Performance

Report

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| Name of service: | Grenoch Home |
| Service address: | 7 East Barrack Street DELORAINE TAS 7304 |
| Commission ID: | 8808 |
| Approved provider: | Aged Care Deloraine Inc. |
| Activity type: | Site Audit |
| Activity date: | 4 April 2023 to 6 April 2023 |
| Performance report date: | 28 May 2023 |

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 Grenoch Home (**the service**) has been prepared by E Blance 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.
* Response to the Site Audit report by the provider on 19 May 2023.
* other information and intelligence 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

Consumers and representatives say consumers are treated with dignity and respect and that they maintain their identity by sharing stories of things that are important to them and displaying personal items in their rooms such as photos of their family. Consumers say their culture and diversity is valued, with holidays such as Christmas Day and Easter celebrated. Staff were observed to demonstrate respect towards consumers. Care documentation capture consumers’ identity, culture and diversity information.

Consumers and representatives say consumers were able to express their cultural identity and interests and are happy that staff were supporting them to meet their cultural needs. Staff had in-depth knowledge of each consumer’s identity and were able to articulate how they meet the individual needs of these consumers.

Consumers and representatives say consumers can make their own decisions and staff are respectful of their decisions. Consumers are supported to maintain their relationships with others including consumers who are married. Consumer’s decisions to participate in activities, communicate their preferences on care delivery and whether or not they would like to perform some tasks independently where they can, are discussed with staff.

Consumers and representatives felt they had adequate knowledge to make informed decisions about their choices to undertake risk and felt consumers were supported to live their best life. Risk acceptance is discussed with consumers and others involved in their care such as medical officers and allied health professionals. A risk management framework supports consumers to make decisions that affect their lives. Risk mitigatory strategies support consumers taking risks as part of the risk assessment process.

Consumers and representatives say consumers are provided with information to assist them in making choices about their care and services. Schedules, noticeboards and consumer meetings provide a conduit for information to consumers about their care and services.

Consumers say their privacy is respected, and staff demonstrated this in a variety of ways. Policies and procedures are in place for the collection, disclosure and storage of consumer information. Staff were observed by the Assessment team respecting consumer’s privacy. Confidential information is kept in electronic systems are password protected. Information about privacy and confidentiality is shared through the consumer handbook.

I find this Standard compliant. I have placed weight on the information provided by consumers within the Site Audit report. I have also considered information evidenced under other Standards and Requirements in forming a view of compliance.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Care planning including for the consideration of risk are identified, and outcomes are documented in care plans and discussed with the consumer and their representatives or with advocacy services such as the Public Guardian or Public Trustee where relevant. Care plans contain relevant information for consumer’s needs, goals and preferences including but not limited to, mobility, nutrition, pain, behaviour management, sleep, and communication preferences.

Consumers and representatives say they have been given the opportunity to discuss advance care planning or end of life planning. Advance care directives within care plans address the consumer’s end of life wishes. The approved provider’s response confirms pre-admission and admission processes contain information for consumers about advance care planning and end of life planning which was reviewed late 2022 following legislative changes. Policies and procedures for end of life planning guide staff practice.

Consumers and representatives say they are actively involved in the assessment, planning and review of their care and services. Care plans have integrated and coordinated assessment and planning involving other organisations, individuals, and service providers and reflect that consumers and their representatives are involved in assessment and planning.

Outcomes for assessment and planning are communicated through care conferences and documented in the consumers’ care plan and progress notes. Copies of care plans are provided to, and are readily available to, consumers and representatives. Care information is readily accessible to those authorised to use the electronic care management system to document information.

Policies and procedures for the regular review of care and services guide staff practice. Staff say care and services plans reflect up-to-date information to deliver appropriate care and services for the consumer. Reviews involve family and other health professionals involved in the consumers care. Smaller ‘resident of the day’ reviews are conducted. Care planning documentation note the identification of, and the response to, deterioration or changes in consumer’s condition.

I find this Standard compliant. I have placed weight on the information provided by consumers within the Site Audit report. I have also considered information evidenced under other Standards and Requirements in forming a view of compliance.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives say consumer’s receive care that is safe, manages their risks and meets their cultural needs and/or preferences. Documentation reflected individualised care. Consumers say they are consulted by medical officers and other health providers. Consumers who experience pain are offered both pharmacological and non-pharmacological interventions including analgesia’s and heat packs. Pain interventions are monitored for effectiveness. Consumers who experience wounds or require pressure area care are receiving care in line with best practice. Strategies include, emollients, pressure relieving mattresses, massage and appropriate management of wounds. Alternative strategies are recommended and trialled prior to the use of restrictive practices. The service supports the free movement of consumers who normally reside within the memory support unit by leaving the internal doors open. However, the Assessment Team identified a small number of consumers with cognitive impairment were subject to environmental restrictive practices in relation to the service’s main entry door which is secured with a keypad code. No impact was identified for those consumers and the service management undertook immediate review of all environmental restraint for consumers as well as gaining authorised consent. The approved provider’s response included evidence that those identified consumers had now been added to the service’s restrictive practices register, appropriate authorised consents had been gained, and all consumers received a full review. Consumers subject to restrictive practices had appropriate behaviour support plans in place. Consumer’s with complex care needs are receiving care in line with directives for care. The service shares information about clinical indicators with consumers and their families. Policies and procedures are in line with best practice, guide staff practice and are readily available for all staff.

High impact, high prevalence risks to consumers is effectively managed. Risk assessments and use of best practice assessment tools assist in the reduction of high impact, high prevalence risks, including falls risk assessments, pain assessments, weight, and changed behaviour charts. Risk interventions have been implemented to mitigate consequences. Where the Site Audit report raised information in relation to consumer’s who choose to smoke without suggested preventatives to mitigate risk as documented, the approved provider’s response included updated smoking risk assessments which address that the consumer’s can smoke independently without supervision and choose not to wear a fire retardant apron, however one is available if the consumer so wishes. I note the assessment does not indicate if the consumer was informed of the risks of smoking, including the risks of burns, in their choice to decline the use of a fire retardant apron while smoking. Consumers who experience falls undergo a falls risk assessment and post fall review.

For consumers who were recently end of life, care strategies were provided in line with end of life care plans including aromatherapy and music, as well as pain management and pressure area care. One on one social support time is also provided to support the consumer and their families. Staff have been trained in palliative care, and the service has access to palliative care services, specialised equipment and support.

Consumers and representatives say they are contacted by the service whenever there are changes to a consumer’s condition. Staff are trained in recognising and responding to changes in condition and deterioration. Policies and procedures are available to guide staff practice. Staff respond to deterioration through escalation processes including alerting senior staff, medical officers, seeking further intervention and transferring to hospital where required.

Information about the consumer is communicated through an electronic care management system. Staff are informed about consumers’ condition needs and preferences through handover processes, information within consumers’ care plans, progress notes, reports, review processes, and meetings. I note the approved provider’s response in relation to a consumer within the Site Audit report under Requirement 3(3)(e).

Consumers and representative say they have access to a medical officer and other allied health providers when required. The service was able to demonstrate that referrals to other providers or organisations are done in a timely manner. The service has process for referring consumers to other health professionals and staff were aware of how outcomes informs care and services provided for consumers. Allied health services available through the service includes but is not limited to physiotherapy, podiatry and optometry and speech pathology.

Consumers and representatives were satisfied with the service response to COVID-19. The service has an appointed Infection Prevention and Control Lead in line with regulatory requirements. Staff demonstrated knowledge in line with antimicrobial stewardship best practice. The service has outbreak plans and sufficient personal protective equipment. Monitoring tools and reporting maintains clinical oversight of antibiotic usage against national standards.

I find this Standard compliant. I have placed weight on the information provided by consumers within the Site Audit report. I have also considered information evidenced under other Standards and Requirements in forming a view of compliance.

# 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 say they feel supported to pursue activities of interest to them. Lifestyle Assessments reflect consumer’s individual preferences. Staff knew what consumers like to do, and this aligned with the information in the consumer’s care plan. Supports are made available to optimise consumer’s quality of life.

Consumers say their emotional, spiritual and psychological needs were supported, and that they can stay in touch with family, friends and faith based organisations for comfort and emotional support. The service offers faith based services to support consumer’s beliefs. Care plans inform staff of consumers’ emotional, spiritual, and psychological needs, goals and preferences. Private visits from faith based organisations are provided for consumers. Activities are available for consumers to attend at the service to support their psychological wellbeing.

Lifestyle activities are developed in partnership with consumers. Bus trips are organised into the local community. The service provides celebration of special events such as birthdays, Christmas, Easter, Remembrance Day, and National Aborigines and Islanders Day Observance Committee (NAIDOC) week.

Consumers say they have an active social life and can follow their interests at the service. They say that they are supported to maintain personal relationships to the level they wish that they can take part in community and social activities. Other organisations, community members and groups help consumers follow their interests, social activities and maintain their community connections including Men’s Shed, hairdressing services, private tai chi lessons and local retiree clubs in town.

Staff were able to describe how they share information and are kept informed of the changing condition, needs and preferences for each consumer. Information is obtained through care reviews and this is shared with others. Documentation contains individual information about a consumer's background, likes and dislikes for staff to be informed about the consumer including preferences for activities.

Consumers are supported by other organisations, support services and providers of other care and services such as taxi services, hair dressing services and men’s community groups and external dementia support services. Care planning documentation identified referral to other organisations and services.

Consumers say they are satisfied with the variety, quality and quantity of meals. Consumers are able to request alternative meals to the menu if they prefer. Copies of the menu are provided to consumers and meals are an agenda item at the monthly consumer meetings to encourage feedback and quality improvement. Food hygiene standard training is delivered to staff. Consumers are assisted with their meals as required. Information about consumer’s individual dietary profiles is available for staff responsible for care delivery.

Consumers say they have access to resources and equipment for leisure and lifestyle activities and the equipment the service provides is suitable and meets their needs. Consumers said they are provided with their own mobility aids. Staff described the processes to ensure equipment is kept safe, clean and well maintained as well as their safe use. All equipment is maintained by maintenance staff or external contractors and is monitored using a preventive maintenance schedule. I note the approved provider’s response in relation to a consumer in the Site Audit report under Requirement 4(3)(g).

I find this Standard compliant. I have placed weight on the information provided by consumers within the Site Audit report. I have also considered information evidenced under other Standards and Requirements in forming a view of compliance.

# Standard 5

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

Findings

The service has a welcoming environment. Consumers say they can personalise their rooms, including the use of personal furniture and other possessions of choice. Consumers are supported to make the service feel like home and to maintain their independence.

Outdoor areas are accessible to consumers and each room have individual balconies. Outdoor areas are decorated with plants and furniture. Several lounge areas are available for consumers and their representatives.

Consumers and representatives say the service is clean and well maintained. Consumers were observed by the Assessment Team moving freely around the service, enjoying the outdoor areas, participating in activities in the common areas and spending private time in their rooms.

Systems and processes for the cleaning and maintenance of the service is scheduled and monitored by the service staff.

Consumers say the furniture, fittings and equipment is well maintained and clean. Maintenance systems are understood by consumers and staff to ensure furniture, fittings and equipment are clean and safe. Schedules are monitored and servicing is in line with manufacturer’s recommendations and serviced by qualified contractors.

I find this Standard compliant. I have placed weight on the information provided by consumers within the Site Audit report in forming a view of compliance.

# Standard 6

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

Findings

Consumers and representatives say they feel comfortable providing feedback or making a complaint if necessary. Complaints mechanisms support consumers and their relatives to provide feedback including via information displayed at the service in relation to providing feedback, and placement of feedback forms and lodgement boxes in various areas of the service. Policies and procedures guide staff practice for feedback and complaints.

Information in relation to advocacy services and external complaints services is provided to consumers. The use of interpreter services is available to consumers. Suitable information is provided for consumers who are culturally and linguistically diverse. Advocacy services are actively engaged to support consumers.

Policies and procedures guide staff practice for responding to complaints and practicing open disclosure. Consumers say they are satisfied the service takes appropriate action when things go wrong. Documentation supports that the service undertake an open disclosure process when things go wrong including provision of an apology from the service.

Feedback and complaints are reviewed and used to improve the quality of care and services. Consumers and representatives say feedback and complaints provided at meetings and through other mechanisms was used to improve the quality of care and services. Feedback and complaints information identifies areas for continuous improvement, as well as trending analysis. The service’s plan for continuous improvement demonstrated a number of improvements which were sourced from consumer feedback including through consumer satisfaction surveys.

I find this Standard compliant. I have placed weight on the information provided by consumers within the Site Audit report. I have also considered information evidenced under other Standards and Requirements in forming a view of compliance.

# 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 say they are satisfied with the quantity and mix of staff at the service, however expressed they service could benefit from an increase in staffing. Consumers say although staff are busy, their care needs are always met. Consumers say calls for assistance are promptly answered. Processes for the management and allocation of staff at the service ensure care needs are met. The service was recruiting at the time of the Site Audit. Management monitor responses to calls for assistance as well as other clinical data to adjust the number and skills mix of staff to ensure quality care and services is provided.

Consumers and representatives say staff engage with them in a respectful, kind, and caring manner. Staff engagement is monitored through observations, formal and informal feedback from consumers and representatives and competency assessments.

Human resource policies, including a code of conduct for the workforce guide staff practice. Performance management processes guide management in responding to consumers who report staff are unkind, uncaring or disrespectful.

Consumers and representatives say staff are sufficiently skilled to meet their care needs. Policies in relation to key qualifications and knowledge requirements of each role employed by the service in their position descriptions guides staff practice. Documents demonstrated that staff have the relevant qualifications to perform their duties outlined in their position descriptions. Evidence of legislative requirements for employed roles was evident. Competencies are undertaken by staff to ensure safe care delivery. Human resource services support the service in the management of staff and currency of position descriptions and qualifications.

Consumers say staff know what they are doing. Training is delivered to staff to support the delivery of care and services that meets consumer’s needs and preferences and the Quality Standards. Recruitment processes are in place to guide staff practice. I note the approved provider’s response provided additional information in relation to training delivered by the service to support the knowledge of staff and care delivery to consumers.

Performance management practices includes monitoring and review of the performance of each member of the workforce through observation and feedback from staff and consumers or representatives in relation to staff performance. The service has quality improvement strategies in place to ensure performance management is undertaken for all staff. Appropriate action is taken where poor performance of staff is identified.

I find this Standard compliant. I have placed weight on the information provided by consumers within the Site Audit report. I have also considered information evidenced under other Standards and Requirements in forming a view of compliance.

# 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 say they are involved in the development and delivery of care provided. The service has a number of strategies to involve consumers in the development of service delivery such as customer experience surveys, feedback mechanisms and meetings. The service demonstrated consultation and follow up by management through the documentation in the service’s feedback system and plan for continuous improvement, for the development and delivery of care provided.

The governing body promotes and is accountable for the delivery of quality care and services. The clinical governance framework provides a set of leadership behaviours, policies, and procedures all directed at achieving excellent clinical and practice outcomes. The clinical governance framework is supported by the clinical governance committee, trend analysis reporting, internal audits, and clinical governance meetings. Reports to the governing body includes information about clinical and quality indicators, critical incidents, serious incident reports, feedback and complaints and continuous improvement. Regular trending and analysis of clinical and quality data is monitored by senior management of the organisation including sentinel events and critical incidents or injuries sustained by consumers.

Effective organisation-wide governance systems are in place in relation to continuous improvement, workforce governance, regulatory compliance and feedback and complaints. Policies and procedures for each governance system guides staff practice. Staff can readily access information they need to deliver safe and quality care services, and to support them to undertake their respective roles. Opportunities for improvement are identified through a range of sources including complaints, improvement suggestions, feedback from staff and consumers, incident reports, audit reports, advice from external organisations and recommendations from the governing body. Improvement activities are recorded on the services Continuous Improvement Plan which is provided through the services electronic database. Financial delegation of authority supports the service to make capital expenditure items and to attend to the basic needs at the service. Renovations have been approved by the governing body. Workforce governance is managed by the service’s executive team and monitored by the governing body. The responsibilities and accountabilities of staff are set out in position descriptions. Individual members of the workforce are required to comply with the requirements of their role including undertaking of police checks and professional registrations. Regulatory changes or updates are communicated by the Chief Executive Officer and membership to industry organisations provides a range of learning and development opportunities as well as currency with industry legislation. Vaccination records are maintained for staff. I note the approved provider’s response to information in relation to a staff member Requirement 8(3)(c)(v) of the Site Audit report. A system to capture feedback and complaints is effective with outcomes reviewed and tabled at the Board Meetings to identify opportunities for continuous improvement.

Risk management systems are effective to monitor and assess high- impact or high-prevalence risks associated with care of consumers. This includes identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can. Risks are reported, escalated, and reviewed using an incident management system. Feedback is communicated through meetings leading to improvements to care and services for consumers. Policies and procedures guide management and staff in managing operational and clinical risk including a documented risk management and clinical governance framework. I note the approved provider’s response to information related to a staff member under Requirement 8(3)(d) of the Site Audit report.

The service has a documented clinical governance framework to ensure the delivery of quality and safe services to consumers. The framework guides staff and management in the delivery of best practice clinical care services in relation to minimising the use of restrictive practices, antimicrobial stewardship and providing open disclosure when things go wrong.

I find this Standard compliant. I have placed weight on the information provided by consumers within the Site Audit report. I have also considered information evidenced under other Standards and Requirements in forming a view of compliance.

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)