturally safe care. Management and staff demonstrated a profound understanding of consumers’ cultural background and described how they met their cultural needs and preferences. Records confirmed staff had undertaken training in providing culturally appropriate care.

Consumers and representatives said consumers were supported to make independent decisions about their care, communicate their decisions, and maintain relationships of choice. Staff described how each consumer was supported to make informed choices about their care and services and maintain their important relationships. Care planning documents showed the service supported consumers to make choices around their care and services, involve others in their care decisions, and maintain important relationships.

Consumers and representatives said the service supported consumers to take risks, to live the best life they could. Staff were aware of the risks taken by individual consumers, and described how they supported them to understand the potential risks and consider ways they could be minimised. Care planning documents showed appropriate risk assessments were completed and risk mitigation measures agreed. The service had a dignity of risk policy and procedure to guide staff in the assessment and management of risks.

Consumers and representatives confirmed the service provided current, timely, and clear information about activities, meals, meetings, and other events, to enable them to make informed choices. Staff explained how they provided clear and current information to support consumers’ choices. Information such the activity calendars, meeting times, and external complaint and advocacy services was displayed throughout the service.

Consumers and representatives stated staff respected consumers’ privacy such as by knocking before entering their rooms and closing doors to provide personal care. Staff described ways they respected consumers’ privacy and kept their personal information confidential such as by logging off the computers. Staff were observed knocking before entering consumers’ rooms, and using password protected computers. The service had written policies to guide staff in protecting consumers’ privacy and personal information.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said the assessment and planning of care considered risks to consumers and resulted in safe and effective care and services. Management and staff explained the assessment and care planning process including how risks to consumers were assessed, to inform the delivery of safe and effective care and services. However, the Assessment Team found the service did not consider whether consumers with cognitive and physical impairments were potentially subject to environmental restrictive practices. Management completed assessments during the audit and offered the code to several consumers, some of whom declined. Care planning documents showed assessment and care planning considered risks to consumers and identified suitable mitigation strategies.

The approved provider’s response received on 19 July 2024, did not agree with the Assessment Team’s characterisation that the service had not assessed whether consumers with cognitive and physical impairments were potentially subject to environmental restraint due to the use of a code for the door and elevator and an intercom at the entry door. The provider detailed the policies, practices, features and staff training, which ensure all consumers are appropriately assessed and are not subject to undocumented restrictive practices.

Consumers and representatives said the assessment and care planning addressed consumers’ current needs and preferences, and their end of life care plans. Management and clinical staff described how assessment and planning captured each consumer’s current needs and goals, and their advance care and end of life care preferences. Care planning documents reflected consumers’ advance health directive and their end of life care preferences.

Consumers and representatives confirmed they were actively involved in the assessment and planning of consumer’s care in collaboration with other providers of care and services. Staff described how the assessment and planning of care was done in consultation with consumers and their nominated representatives and other health professionals. Care planning documents confirmed the input of consumers, representatives, and a range of other health professionals.

Consumers and representatives said they were provided with a copy of the consumer’s care plan, and they were informed of the outcomes of assessment and care planning. Management and staff explained how they informed consumers and representatives of any changes in consumers’ condition or care plans. Care planning documents confirmed consumers and representatives were regularly updated and they were offered a copy of the consumer’s summary care plan.

Consumers and representatives said consumers’ care was reviewed regularly, and reviewed when circumstances changed, or incidents impacted on the needs, goals, and preferences of the consumer. Management and clinical staff explained care plans were reviewed 6 monthly, and reviewed when circumstances changed, to ensure they were effective. Care planning documents confirmed they had been reviewed regularly for effectiveness, and reviewed when circumstances changed, or incidents impacted on the needs, goals, and preferences of consumers.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives expressed satisfaction with the personal and clinical care provided, which met consumers’ needs and optimised their health and well-being. The Assessment Team found the service had not assessed whether some consumers with cognitive impairment were potentially subject to environmental restraint however, this was addressed by management during the audit. Management and staff described the policies and processes in place to deliver safe and effective personal and clinical care, tailored to consumers’ documented needs, goals and preferences. Care planning documents reflected the consistent delivery of safe and effective personal and clinical care, in line with best practice. The service had written policies and procedures to guide staff in the delivery of safe and effective personal and clinical care.

The approved provider’s response received on 19 July 2024, did not agree with the Assessment Team’s characterisation that the service had not assessed whether consumers with cognitive and physical impairments were potentially subject to environmental restraint due to the use of a code for the door and elevator and an intercom at the entry door. The provider detailed the policies, practices, features and staff training, which ensure all consumers are appropriately assessed and are not subject to undocumented restrictive practices.

Consumers and representatives said the care provided was safe and effective and high impact and high prevalence risks were effectively managed. Staff described the high impact and high prevalence risks to consumers at the service and detailed the management strategies in place. Care planning documents confirmed high impact and high prevalence risks had been identified and effective mitigation measures were in place.

Consumers and representatives stated consumers end of life needs and preferences were identified and respected with their comfort maximised and dignity preserved. Staff described how they identified deterioration and ensured consumers’ end of life were current and respected during in end life care. Care planning documents recorded end of life preferences. The service had a palliative care policy to guide staff in maximising the dignity and comfort of consumers nearing the end of life.

Consumers and representatives reported the service responded quickly to changes in consumers’ health or wellbeing, and consumers had timely access to medical officers. Management said they were alerted to any changes in a consumer’s condition and ensured there was a timely response. Care planning documents showed clinical deterioration and changes in a consumer's condition were identified, documented, and responded to in a timely manner.

Consumers and representatives said information about consumers’ condition, needs and preferences was effectively communicated between staff, and others involved in providing care and services. Management and staff described how information about consumers’ current condition and needs was documented in the electronic care management system and communicated effectively between staff at clinical meetings and shift handovers. Care planning documents showed staff, and others involved in providing care, had access to current information about consumers’ condition, needs and preferences. Staff were observed accessing electronic alerts and handover sheets detailing current information about consumers’ condition and needs.

Consumers and representatives said the service provided timely referrals to appropriate other organisations and health professionals. Management and clinical staff described effective processes for referring consumers to other health professionals to ensure quality outcomes for each consumer. Care plans confirmed the timely input of other health professionals such as optometrists, dentists, geriatricians, and dementia services.

Consumers and representatives expressed confidence in the service’s infection prevention and control measures including the management of COVID-19, and said staff used personal protective equipment and practiced good hygiene. Staff described how they received regular training in infection prevention and control practices and antimicrobial stewardship. The service had a trained infection prevention and control lead on site, and documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives confirmed the services and supports for daily living met consumers’ needs, goals, and preferences, and optimised their independence and quality of life. Staff described how they captured consumers’ needs and preferences for daily living on their leisure and lifestyle plan, and provided the supports needed to optimise their quality of life. Care planning documents captured detailed information about the services and supports required for consumers to optimise their independence, quality of life, health, and wellbeing. Consumers were observed engaged in various activities and were laughing and appeared to be having fun.

Consumers and representatives said the service promoted consumers’ emotional, spiritual, and psychological well-being. Staff said they could tell when consumers were feeling low, and described how they supported their emotional, psychological, and spiritual well-being such as providing one on one support or pastoral care. Consumers’ care planning documents contained information about their emotional, spiritual, and psychological well-being needs, and the strategies to support them.

Consumers and representatives said consumers were supported to participate in their community within and outside the service environment, maintain important relationships, and do things of interest. Staff identified consumers’ lifestyle interests and described how they supported them to participate in the wider community and maintain their relationships. Consumers’ care planning documents identified their activities of interest, important relationships, and how they were supported to participate in their community.

Consumers and representatives described how current information about consumers’ needs, preferences and condition was effectively communicated within the service, and with others responsible for providing care. Staff described how they communicated current information about consumers’ changing condition and needs through the handover process and the electronic care management system. Care planning documents provided adequate and up to date information to support the delivery of effective and safe care.

Consumers and representatives said the service provided timely referrals to services and supports from other organisations and individuals, when needed. Management and staff described how the service engaged with other individuals and organisations to enhance consumers’ quality of life. Care planning documents showed timely referrals of consumers to a range of external services and supports for daily living such as various local churches, pet therapy, and the community visitor scheme.

Consumers and representatives expressed satisfaction with the variety, quality, quantity and temperature of the meals provided. Staff knew consumers’ dietary needs and preferences and said consumers could request alternative meals. Care planning documents reflected consumers dietary needs and preferences and staff said they could provide food and drink to consumers anytime. The meal service appeared calm and unrushed, meals looked appetising, and consumers were enjoying their meals with minimal food being returned uneaten. The kitchen was observed to be clean and well-maintained and had achieved a five-star food safety rating.

Consumers and representatives said the equipment was safe, clean, well maintained, and they knew how to report maintenance issues. Staff described how they kept equipment safe and clean, and how maintenance requests were logged electronically, prioritised and signed off when completed. The equipment appeared to be safe, 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was open, welcoming, and felt like home. Management and staff described how they helped consumers to feel welcome and personalise their space, to optimise their sense of belonging, independence and function. Staff said they respected that the service is the consumers’ home and enjoy assisting them to maintain their surroundings. The service was a suitable temperature, open, well-lit, and easy to navigate. Staff were observed warmly greeting consumers and visitors, and consumers were observed socialising in various indoor and outdoor areas of the service.

Consumers and representatives said the service was safe, clean, well-maintained, comfortable, and they could move freely, both indoors and outdoors, as they desire. The Assessment Team found the service had not assessed consumers' ability to use the keypad and intercom system to exit/enter the service however, consumers expressed satisfaction with the exit/entry arrangements and management immediately commenced assessing consumers. Maintenance and cleaning staff described the maintenance and cleaning processes and how they ensured the service environment was kept safe and clean. The service environment appeared safe, clean, and well-maintained, and consumers were observed moving freely throughout the service, both indoors and outdoors.

The approved provider’s response received on 19 July 2024, did not agree with the Assessment Team’s characterisation that the service had not assessed whether consumers with cognitive and physical impairments were potentially subject to environmental restraint due to the use of a code for the door and elevator and an intercom at the entry door. The provider detailed the policies, practices, features and staff training, which ensure all consumers are appropriately assessed and are not subject to undocumented restrictive practices.

Consumers and representatives said the furniture, fittings and equipment were safe, clean, and well-maintained. Staff explained how the furniture, fittings and equipment were cleaned and maintained regularly. The furniture, fittings and equipment appeared to be safe, clean, and well-maintained.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they were supported and encouraged to provide feedback and make complaints and they felt comfortable to do so, if needed. Management and staff described how they supported consumers and representatives to provide feedback or make complaints through various avenues. The service had documented policies, procedures, and staff training in managing feedback and complaints. Feedback forms and complaints information were observed around the service, and management said they collected all feedback from the locked suggestion boxes each day.

Consumers and representatives knew they could access advocacy, external complaint avenues and language services. Management and staff described how they ensured consumers were aware of external mechanisms for making complaints, and advocacy and language services. Brochures and posters for advocacy and interpreter services, and external complaint agencies such as the Commission, was displayed around the service.

Consumers and representatives said the service took appropriate and timely action to resolve complaints and when things went wrong. Management and staff described appropriate procedures for responding to complaints, and the use of open disclosure when things went wrong. Records confirmed feedback, complaints and incidents were documented and acted upon promptly using open disclosure. The service had documented policies to guide staff in the management of complaints and the use of open disclosure.

Consumers and representatives felt their feedback and complaints were used to improve the quality of care and services. Management and staff described how feedback and complaints were reviewed and used to identify improvement opportunities on the Continuous Improvement Plan. The continuous improvement plan, feedback and complaints register, and consumer meeting minutes, confirmed feedback and complaints were used to improve the quality of 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said there were enough staff to meet their care and service needs, and they did not have to wait long for assistance when they rang their call bell. Staff said staffing numbers had improved recently and there were enough staff to complete their tasks comfortably, without the need to rush consumers. Management said they had recently improved staffing issues and detailed the recruitment and rostering process which ensured the number and mix of staff enabled the delivery of safe and quality care and services. Rosters showed all vacant shift had been filled.

Consumers and representatives said staff were kind, caring and respectful of each consumer’s identity, culture, and diversity. Staff showed they knew consumers individually and understood their identity, culture, and diverse needs. Staff were observed interacting with consumers and representatives in a kind, caring and respectful manner. The service had written policies, procedures and training to guide staff in relation to dignity, choice, diversity, inclusion and privacy, and the Aged Care Code of Conduct.

Consumers and representatives said staff were competent and had the knowledge to perform their roles. Staff said training and education is ongoing to ensure their skills and qualifications are up to date and they had the knowledge to perform their roles. Management described the processes for ensuring all staff had the required competencies, qualifications, registrations, visas, and security checks for their roles. Position descriptions specified the key competencies, duties, qualifications and knowledge, for each role.

Consumers and representatives said staff were trained and equipped to provide quality care and services. Staff said the service supported them and provided mandatory training to deliver quality care and services to consumers. Management described how the organisation recruited, trained, equipped, and supported staff to deliver safe and quality care and services in line with the Quality Standards. Workforce records, policies and procedures confirmed staff were recruited, trained, equipped, and supported to deliver outcomes as required by the Quality Standards.

Management described how the performance of the workforce was regularly monitored, assessed, and reviewed through informal processes and formal annual performance appraisals. Staff confirmed their performance was assessed at least twice during probation and then annually, and they were assessed for competency. The annual performance appraisal register showed all appraisals were up to date.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were supported to be engaged in the development, delivery and evaluation of care and services. Management and staff described various ways they assisted consumers and representatives to be engaged such as through conversations, meetings, surveys, and feedback processes, and the Consumer Advisory Body. Records confirmed consumers and representatives were engaged in the development, delivery and evaluation of care and services.

Consumers and representatives said consumers felt the service was a safe and inclusive environment that provided quality care and services. Management described how the Board communicated with the service and promoted a culture of safe, inclusive and quality care and services. The Board received regular reports on key aspects of the performance of the service and was accountable for the delivery of safe and quality care and services and compliance with the Quality Standards. The Board uses the data provided to drive change across the organisation and within individual services. Organisational policies, procedures and training support a culture of safe, inclusive and quality care and services

The service demonstrated an effective organisational governance framework which included policies and procedures related to continuous improvement, information management, financial and workforce governance, regulatory compliance and feedback and complaints. Management and the Board monitored key performance data and ensured the policies and processes were effective in providing care and services in accordance with the Quality Standards.

The service had effective risk management systems and practices to manage high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Consumers and representatives said consumers were supported to take informed risks. Management and staff could describe the policies and processes in place for identifying, documenting, managing, and reporting risks and incidents.

The service had an effective clinical governance framework which included policies covering antimicrobial stewardship, the minimisation of restraint, and the use of open disclosure. Consumers and representatives confirmed the use of open disclosure when things went wrong. Management and staff were aware of the clinical governance framework and could explain the purpose and practical application of the policies and procedures related to antimicrobial stewardship, restrictive practices, and open disclosure.

The approved provider’s response received on 19 July 2024, disputed the Assessment Team’s characterisation that the service did not have a thorough understanding of environmental restrictive practice. The provider detailed the policies, practices, features and staff training, which ensure all consumers are appropriately assessed and are not subject to undocumented restrictive practices.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)