Performance

Report

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| Name of service: | HammondCare - Caulfield Village |
| Service address: | 294 Kooyong Road CAULFIELD VIC 3162 |
| Commission ID: | 3588 |
| Approved provider: | HammondCare |
| Activity type: | Site Audit |
| Activity date: | 18 July 2023 to 20 July 2023 |
| Performance report date: | 11 September 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 HammondCare - Caulfield Village (**the service**) has been prepared by S Byers, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 18 August 2023
* other information and intelligence held by the Commission.

# 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 were satisfied they are treated with dignity and respect and provided examples of what this meant for them, along with how staff value their identity, culture, and diversity. Staff demonstrated understanding of individual consumers, including their backgrounds, important relationships, care preferences, and choices. Staff described how understanding each consumers cultural identity informs the delivery of culturally safe care and services. Care planning documents contained information about each consumers life history, interests and preferences. The service has dignity of choice and cultural life policies including a cultural care kit to guide staff practice and raise cultural awareness.

Consumers and representatives were satisfied they are supported to exercise choice and make decisions about how their care and services are delivered. Staff described how they support consumers to make informed decisions and maintain relationships of choice. Consumers and staff provided examples where the consumer has been actively supported to communicate with family, friends and other providers of care and services. Consumer documentation detailed information and preferred communication methods for people the consumer wishes to be involved in their care.

Consumers were satisfied they are supported to engage in activities that involve an element of risk, to live their best lives. Staff explained dignity of risk processes including assessment, monitoring and discussions with consumers and representatives. Care plans detailed consultations, assessments and completed dignity of risk documentation. The service has dignity of risk policies and procedures to guide staff practice.

While most consumers and representatives expressed satisfaction with the service’s communication processes, not all representatives were satisfied information is accurate and timely. While inaccurate information was observed on one activities whiteboard during the Site Audit, all other whiteboards at the service reflected correct and current activities. A monthly activities calendar was also observed on display in each cottage. Staff said they remind consumers before the commencement of each scheduled activity. The Assessment Team observed flyers and notice boards displaying daily menus, activities and other relevant information throughout the service.

Consumers and representatives were satisfied the consumer’s privacy is respected, and information is kept confidential. Staff demonstrated understanding about confidentiality of information and described how consumer information is protected. Paper-based consumer files were stored in a locked cupboard when not in use. The service has privacy policies and procedures in place 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

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

The Assessment Team’s evidence included feedback from four consumers and representatives who were unaware they could access a care plan or had not been offered one. Care documentation reflected that consumers and representatives are regularly informed about care and services, and assessment and planning outcomes were documented in care plans. Management advised staff could provide a copy of the care plan upon request.

The Approved Provider submitted a written response with clarifying information and documentation including care review documentation. The Approved Provider asserts that care and services plan is readily available and this is communicated to consumers and representatives through the care review process. The Approved Provider included additional context to demonstrate it takes a relationship-based approach to care and communication. I accept the Approved Provider’s evidence.

I have reviewed all of the information provided. While I acknowledge some consumers and representatives were not aware they could access a care plan, I am satisfied the Approved Provider has demonstrated it has effective systems in place to ensure the outcomes of assessment and planning are communicated and documented in a care plan that is readily available. I am satisfied Requirement 2(3)(d) is Compliant.

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

Consumers and representatives were satisfied the assessment and care planning process considers risks to the consumer’s health and well-being. Staff demonstrated knowledge of consumers’ risks and described strategies to ensure their safe and effective care. Care planning documents demonstrated risks are considered, identified and documented as part of assessment and care planning process. Assessments are regularly reviewed by clinical staff to ensure risk identification and appropriate care planning to inform the delivery of safe and person centred care.

Consumers and representatives were satisfied assessment and care planning addresses the consumer’s current needs, goals and preferences including end of life care. Care planning documents reflected that consumers’ individual goals, needs and preferences are considered during the assessment and care planning process, including end of life wishes. Consumer files included advance care directives completed in consultation with the consumer and their representatives, where appropriate.

While most consumers and representatives said the service had a collaborative approach to assessment and care planning, not all representatives were satisfied they are partners in assessment and planning. Management and staff described how they facilitate formal care consultations with consumers and representatives every six months. Staff described how they regularly communicate with consumers and representatives using their preferred method of communication. Care planning documents for all sampled consumers reflected regular and ongoing partnership with consumers, their nominated representatives and input from multidisciplinary teams involved in the care of the consumer.

Consumers and representatives were satisfied the service regularly communicates with them following a change in the consumer’s circumstances or incidents.Clinical staff described how they monitor and evaluate any changes in a consumer’s well-being following incidents or when circumstances change. Consumer care documents demonstrated review, reassessment and evaluation of consumer needs, goals and preferences following an incident, change in health status and return from hospital.

# 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

While most consumers and representatives were satisfied consumers receive effective clinical and personal care that meets their individual needs, not all representatives were satisfied with dental and personal care. Consumer documentation and interviews with staff demonstrated dental and personal care is delivered in line with care plans and regular dental reviews take place. Staff demonstrated understanding of each consumer’s care needs that aligned with the consumers assessed care needs. Care planning documents detailed individualised care that is safe, effective and tailored to the needs of the consumer in collaboration with specialist services including wound consultants. Consumers subject to restrictive practices had personalised behaviour support plans in place, with evidence of informed consent and ongoing medical review.

Consumers and representatives said they were confident risks associated with each consumer are managed safely. Care planning documents demonstrated risks are identified, assessed and include individualised strategies and care interventions with review and monitoring to minimise and manage the risks. Staff demonstrated an understanding of the high impact and high prevalence risks associated with each consumer and the strategies to manage and minimise risk. Clinical management explained how incidents are documented, investigated, and analysed to improve care and services.

Consumer documentation demonstrated end of life wishes are discussed and documented, with care delivered in accordance with the consumer’s end of life wishes to ensure comfort is maximised and dignity preserved. Staff described the palliative care pathway and the resources available including specialist palliative care services to support consumers nearing the end of life.

While most consumers and representatives said they were confident the service recognised and responded to deterioration in a timely manner, not all representatives were satisfied deterioration was responded to appropriately. Care planning documents and progress notes recorded the identification of, and appropriate response to, deterioration or changes in the consumer’s condition. Consumers with complex care needs are monitored and reviewed by a multidisciplinary team of specialists in consultation with representatives. This was supported by documented referrals to and actioned reviews by general practitioners and physiotherapists. Staff described how deterioration or changes are identified, actioned and communicated.

The service has systems and processes in place for communicating information about consumers’ conditions, needs and preferences. Consumer care documents, including handover sheets reflect current information about the consumer’s care needs, preferences and interventions. Management described the actions taken in response to negative feedback from representatives including review of handover processes to improve the documentation and communication of information. Consumers and representatives were satisfied staff at the service were knowledgeable about the consumer’s care needs and preferences, noting improvements in the communication of shared information. While the Assessment Team identified documentation deficits for one consumer, the service has demonstrated it has addressed the issue by reviewing all documentation for the consumer to ensure no further discrepancies and delivered staff training in documentation. I also note that an electronic care system is due to commence at the service and will improve documentation processes.

Consumers and representatives were satisfied with the access and referral to their medical practitioner and other health professionals, as needed. Care planning documents demonstrated timely and appropriate referrals to individual health professionals, other organisations and providers of other care and services. Staff described the service’s referral processes.

Consumers and representatives expressed satisfaction with precautions taken to prevent and minimise infection-related risks. Staff demonstrated understanding of infection control practices and explained how they promote antimicrobial stewardship. The service has appointed an Infection Prevention and Control Lead. The service has access to an organisational COVID-19 outbreak management plan, infection control and antimicrobial stewardship policies to guide staff practice.

# 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

While most consumers and representatives were satisfied they get supports of daily living that meet their care needs, goals, and preferences and optimises their independence and well-being, not all representatives were satisfied the supports of daily living enhanced the consumer’s quality of life. While inconsistencies were identified in the communication of activities in one cottage, activities aligned with white board information in all other cottages at the service. In response to feedback, management said they are monitoring the usefulness of whiteboards as communication tools. Care planning documentation detailed consumers’ preferences and choices, the services and daily supports consumers need to do the things they want to do. Progress notes and activity summaries demonstrated active engagement by consumers in daily supports of their choice and preference including music therapy, music shows, one on one sessions, art activities and dance classes. Staff demonstrated knowledge of individual consumers’ needs and preferred activities, and described how they encourage and engage consumers dependant on their mood, behavioural support needs and wellness. Management explained the activity program considers consumer preferences and capabilities, and is evaluated using consumer and representative feedback and participation numbers. One-on-one activities are available for consumers who do not like to attend group activities and memory support activities are available for all consumers. Consumers were observed engaged in both individual and group activities during the Site Audit.

Consumers and representatives described the services and supports available to promote emotional, spiritual and psychological well-being. Staff demonstrated knowledge of consumers’ emotional and spiritual needs and described how they support individual consumers. Church services are held on a regular basis for consumers who wish to attend. The Assessment Team observed a strong attendance at the weekly church service. Consumers were observed receiving one-on-one support in in line with their care plans.

While most consumers and representatives were satisfied the service supports consumers to maintain relationships, participate in the community and do things that interest them, not all representatives were satisfied with the activities available. In relation to negative feedback, management said they continue to regularly work with consumers and representative through their feedback process. The Assessment Team observed consumers actively engaged in group activities, one on one sessions and social activities in communal areas including flower arranging and men’s shed. Staff described the relationships and interests of consumers, both within and outside the service. Care planning documents contained detailed information about individual consumer interests and family relationships. All consumers and representatives said that families and friends are welcome to attend special events, participate in daily activities and meal times. Visitors were observed in each cottage engaging with consumers throughout the Site Audit. Under this requirement, I have also considered information in the site audit report in relation to Requirement 4(3)(a) relating to consumer participation documentation, and the planning of and consumer and representative input into the activities schedule.

The service demonstrated that it has systems and processes in place for communicating information about the consumers’ conditions, needs and preferences within the organisation and with others where responsibility for care is shared. All consumers and representatives expressed satisfaction that staff were aware of their needs and preferences. Staff said they are informed about changes to consumer needs and this is communicated through care plans, progress notes, handover sheets and meetings.

The service has processes in place to ensure consumers can access and are referred to appropriate individuals, other organisations and providers in a timely manner. Staff described referral processes and provided examples of individuals and organisations regularly accessed to provide additional support to consumers. Consumers were satisfied referrals were actioned promptly.

While all consumers and representatives were satisfied with the variety and quantity of food, mixed feedback was received from some representatives about the quality of meals. Staff demonstrated understanding of individual consumer’s dietary requirements and described how meals are freshly prepared on site. Care planning documents were current and identified consumers’ specific dietary needs, food preferences and food allergies, and this aligned with information in the kitchen and staff understanding. The service offers summer and winter menus developed in collaboration with the organisation’s head of food culture, dietitian, and executive chef as well as the local dietitian, speech pathologist and chef. The multidisciplinary group review consumer care plans to ensure the menu reflects each consumers’ preferences. Alternative options are available for consumers if they do not like what is being offered on the menu, including another cooked meal of their choice from the main kitchen or made with ingredients from the service’s internal grocery shop. Meals were observed to be appetising and well-portioned and there a community atmosphere in the dining room. Staff were observed assisting consumers at meal times, and consumers were observed receiving and consuming meals in line with their preferences and assessed dietary requirements.

Consumers and representatives were satisfied equipment is clean, well-maintained and suitable. Staff confirmed they have access to sufficient equipment when they need it and described the cleaning process for shared equipment, and reporting processes for maintenance and repairs.

# Standard 5

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

Findings

Consumers and representatives expressed satisfaction with the service environment and how it supports independence, interaction and function. The service was observed to offer comfortable furnished communal areas that optimise consumer interaction and engagement. The service environment was welcoming with pictures on consumer doors and signage in place to assist with navigation. Consumer rooms were personalised with memorabilia, photographs, and furnishings.

Most consumers and representatives said they feel safe and were satisfied with the cleanliness of the service environment and the consumer’s ability to move freely throughout the service. Where negative feedback was provided, management rectified the issues immediately and put in place improvement actions including regular consultation and cleaning schedules. The Assessment Team observed corridors, communal areas, consumer rooms and offices to be safe, clean, and well-maintained. Outdoor areas were safe and tidy with well-maintained walking paths. Equipment was stored away, and the corridors were easy to navigate with handrails. Maintenance schedules detailed preventative and reactive maintenance. Staff demonstrated understanding of maintenance request processes. Cleaning staff described cleaning processes. The cleaning schedule checklist demonstrated regular cleaning of the service and consumers room occurs in line with the schedule.

All consumers said everything in their room is in good condition and working. The Assessment Team observed consumers utilising a range of equipment, including mobility aids and comfort chairs, that were observed to be clean, suitable and well-maintained. Fittings and furniture were observed to be clean.

# 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 said they feel comfortable and supported to provide complaints and feedback and were aware of external complaints services. Staff demonstrated an understanding of external services available to consumers to raise complaints and explained how they would support consumers and representatives to access these services. Management explained the various ways feedback and complaints can be lodged, including feedback forms, online and email options. Complaints and feedback are a standing agenda item at regular resident/relative and staff meetings and this was supported by meeting minutes. Feedback forms, advocacy group newsletters and Commission complaint brochures were on display and available throughout the service.

While most consumers and representatives were satisfied appropriate and timely actions are taken in response to complaints, not all representatives were satisfied with the services complaints process. In response to negative feedback, management demonstrated it regularly meets with representatives to discuss and address concerns in a timely manner. Staff and management described open disclosure processes and provided examples where they use open disclosure principles in handling feedback and complaints. All complaints and feedback were observed to be recorded in the services incident management system.

While most consumers and representatives were satisfied the service reviews their feedback and complaints to improve the quality of care and services, and provided examples driven by their feedback, not all representatives were satisfied that their complaints had improved care and services. The service demonstrated that management continues to engage and consult with representatives to action and implement agreed improvement outcomes. Management described how the service’s complaints process is used to inform improvement actions in its Plan for Continuous Improvement. Feedback and complaints documentation demonstrated that appropriate action was taken to resolve complaints and that systemic improvements were being made to the service.

# 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

Most consumers and representatives were satisfied with staffing levels noting recruitment of staff has resulted in sufficient staff to meet consumer’s needs. Staff said that unplanned leave is generally covered and this was supported by roster documentation that reflected sufficient staffing levels across the service and no unfilled shifts. To improve continuity of care, management has recruited new staff and allocated staff regular shifts in the same cottages. Management described how staffing levels are monitored at the service and how they access a casual bank of staff to replace unplanned leave. Call bell data is reviewed, monitored, analysed and trended. All excessive call bell response times are investigated. Call bell reports and Assessment Team observations during the Site Audit demonstrated staff respond to call bells in a timely manner.

Consumers and representatives were satisfied staff are kind and caring. Staff were knowledgeable and familiar of individual consumers choices, needs and preferences. The Assessment Team observed staff addressing consumers by preferred name, proactively engaging with them, and providing information in a manner that they could understand. Policies and procedures and staff training records refer to respect, dignity, and diversity and staff code of conduct.

While most consumers and representatives provided positive feedback about staff competency and knowledge, two representatives considered some staff required additional training in dementia and manual handling. In response to feedback, management advised additional training in manual handling techniques had been delivered, staff complete mandatory dementia care training annually and a dementia advisor is on site to provide ongoing training. The dementia advisor attends the service after hours to provide training to evening and night staff. Workforce learning is supported by electronic learning platforms and face-to-face competencies. The workforce is assigned mandatory courses at the commencement of employment and annually to meet organisational or service requirements. Staff feedback and training records confirmed the majority of staff have completed manual training for the year including dementia training. The service has processes in place to identify additional or supplementary training needs through feedback, performance appraisals, incident and audit results. Staff documentation reflected current qualifications and registrations relevant to their roles and responsibilities.

The service has policies and procedures in relation to workforce performance and disciplinary matters. Management described how informal discussions with staff may occur at any time to discuss performance, including performance management. Staff described the performance appraisal process and confirmed regular participation. Most staff had completed an annual performance appraisal.

# 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 and representatives said they are engaged in the development, delivery and evaluation of care and services. Consumers and representatives confirmed attending consumer meetings and said they feel supported to provide feedback and complaints. Management described how they seek input from consumers and representatives through consumer meetings, surveys, and individual consultations.

All consumers and representatives said they feel safe and live in an inclusive environment with the provision of quality care and services. The Board is informed of the outcomes of internal audits and monthly reports and is supported by established committees to ensure accountability in the delivery of quality care and services. The Board regularly communicates with consumers, representatives and staff in relation to updates in policy, procedure and legislative change.

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

The organisation demonstrated it has effective risk management systems in place supported by policies and procedures documented to manage risk, incident management, abuse and neglect of consumers and supporting consumers to live the best life they can. Risks are identified and reported. Management described the processes in place to manage and prevent incidents. Management is aware of its reporting responsibilities in relation to reportable and non-reportable events and appropriate registers are maintained. The services SIRS register reflected incidents were categorised correctly and reported within relevant time frames.

The organisation demonstrated it has a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and open disclosure policies and procedures. Management described their clinical governance roles and responsibilities, clinical and quality meetings, and the review and monitoring of obligations to maintain safe and quality care. Staff confirmed receiving education about the policies and procedures 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)