Performance

Report

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| Name of service: | Guilford Young Grove |
| Service address: | 13 St Canice Avenue SANDY BAY TAS 7005 |
| Commission ID: | 8816 |
| Approved provider: | Southern Cross Care (Tas) Inc |
| Activity type: | Site Audit |
| Activity date: | 17 October 2022 to 20 October 2022 |
| Performance report date: | 2 December 2022 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Guilford Young Grove (**the service**) has been prepared by S Byers, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# 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

All consumers said they are treated with respect and dignity by staff, that staff are aware of their individual and cultural preferences, and that they observe their right to privacy. The Assessment Team observed interactions between staff and consumers to be respectful and dignified, with staff observed offering consumers choice to meet their individual preferences. Care planning documents detailed what is important to each consumer to maintain their identity. The organisation has policies and procedures in place to guide staff practice to support the consumers’ right to respect and dignity.

All consumers described how staff respect their culture, values and diversity. Staff described how they deliver culturally safe care and demonstrated they are familiar with individual consumers needs and preferences. Care planning documents detailed consumers’ cultural needs, interests and preferences. The service facilitates regular religious services and pastoral support is available to consumers.

All consumers and representatives were satisfied that consumers can exercise choice and make decisions about their care and services. Consumers described how they are supported to maintain relationships and access the local community. Staff demonstrated knowledge of individual consumers’ daily needs and preferences and could name family members and friends involved with the consumers care. Care documents aligned with information provided by consumers, representatives and staff.

Consumers were satisfied they are supported to exercise choice and engage in activities that involve risk, to live their best lives. Staff provided examples where consumers are supported to take risks, and the interventions in place to manage the risks. Care planning documents confirmed risks are discussed with consumers and included risks assessments and signed risk enablement forms.

Consumers and representatives confirmed the information they receive is current, accurate and easy to understand. Consumers described attending resident meetings and having access to meeting minutes and regular newsletters. Representatives said that advice about changes to care or notifications about incidents are communicated to them in a timely manner. The service’s notice boards in the communal and dining areas were observed to communicate menu options, activities program, special events posters and complaints and advocacy information.

All consumers and representatives confirmed consumers’ privacy is respected and their information is kept confidential. The Assessment Team observed staff knocking on consumers’ doors and awaiting permission prior to entering. Computers are password protected and the nurse’s station was observed to be always closed and locked with keypad entry. The organisation has policies and procedures relating to maintaining privacy and confidentiality of consumer information to guide staff practice.

# 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

Most consumers and representatives were satisfied they are included in the initial and ongoing assessment and planning of the consumers care and services. Management described the admission process for new consumers which includes completing initial assessments on entry to inform an interim care plan. Care planning documents demonstrated the identification of risks, and re-assessments and updates when changes occur. Handover documents detail initial summary information and are supported by progress notes to highlight risks associated with the care of the consumer.

Consumers and representatives said care and services are planned around what is important to them. All care plans were individualised and detailed consumers’ current goals, needs and preferences, including advance care and end of life wishes. Staff demonstrated an understanding of consumers’ care needs including comfort care at the end of life.

While some consumers could not recall participating in assessment and care planning, all consumers confirmed their care is shared with other organisations and providers of other care and services, such as their medical officer, podiatrist, or other external specialists. Consumers said staff deliver care that meets their needs and that their representatives are involved in the assessment, planning and review. This was confirmed by representatives. Staff described how consumers, representatives, health professionals and other organisations contribute to the consumers’ care and provided practical examples where they had sought input from other organisations and providers of care and services. Care planning documents demonstrated ongoing partnership between consumers and representatives with documented participation in care consultations.

Most consumers and all representatives said they are consulted about the consumer’s care needs. Outcomes of assessments and planning are documented in care plans and communicated to both consumers and representatives through care consultations. Care plans are printed from the electronic management system and made available to consumers and their representatives. Representatives confirmed being provided with a copy of the consumer’s care plan.

Consumers and representatives confirmed they are satisfied with communication from staff when care and services are reviewed, incidents happen or when circumstances change. Assessments, care planning documents and progress notes confirmed that care and services are reviewed on a 3-monthly basis and when circumstances change. Incidents are collated and analysed monthly with trends informing the review of care needs and interventions. Staff demonstrated knowledge of review and monitoring processes following incidents such as falls, skin tears, infections and weight loss. Updated assessment forms are completed when circumstances change or incidents occur, and these automatically update the care plan.

# 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 were satisfied with the personal and clinical care provided by the service. Staff demonstrated knowledge of individual consumers’ care interventions. Behaviour support plans are in place for all consumers subject to any type of restrictive practice. Restraint authorisations are current, reflect consultation with the consumer and their representative and informed consent has been obtained. Psychotropic medication is monitored and reviewed for effectiveness, with non-pharmacological interventions trialled prior to the administration of medication. Care documentation demonstrated wounds are reviewed by specialists and wounds are healing, appropriately skilled staff administer medications to manage consumer pain, referrals to the physiotherapist for pain management is reflected in care plans and that non-pharmaceutical interventions are offered to consumers.

Consumers and representatives said they feel safe and risks relating to consumer care are effectively managed. Staff demonstrated an understanding of the high impact and high prevalence risks associated with each consumer and the strategies to manage and minimise risk to the consumer. Care planning documents demonstrated risks are identified, assessed and include individualised strategies and care interventions with review and monitoring by a range of health specialists to minimise and manage the risks. The service has risk management policies in place and risk related tools are available to assess and monitor consumers who experience a range of high impact or high prevalence risks. Staff were aware of the policies and procedures and demonstrated understanding of incident reporting obligations.

Consumers and representatives confirmed that staff communicate with them regarding their goals and preferences related to end of life wishes. The service has policies and procedures to ensure consumers receiving end of life care have their comfort and dignity maintained, with care delivered in accordance with their preferences. Staff demonstrated an understanding of the needs of consumers nearing the end of life and described how they recognise and respond to consumer end of life wishes.

Care documentation demonstrated the timely identification of, and response to, deterioration or changes in the consumer’s condition. Most consumers and representatives expressed satisfaction in how the service responded to a change or deterioration in their condition. Clinical staff described how deterioration or changes in a consumers health status is identified, actioned and communicated.

Information about a consumer’s condition, needs and preferences is documented on the service’s electronic care management system and is readily accessible to relevant staff, including allied health and medical professionals on a hierarchical basis and password protected. Care documents including progress notes, handover sheets, charting and referrals reflect appropriate information regarding consumers’ health status, needs and preferences to ensure safe delivery of appropriate care. Staff described how they refer to handover sheets and care plans to ensure the delivery of personalised care. Staff were observed exchanging information about changes to individual consumer’s condition and care needs through handover discussions and documentation.

Consumers and representatives confirmed that referrals occur to medical officers and other health professionals when care needs require specialist input. Staff described the referral policy and process and provided examples of the services available. Care planning documents reflected timely and appropriate referrals to individuals, other organisations and providers of other care and services.

The service has a suite of policies in place that inform the minimisation of infection, including antimicrobial stewardship, outbreak management plan and a site specific COVID-19 outbreak plan. The service has appointed an Infection Prevention and Control Lead (IPC) who is currently enrolled in the relevant infection prevention and control training. Most consumers and representatives were satisfied with how the service managed a previous COVID-19 outbreak. Staff described IPC practices to minimise the transmission of infections such as wearing of personal protective equipment, appropriate hand hygiene practice, wiping down of shared equipment and the isolation of consumers with suspected or confirmed infections. Staff described how they minimise the use of antibiotics in the service.

# 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

Most consumers and representatives were satisfied consumers get safe and effective services which support and optimise their independence, health, well-being and quality of life. Mixed feedback was received from some consumers and representatives regarding supports provided to achieve their individual goals, needs and preferences. Management and staff demonstrated understanding of the complexities of some consumer needs and preferences and demonstrated ongoing consultation with the consumer’s and their representatives. This was supported by progress notes. Care documentation detailed input from internal and external specialists with strategies and recommendations to guide staff practice in delivering individual supports of daily living. Documentation included risk assessments and referrals to health professionals to support the consumers to maintain independence and a sense of well-being. While I acknowledge the mixed consumer and representative feedback, I am satisfied the service has systems in place and is taking adequate steps to ensure consumer gets safe and effective services and supports for daily living. On balance, I find Requirement 4(3)(a) is Compliant.

Consumers described services and supports available to promote emotional, spiritual and psychological well-being. Consumers described feeling comfortable to practice their faith at the service. Staff demonstrated knowledge of consumers’ emotional and spiritual needs and described how they support individual consumers. Staff feedback aligned with information in consumer documentation. Pastoral care including religious, spiritual and emotional counsel is available to consumers.

All consumers, and representative’s interviewed expressed satisfaction with the supports provided by the service to enable participation in the community and to maintain social and personal relationships within and outside the service. Staff described the relationships and interests of consumers, and demonstrated how they support married couples residing at service. Most consumer and representatives said they felt supported to do things of interest to them. Where negative feedback was received from consumers and representatives about activities of interest, I consider management appropriately actioned the feedback during the site audit by taking steps to assess risk and implement suitable strategies to enable engagement in the requested activities. Consumers were observed participating in activities of interest that aligned with their care plans, including group activities, independent activities in their rooms and leaving the service for outings with friends and family.

Most consumers and representatives were satisfied the service communicates the needs and preferences of consumers within the organisation and to others when care is shared. The service has processes and systems in place for identifying and recording each consumer’s condition, needs and preferences, including when they change. Staff said they are informed of changes to consumer needs and this is communicated through written notes, handover sheets and handover meetings.

The service demonstrated it has effective referral processes in place. Care plans detailed the involvement of other individuals, organisations and care providers in the provision of lifestyle support and services including health professionals, community and church representatives.

Mixed feedback was received from consumers and representatives about the meals provided by the service, with most consumers and representatives expressing satisfaction with the quality and quantity of meals. Currently meals are prepared off site, however fresh cooked meals will be prepared on site in the future. Management explained the return to site based kitchens is a result of consumer feedback from food focus meetings and complaints. Catering staff have received education to enable on site preparation of meals. Staff demonstrated understanding of individual consumer’s meal preferences and dietary requirements that was communicated with the kitchen and aligned with care documentation. The Assessment Team received negative feedback in relation to the service not meeting a consumer’s dietary needs. Care planning documentation demonstrated the consumer is regularly reviewed by a dietician. Management described ongoing and regular consultation with the consumer and their representative in the development of processes and strategies to meet the consumer’s needs. While I note the mixed feedback, I have placed weight on the primarily positive consumer feedback about the quality and quantity of food, and the ongoing assessment, consultation and development of strategies to meet dietary requirements and improve the meal experience for consumers. I encourage the service to embed the strategies and improvements into usual practice. Based on the evidence available to me, on balance, I find Requirement 4(3)(f) is Compliant.

All consumers and representatives said that their equipment is safe, clean and well maintained. The Assessment Team observed a range of mobility aids, shower chairs and manual handling equipment. Staff confirmed they have access to effective and safe equipment. Cleaning documentation demonstrated that regular cleaning of equipment occurs.

# 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

All consumers and representatives said they feel safe and comfortable within the service environment with most reporting a sense of belonging and independence. Staff described how they make consumers and their families feel welcome and at home. This aligned with Assessment Team observations of friendly interactions between staff, consumers and their visitors. The service environment was observed to be welcoming, offering a range of communal spaces that optimise consumer engagement and interaction. Consumer rooms were personalised with their names and graphics that reflected their interests to assist with navigation and way finding.

Most consumers and representatives were satisfied the service environment is clean, well-maintained and comfortable, and consumers can move freely both indoors and outdoors. The Assessment Team received some negative feedback about limited access to the external service environment from consumer rooms. Management responded immediately to the feedback with a maintenance review, assessment and consideration of any alterations that could be made to make it easier for consumers to access the outside areas. Management and maintenance staff explained external maintenance on the service’s doors and building had been identified and planned for and contractors had been engaged to commence repairs.

Consumers and representatives provided positive feedback about the cleanliness and maintenance of furniture, fittings and equipment. The Assessment Team observed furniture, fittings and equipment to be clean, safe and suitable to meet the care needs of consumers. Consumers have access to and were observed utilising a range of equipment, including walkers and comfort chairs. Consumer bathrooms contained equipment in good repair to support personal care. Staff demonstrated understanding of the maintenance processes and described cleaning processes for shared equipment.

# 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

All consumers and their representatives were satisfied that they are encouraged and supported to provide feedback and make complaints. Staff described how they support consumers to provide feedback and escalate complaints to senior management. Internal and external feedback mechanisms were observed to be readily accessible throughout the service, including in languages other than English. A regular ‘resident’ meeting is scheduled where consumers are supported to provide management with feedback about the quality of care and services. The Assessment Team observed consumers engaging in a resident meeting during the Site Audit.

All consumers confirmed they could provide feedback through the resident meeting process or they would address their concerns directly with staff. Representatives were aware of internal and external consumer feedback processes and described how they provided an advocacy role for the consumer. Staff described how they support consumers to access advocates and other methods for raising and resolving complaints. Advocacy information was observed throughout the service.

Most consumers and representatives were satisfied that appropriate and timely actions are taken in response to complaints. Staff and management described using open disclosure principles in their handling of feedback and complaints. Complaints are documented in a complaints register.

Feedback and complaints are reviewed and implemented into the Plan for Continuous Improvement (PCI) to improve the quality of care and services. The service’s PCI included areas of improvement with associated actions documented. Management described how the organisation reviews trends in feedback and complaints at both the organisation and service level. Management provided examples where consumer feedback had improved quality care and services. For example, art classes, staff training and a new medication management system.

# 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

While most consumers and representatives said there was sufficient staffing, mixed feedback was received from some consumers and representatives who had observed instances where the service was short staffed. Staff provided negative feedback in relation to staffing levels, however described how they prioritise call bell responses and all staff including management assist with delivering care to consumers. The service has in place organisational processes to guide rostering, including the continuity and consistency of staff and planning of appropriate skill mix to meet the needs of consumers. Management describes strategies to manage unplanned leave. Call bell reports demonstrated call bells are responded in a timely manner and call bell responses are monitored weekly and reported the Board monthly. While I note the mixed consumer, representative and staff feedback, it is my view the information in the site audit report does not demonstrate impact to consumer care and services resulting from deficits in workforce planning. I am satisfied at the time of the site audit the approved provider had systems in place to ensure the workforce is effectively planned and enables the delivery of safe and quality and care and services. On balance, I find, Requirement 7(3)(a) is Compliant.

All consumers and representatives said they found staff were kind, caring and respectful. Consumer feedback aligned with the Assessment Team’s observations of positive and respectful interactions between staff and consumers. Expectations for staff to deliver respectful care are detailed in the staff handbook and staff position descriptions.

Most consumers and representatives expressed confidence that staff are competent and skilled to meet their care needs. Management described the services onboarding and orientation processes including probation, that include the completion of competencies and mandatory education. The organisation has systems in place to ensure staff qualifications and registrations are current. Policies and procedures supported by documented registers are in place to ensure staff maintain their professional knowledge and registrations.

Management described the services recruitment processes, supported by organisational policies and procedures. Management explained that training needs are identified through individual performance reviews, analysis of incidents and survey outcomes. Mandatory training is monitored electronically. Training documentation demonstrated staff have completed annual mandatory training.

The service has a performance management framework in place supported by policies, procedures and schedules. Staff performance appraisals are conducted annually and include a plan for ongoing professional development.

# 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

Mixed feedback was received from consumers in relation to their engagement in the development, delivery and evaluation of care and services. While consumers felt supported to provide feedback and participate in resident meetings, some consumers weren’t confident their feedback resulted in change. Management described the avenues of consumer engagement including meetings, surveys, and complaints. Management provided examples where the organisation had considered consumer feedback and used it to inform changes at all of their services, this included a return to site based kitchens.

Consumers and representatives confirmed feeling safe at the service and living in an inclusive environment. The governing body is supported to promote a culture of safe, inclusive and quality care and services and be accountable for their delivery through established committees and governance frameworks supported by systems, policies and procedures. The Board is made up of culturally and faith diverse members support a culturally safe and inclusive culture.

The organisation demonstrated it has effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management and staff demonstrated understanding of the policies and processes that supported each of the governance systems. The Board monitors regulatory compliance though internal reviews, reports, feedback and clinical committees. Changes in legislation are monitored through various resources and changes are implemented into policies and procedures, with changes communicated to staff and supported by education.

The organisation demonstrated it has effective risk management systems in place supported by policies and procedures documented to manage risk, abuse and neglect of consumers, supporting consumers to live the best life they can and incident management. Risks are identified, reported, escalated, and reviewed by management. The service has an incident management system in place and staff demonstrated understanding of incident reporting processes and responsibilities. Incidents are used to identify knowledge gaps in staff training and practices and used to drive changes to policies and procedures.

The organisation demonstrated it has a documented clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and an open disclosure policies and procedures. Staff were asked about whether these policies had been discussed with them and what it meant for them in a practical way. Staff had been educated about the policies and were able to provide examples of the relevance to their work.

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)