Performance

Report

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| Name of service: | HammondCare - Woy Woy |
| Service address: | 286 Railway Street WOY WOY NSW 2256 |
| Commission ID: | 0615 |
| Approved provider: | HammondCare |
| Activity type: | Site Audit |
| Activity date: | 19 September 2022 to 21 September 2022 |
| Performance report date: | 27 October 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 HammondCare - Woy Woy (**the service**) has been prepared by M Wyborn, 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 October 2022.
* the following information given to the Commission, or to the assessment team for the Site Audit of the service:
  + HammondCare Restrictive Practices Policy
  + HammondCare Restrictive Practices Guide
  + HammondCare Behaviour Management Policy
  + HammondCare Identifying, Managing and Preventing Behaviours of Concern Guide

# 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 advised they are treated with dignity and respect and their identity, culture and diversity is valued. Staff demonstrated a good knowledge of consumers’ backgrounds and cultural diversity and were observed throughout the site audit addressing consumers politely and respectfully. Care plans demonstrated individual consumers goals and strategies that reflect their values and respect their dignity. All consumers’ care plans have consumer background information that outlines their life before entry to the service. The Assessment Team observed staff treating the consumers with dignity and respect.

The service demonstrated culturally safe care and services. Care plans contained each consumers cultural, religious and spiritual needs. Staff demonstrated familiarity with individual consumer cultural needs and how they deliver care in accordance with consumer preferences.

The service demonstrated that each consumer is supported to exercise choice and independence. Consumers and representatives advised they can make choices about their care and are empowered to decide how their care is delivered. They advised of their satisfaction that they all have opportunities to exercise choice and independence and maintain relationships in line with their wishes.

The service demonstrated that consumers are supported to take risks to enable them to live the best life they can. The service has systems to identify, inform, support and review consumers to ensure dignity of risks is maintained when engaging in activities they prefer. The Assessment observed via staff interviews and review of care planning documentation that consumers are supported to undertake activities that may involve risk and reviewed appropriate policies and procedures to ensure care and services are delivered in line with consumer preferences.

The service demonstrated that consumers and representatives are provided timely and relevant information to make informed choices about their care and services. Staff advised the Assessment Team that activities are dementia specific and targeted towards consumers with cognitive impairment and staff explained how they effectively communicate information with consumers who have difficulty communicating by speaking slowly, explaining information in a different way and responding to consumers’ non-verbal signs.

The service demonstrated that consumer privacy is respected and personal information is kept safe and confidential. Staff were observed knocking on consumers’ doors and waiting for a response before entering the room and consumer files are stored in a locked room when not being used by care staff. Consumer representatives advised that consumer’s personal privacy is respected and were confident their personal information is kept confidential and shared when necessary.

The Quality Standard is assessed as compliant as six of the six specific requirements have been assessed as compliant.

# 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 service demonstrated effective assessment and planning, including appropriate identification and consideration of risk and assurance that this informs delivery of safe and effective care and services for consumers. Representatives advised they were satisfied with the planning that occurred for consumers and the clinical manager explained that all new consumers entering the service are assessed for risks and risk mitigation strategies are established. The Assessment Team observed staff implementing the risk mitigation strategies for consumers during the site audit.

Representatives advised they are satisfied with the assessment and planning conducted to address consumer needs, goals and preferences, including advance care planning and end of life planning. Staff demonstrated their understanding of what is important to consumers and how consumers want their care delivered. The Assessment Team observed relevant documentation supporting consumer’s end of life wishes and observed consumers receiving care and services according to their preferences during the site audit.

Representatives advised they are partners in the assessment and planning of care for their consumers. Specialist Dementia Carers (SDC) explained that representatives are involved in all planning for consumers and other providers of care are involved where appropriate. The Assessment Team observed staff talking with representatives about the care and services for consumers during the site audit.

Consumer representatives also advised they are well informed about the outcome of assessment(s) regarding their consumer’s clinical and personal care. Representatives advised that case conferences occur with staff regularly where the care and services for consumers are discussed. The Assessment Team observed that consumer care plans are current and that representatives know how to access these plans.

The service demonstrated an effective system of six-monthly review of consumer care and services. Staff explained that families and/or representatives are contacted and asked to meet with them or to discuss the care of the consumer via phone. The Assessment Team’s review of consumer files demonstrates that adjustments are made to care planning after a change in a consumer’s condition occurs and representatives confirmed they are contacted if there is a change in condition for their consumer.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

# 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

The Assessment Team observed that the service is providing each consumer with safe and effective personal and clinical care that is tailored to their needs and is optimising the health and wellbeing of the consumer.

In relation to restrictive practices at the service, the Assessment Team observed a psychotropic tracking tool that is reviewed every three months. However, the reason(s) recorded for prescribing the psychotropic medications for some consumers does not support the medication is used for the treatment of, or enabling the treatment of, a diagnosed mental disorder, physical illness or physical condition. Therefore, for some consumers the purpose for prescribing suggests these medications are being used as chemical restraint.

In relation to consent, some consumers or consumer representatives have provided written consent and others have provided verbal consent. In addition, the written consent from representatives does not indicate the consent is informed and a discussion of the possible side effects of the medication has not been documented. Consent from representatives for other consumers was observed in general practitioner notes and informed consent is observed in geriatrician reports. Representatives advised the Assessment Team that they feel their consent was well informed. Known and observed behaviours are documented in progress notes and ‘behaviours of concern’ are documented if a new behaviour emerges, a behaviour frequency chart is created by staff and reviewed by relevant clinical staff. Management advised they are in constant discussion with medical officers in relation to relevant diagnoses and the minimisation of restrictive practices.

The Assessment Team observed that consumers have access to common areas and a shared household garden area but cannot exit their household through the front door, access other outside areas of the service or the street or community. Management stated that as their service is a dementia specific service, all consumers or their representatives sign *‘residential agreements’* and *‘consents’* in relation to the service accommodation and the restrictions of leaving the service. Management stated that after a settling period, all consumers that display any exit seeking behaviours are re-assessed for risk and consents for environmental restraint is sought on a case by case basis.

In their response to the Assessment Team Report, the Approved Provider supplied a copy of their Restrictive Practices Policy and Restrictive Practices Guide. This material demonstrated consideration for a service orientated restrictive practices process. The Assessment Team Report highlighted that the service must consider individual consumer care needs and services upon entry to the service. In addition, better demonstration of consultation and recording valid informed consent by the appropriate decision maker for consumer’s who are subject to a restrictive practice is required. Further, demonstration and documentation of regular reviews for consumers who are subject to restrictive practices in accordance with legislative requirements is required.

The service demonstrated effective management of high impact high prevalence risks for consumers. Risks such as wounds, falls, pain, diabetes management and anticoagulant therapy were reviewed by the Assessment Team and appropriate strategies are in place.

The service did not have any consumers who were currently on a palliative trajectory or nearing their end of life. The service demonstrated however, effective end of life management for other consumers at the service who were now deceased. Consumer representatives advised the Assessment Team that deterioration identified in consumers is effectively recognised and responded to in a timely manner.

Representatives also advised that the needs and preferences for consumers and information about their condition is communicated effectively within the organisation, as well as in situations where responsibility for care is shared. The Assessment Team observed a staff handover meeting where important information was effectively communicated to the oncoming shift. The dietitian praised the service’s information records and systems stating that thorough documentation supports them to make the right recommendations for the consumer.

The service demonstrated appropriate and timely consumer referrals to organisations and other service providers. The clinical manager advised care staff are educated to escalate any concerns to the registered nurse or to management. Assessment then occurs by a registered nurse and appropriate referrals are considered and discussed with the general practitioner.

Staff demonstrated an awareness of precautions in relation to preventing and controlling infection and the actions required to minimise the need for antibiotics at the service. There is a staff and consumer vaccination programme and records are maintained for influenza and COVID-19 vaccinations for staff, consumers and volunteers. The service has policies and procedures to guide staff in relation to infection control management, outbreak management and antimicrobial stewardship. Staff confirmed they received training in infection control strategies as well as antimicrobial stewardship. The service has an ‘Infection Prevention and Control Lead’ who has competed the appropriate training. Representatives advised the Assessment Team that they were very satisfied with how the service had managed the minimisation of infection related risks throughout the pandemic.

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives provided positive feedback advising they receive safe and effective services and support for daily living and that the staff support their independence, well-being and quality of life. Staff demonstrated their understanding of individual consumer’s needs and preferences including their likes and dislikes and explained how the consumer’s life story is considered when determining their needs and preferences. The Assessment Team observed that staff are identifying and assessing consumers’ needs, goals and preferences and therefore optimising the consumer’s health and well-being.

Consumers and staff described relevant services and supports to promote emotional, spiritual and psychological wellbeing. The service has access to scheduled religious services for consumers.

Consumers advised that they are supported to keep in contact with those important to them and that the service offers effective facilitation of activities available to them. Care plans include information about the people important to consumers and the activities of interest to them including their participation in the wider community.

The service demonstrated that timely and appropriate referrals are supported to individuals and other external service providers when required. Management advised that referrals are made to the pastoral carers when a new consumer is admitted to the service or when there is a change in the consumers mood or emotional well-being. Management advised that consumers are referred to dementia services for clinical and lifestyle purposes if required.

Consumers said that the food was of a good quantity, quality and variety. The Assessment Team observed documentation of consumer dietary needs and preferences that aligns with their assessment and care planning documents. Interviews with staff, a review of the menu and Assessment Team observations show a pleasant dining experience for the consumers and varied meals of suitable quality and quantity are provided. Staff were observed interacting with consumers in a polite manner.

Observations and interviews show that equipment to support catering, cleaning, maintenance services and recreational activities is safe, suitable, clean and well-maintained. Staff advised they have enough equipment to carry out their jobs and described how they ensure equipment is safe, suitable, clean and well maintained.

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as compliant.

# 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 and the Assessment Team observed consumers, visitors and staff interacting with each other in common areas both indoors, outdoors and in each cottage, thus providing consumers with a sense of belonging and independence. Consumers were observed to be independently accessing the outside courtyards and walking paths, some using mobility aids. Consumer rooms were personalised with memorabilia and personal effects and consumer representatives stated that the service is welcoming to them when they visit. Representatives advised they feel the design of the service supports effective interaction between visitors, staff and other consumers.

The service demonstrated the service environment is safe, clean, well maintained and comfortable and enables residents to move freely. Consumers advised the Assessment Team that they are supported to regularly leave the service to visit with their family and friends overnight. The Assessment Team observed the consumer’s rooms and communal areas were clean and odour free and all consumers and representatives said the service was clean and well maintained.

The service demonstrated effective systems to ensure fittings and equipment are well maintained and are safe for consumers. The Assessment Team observed relevant documentation that verified maintenance is completed in a timely manner and is up to date at the service. Consumers advised that the furniture and equipment supports their needs, is readily available to them and is clean and well maintained.

The service demonstrated an effective maintenance system where maintenance requests are entered into the services electronic maintenance request system. The Assessment Team observed evidence that maintenance requests were followed up in a timely manner. The service demonstrated an effective preventative maintenance system where external contractors are engaged to provide regular maintenance such as pest control, hot water system servicing, vehicle maintenance and electrical testing and tagging.

The Quality Standard is assessed as compliant as three of the three specific requirements have been assessed as compliant.

# 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 advised they are supported to provide feedback or make a complaint and explained they feel comfortable doing so.

Consumers and representatives advised they are aware of advocacy and language services available to them. Staff demonstrated how they assist consumers who have a cognitive impairment or difficulty communicating to raise a complaint or provide feedback. Methods described by staff include assisting them in completing a feedback form, using communication aids or contacting the consumers’ representative for assistance. The Assessment Team observed various promotional material displayed at the entrance to the service, including the Older Persons Advocacy Network (OPAN), information about interpreter services, the Quality Standards and the Aged Care Quality and Safety Commission’s 'Do you have a concern' brochure.

Consumers and representatives were confident management will address and resolve any concerns that they raise. Staff demonstrated an understanding of the principles of open disclosure, explaining that they would apologise to a consumer in the event of something going wrong. The service’s complaint register demonstrated appropriate action taken and timeframes upheld, in response to addressing or resolving complaints. The service is guided by an Open Disclosure and Management of Adverse Events policy, and a Feedback and Complaints policy and procedures.

Management demonstrated an effective process to escalate complaints and described how this information is used to improve the care and services for consumers. Management described the classification of severity used to assign a rating to feedback and complaints in order to assign it an appropriate level of management and consider referral to the executive team if required.

The service’s Plan for Continuous Improvement (PCI) includes, but is not limited to, the linked Quality Standard(s), actions, outcomes and evaluation of all issues identified.

The Quality Standard is assessed as compliant as four of the four specific requirements have been assessed as compliant.

# 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

The service demonstrated workfoce allocation adequately meets the needs of the consumer and optimises delivery of safe and quality care and services. Consumers advised they are very well cared for by the staff and had no complaints about the care they receive. Some consumers acknowledged the service could do with additional staff, but indicated despite this, they felt they were not negatively impacted. Management have contingency plans to replace staff when required and rosters are reviewed on an annual basis, and as required, to ensure staff allocations are adequately meeting changing consumer needs and preferences.

Consumers and representatives highlighted the kindness and caring attitude of the staff. The Assessment Team observed a staff culture of inclusiveness and advocacy for consumers with respect for individual consumer identity, culture and diversity. Staff were observed assisting consumers with their meals, exercising patience and speaking to consumers in a kind and caring manner. Some consumers talked about being one big family.

Consumers and representatives advised that they felt the workforce is competent and that staff have the knowledge to deliver care and services that meet their needs and preferences. Management advised staff competencies are monitored on an annual basis and are determined depending on specific roles. Specialist dementia carers (care staff) said they would seek assistance from the clinical care manager, from specialist dementia advisors or from management if they had any concerns in relation to how to effectively perform their role.

New staff are provided ‘buddy’ shifts and staff performance is monitored. New staff have a probationary performance review after three months and if any performance concerns are identified, additional training is arranged. The service demonstrated relevant competencies and training for staff and confirmed that agency staff have induction and orientation training before commencement at the service.

The service demonstrated the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Quality Standards. The organisation has processes to ensure staff complete mandatory training and education records confirmed that all relevant staff had completed mandatory training. The Assessment Team reviewed training records on Serious Incident Response Scheme (SIRS) and restrictive practices and observed that this training was up to date. Staff corroborated that they have completed training on SIRS and restrictive practices and confirmed that in addition, online modules and face to face tool box training sessions are undertaken on both subject areas.

The service demonstrated assessment, monitoring and review of the performance of each member of the workforce is undertaken. Management advised that consumer feedback is also considered and addressed when monitoring and reviewing staff performance. Staff confirmed they have been provided with notice to undertake performance appraisals and received documentation to complete before undertaking the formal process with management.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

# 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

The service demonstrated it supports consumers and representatives to be involved in the development, delivery and evaluation of care and services. Management emphasised that the service incorporates consumer feedback and suggestions into changes to care and services at the service and organisational level. Consumers are encouraged to participate directly with the organisation’s board and the Chief Executive Officer has a dedicated feedback email for consumers and representatives to provide any suggestions or feedback. Consumers and representatives are directly involved in choosing furnishings, colour palates for their individual rooms, as well as involved in the recent refurbishment project at the service.

The service demonstrated its governing body promotes a culture of safe, inclusive and quality care and services. The Assessment Team interviewed representatives from the organisation’s executive, including the Chief Executive Officer, Chair of the Board and the Executive Leader for service integrated communities. The service demonstrated effective governance for monitoring the service’s compliance with the Quality Standards and the executive team emphasised accountability for the delivery of care and services across the organisation.

The Board is supported by a number of sub committees, who monitor and implement changes, such as changes to policies and procedures to align with new legislative requirements. Quality framework and annual reviews ensure the service has clear statements of the expectations from the Executive and provides an opportunity for the service to plan improvements that contribute to the quality of care and services. Members of the executive team visit the services regularly to conduct ‘taking care of business’ (TCB) inspections that are reported back to the other executive team members. Executive and Board Quality Sub-committee reports are prepared based on feedback, serious incidents and clinical indicators of care.

The service demonstrated effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback/complaints. The Assessment Team observed that relevant information on changes to legislative requirements, policies and procedures are filtered down to the service through the organisation’s management systems.

The service demonstrated effective risk management systems and practices to manage high impact and high prevalence risks, identify abuse and neglect of consumers and support consumers to live the best life they can. The Assessment Team reviewed the service’s incident management system which demonstrated effective management and review systems to prevent future incidents. The service assesses consumers at the time of entry to the service and identifies trends in incident information to recognise high impact or high prevalence risks. The clinical care manager and specialist dementia advisors create strategies to mitigate risk and inform and train staff at regular handover meetings and training sessions. The service completes dignity of risk forms for consumers who choose to take risks and these are uploaded into consumer care files and reviewed annually and on an as required basis.

The service demonstrated an effective Clinical Governance Framework, underpinned by policies and procedures to guide staff. The Assessment Team observed a documented Clinical Governance Framework, policies relating to antimicrobial stewardship, open disclosure and the use of restrictive practices. In response to discussion with the Assessment Team, management advised they are planning additional education in relation to environmental and chemical restraint.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as compliant.

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)