Performance

Report

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| Name: | Harbour Quays Residential Aged Care |
| Commission ID: | 5793 |
| Address: | 36 Compass Drive, Biggera Waters, Queensland, 4213 |
| Activity type: | Site Audit |
| Activity date: | 17 September 2024 to 19 September 2024 |
| Performance report date: | 23 October 2024 |
| Service included in this assessment: | Provider: 2562 Provectus Care Pty Limited  Service: 6816 Harbour Quays Residential Aged Care |

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 Harbour Quays Residential Aged Care (**the service**) has been prepared by E Blance, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit 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

The Site Audit report brought forward information which supports that consumers are treated with respect and can maintain their identity, make informed choices about their care and services and live the life they choose. The organisation has a culture of inclusion and respect for consumers, supports consumers to exercise choice and respects consumer privacy.

Consumers felt valued and accepted, and their cultural, linguistic and social and family backgrounds were respected. Care planning documentation details information regarding consumers’ backgrounds, personal preferences, identity, and cultural practices. Staff had undertaken dignity and choice training as well as culture and diversity training as part of their orientation and ongoing annual mandatory training.

Consumers of diverse cultural and social backgrounds were supported in accordance with their values and beliefs. Staff displayed knowledge of individual consumers’ needs and how they supported them. Care documentation and actions within the plan for continuous improvement supports cultural diversity. Orientation and ongoing training processes included cultural safety training. Information on diversity and cultural safety guided staff practices.

Consumers could express choice about their personal care and other services they received. Consumers’ care plans identified family or significant others to be involved in decision making, and staff demonstrated awareness of these choices.

Consumers were supported to live their lives as they choose, including choices and preferences that involve risk. Documentation evidenced dignity of risk discussions were held with consumers and representatives. Staff demonstrated an understanding of dignity of risk and strategies for individual consumers to minimise risk. Training processes included dignity of risk training for staff, and information sheets guided staff practices.

Consumers received information about choices available to them in the service via the activities calendar, the menu, and the newsletter, and staff verbally reminded them about events. Consumers and representatives received emails and phone calls from management about matters of concern or as follow-up to feedback or complaints. Care planning documentation evidenced regular communication by the service. Cue cards are used to assist consumers to communicate.

Consumers’ privacy was respected by the staff and consumers felt confident personal information was kept confidential. Staff ensured consumers’ privacy when speaking with consumers, undertaking personal care, and sharing information with representatives. The organisation’s handbook provided information about confidentiality of information. Documentation referred to consumers in ways that ensured the confidentiality of each consumer’s information. The Assessment team observed private spaces, locked computer screens when not in use, and knocking on doors and staff seeking consent prior to entering rooms.

I have considered the information within the Site Audit report as summarised above and I consider this Standard 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 Site Audit report brought forward information which supports that consumers are a partner in ongoing assessment and planning for the care and services that consumers need for their health and well-being. The organisation undertakes initial and ongoing assessment and planning in partnership with the consumer with a focus on optimising health and well-being in accordance with the consumer's needs, goals and preferences.

Consumers feel safe with the care they received, and their health and well-being needs are supported by staff. Care documentation included risk strategies and specialised clinical skill requirements for consumers with more complex care needs. Consumers’ care documentation included evidence of assessment with validated assessment tools used by registered staff when planning consumers’ care and services. Care documentation for restrictive practices included individualised behaviour support plans with sufficient information to guide staff to implement effective strategies for managing challenging behaviours.

Consumers and representatives felt staff knew consumer’s needs, goals and preferences and supported them in achieving these. The service discussed advanced care planning and end of life planning on entry to the service. Care documentation included advance care plans and statement of choice to guide staff practices.

Consumers and representatives said consumers and those they choose are involved with assessment and care planning and were aware of other organisations and health care providers involved in care planning. Care documentation included the consumer, their representatives, and other organisations including allied health professionals, Dementia Services Australia, wound specialists, medical officers and geriatricians to ensure the consumer receives appropriate personalised care.

Consumers and representatives said they were informed of consumers’ care needs and the information was documented in the consumers’ care plan. When care needs changed, consumers were informed of the results of assessments and recommendations, and were involved with any changes in care planning. Staff were updated on changes during handover of consumers’ needs and they had access to consumers’ care plans. Processes were in place to include regular case conferences to discuss consumers’ care needs.

Staff conducted visual assessments and reported any changes to registered staff. Registered staff conducted assessments and reviews 3 monthly. Staff are informed during handover when a consumer had a change in their circumstances.

I have considered the information within the Site Audit report as summarised above and I consider this Standard 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 Site Audit report brought forward information which supports that consumers receive personal and clinical care that is safe and right for them and the organisation delivers safe and effective care personal and clinical care in accordance with consumers’ needs, goals and preference to optimise their health and well-being.

Consumers and representatives were positive about the service’s approach to consumers’ personal and clinical care and said their care was safe and right for them. Staff delivered personal and clinical care in accordance with the consumer’s needs, goals, and preferences. Care documentation identified effective care delivery in relation to wounds, pain, falls, changes to a consumers’ condition, behaviour support and restrictive practices. Wounds including pressure injuries and skin tears were effectively managed with wounds regularly reviewed in accordance with the management plan set out by the medical officer or wound specialist and included photographs with measurements and dates to indicate healing progress. The service used a pain assessment tool to determine appropriate pain management interventions and each intervention was reviewed for effectiveness. Falls preventative management strategies were implemented by the service to ensure consumer safety. Post falls management plans were followed and physiotherapy was referred. The service ensured restrictive practices were effectively managed with individualised behaviour management plans, consents and reviews conducted.

Consumers and representatives were satisfied the service was effectively managing risks. Individualised consumer care strategies were implemented for managing risks for falls, pain, pressure injuries and skin tears. Staff explained risks to consumers when they chose to take risks and advised how they would provide support to reduce the risk. For consumers who were at high risk of experiencing a fall, sensor mats or beams were in place and were attended to immediately when these devices were triggered. Staff received education in falls risks management and reduction strategies, and these were discussed in clinical meetings. Procedures guided staff practices for skin tear identification and management. Clinical risks were discussed in clinical meetings.

The wishes of consumers nearing end of life were documented and followed. Consumers said the service has asked them about their wishes when they require end of life care, and they feel confident staff will uphold their wishes. Care documentation evidenced the service follows consumer’s wishes. Staff are guided by a palliative care pathway, resources were available to support consumers nearing their end of life including access to aromatherapy, music of the consumers choice and equipment to support hygiene cares as well as ways in which they maintain the comfort of consumers nearing end of life, including one-on-one support for the consumer and their family.

Consumers and representatives said changes in a consumer’s health and well-being were quickly identified and responded to in a timely manner. Care documentation confirmed staff recognised, reported and responded to changes in consumers’ conditions. Actions taken included assessment of the consumer, discussion with the consumer/representative, referral to the medical officer or other medical professionals and transfer to hospital if necessary. Staff recorded general and specific observations in care documentation and these were included in referrals to other care providers when needed.

Consumers’ care needs and preferences were effectively communicated between staff, and consumers received the care they needed in the way they preferred. Care documentation was appropriate and up to date information supported staff to deliver effective and safe care. Staff notified the representatives and medical officer when the consumer experienced a change in condition, experienced a clinical incident or was transferred to/from hospital. Relevant information about each consumer was communicated, including any changes in physical, emotional, and cognitive state at staff handover.

The service demonstrated referrals to other healthcare providers or organisations were made in a timely manner and were appropriate for the concern. Health professionals assessed consumers and provided recommendations or plans for consumers' care. Changes in consumers’ health or well-being ~~p~~rompted referral to a relevant health professional. Consumers and representatives said the service was very prompt with referring to other organisations and services for an assessment.

The service demonstrated effective processes were in place for prevention and control of infections including management of an infectious outbreak and practices to promote evidence-based use of antibiotics. The service had entry screening requirements. Consumers and staff were offered vaccinations for influenza and COVID-19. The service had 3 infection, prevention, and control leads and referred to the public health unit for outbreak management support if required. Antibiotics or antivirals were obtained once pathology results confirmed infection, reducing antimicrobial resistance. Alternative strategies were utilised prior to commencement of antibiotics, and strategies used in the prevention and control of infections included hand hygiene and personal protective equipment.

I have considered the information within the Site Audit report as summarised above and I consider this Standard 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

The Site Audit report brought forward information which supports that consumers receive the services and supports for daily living that are important to their health and well-being that enable them to do the things they want to do, and the organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

Consumers and representatives said staff assisted consumers to maintain their independence and partake in activities of interest in line with individual needs, goals, and preferences. Staff demonstrated knowledge of consumers’ needs and strategies used to ensure consumers remain safe while enjoying the things they wish to do. Consumers who are less able to participate in group activities were supported by examining risks and modifying required tasks to increase safety and the engagement of consumers with decreased functional mobility. Texture modified meals were moulded and kitchen and care staff ensured consumers received the correct meals by referring to guidelines and testing consistencies. Consumer’s dietary profiles and International Dysphagia Diet Standardisation Initiative posters guided staff practices to ensure consumers received meals which were safe for them and to their preference. Care documentation captured consumer dietary profiles and personal preferences.

Consumers said the services and supports provided promoted their emotional and psychological well-being. Consumers engaged in activities or accessed services which enhanced their well-being and social connections. Staff provided examples of supporting consumers such as encouraging social engagement and attendance at activities, having conversations and taking time to listen to their stories, assisting consumers to contact their family members if they are feeling down and knowing when to refer to a Registered nurse. Staff were engaged in conversation with consumers. Staff knew the life stories outlined in consumers’ care plans, including consumers’ cultural backgrounds, spiritual needs and personal interests, which helped build relationships and trust with consumers. The service had multiple private spaces for consumers to practice prayer and meditate. The activities calendar also advised consumers when a chaplain is available for both private conversation and group services. Psychology and therapy services were sourced to support consumers who were feeling down.

Consumers were supported to engage in both group, one-on-one and solo activities which were meaningful to them. Consumers had accessed the community to visit family and friends outside of the service. Staff referred consumers to other organisations including Dementia Services Australia, Cycling without Age and Men’s Shed. The monthly activities calendar was created in consultation with consumers.

Consumers said the service’s staff and visiting professionals provided consistent support and knew who they were. The service supported consumers to sign privacy agreements which detail who they consent to have their personal information shared with. Staff had access to detailed care plans and consumer information to guide staff practices. Staff engaged in handovers to be updated about consumer information. Consumer dietary profile folders were observed at each dining area and the kitchen, allowing care and kitchen staff quick access to consumer’s needs and preferences.

The service has systems in place to provide referrals to other providers of care and services. Consumers said they could access services such as hairdressing, spa services, volunteers, non-denominational and denominational pastors. Staff described the process of referring consumers to services. Lifestyle staff arranged volunteers from the community for culturally and linguistically diverse consumers’ that matched their culture and language.

Consumers provided positive feedback about the diversity of their meals and multiple choices available for breakfast, lunch and dinner. They reported between meals, snacks including fruit, sandwiches, yoghurt, juice, custard, cheese, crackers and other dry snacks were readily available at each dining room servery and by request. The service had a rotating monthly menu which covered all main meals. Morning and afternoon teas were provided in the dining rooms. The Assessment team observed the monthly BBQ event held within the service.

Consumers and representatives expressed satisfaction with the equipment provided by the service. Where the consumer owned equipment, they said the service ensured the equipment was maintained and in good working order. All equipment was observed to be clean and well maintained. Staff received training to safely assist consumers to use mobility equipment. The service used an electronic system to track maintenance of every asset in the facility and for maintenance requests, allowing urgent or high-cost requests to be escalated and reviewed promptly, with all information provided to management to assist with a timely approval process including for the transportation bus, wheelchairs and wheelie walkers.

I have considered the information within the Site Audit report as summarised above and I consider this Standard 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 Site Audit report brought forward information which supports that consumers feel they belong and are safe and comfortable in the environment and the organisation provides a safe and comfortable service environment that promotes consumers’ independence, function and enjoyment.

Consumers and representatives said they were supported to personalise and decorate their rooms. The service had clear directional signage to navigate and was designed with features to support consumers with functional and cognitive impairments; incorporating handrails, wide hallways and chairs for intermediate rest. The service’s design incorporated large floor to ceiling windows, allowing natural light in. Indoor and outdoor communal spaces were accessible, with connections between wings supporting consumers to interact with one another. The service had several communal rooms for consumers’ leisure such as cinema room, gymnasium, library with a pool table and computer, and an indoor pool fitted with assistive aids.

Consumers were satisfied with the cleaning services provided, and said they could move freely throughout the service. Consumers were observed moving freely throughout the service and utilising communal areas. Automatic doors had been fitted to most doors that accessed outdoor communal areas, allowing consumers ease of access to areas of the service that were used for socialising. The Memory Support Unit had a large outdoor balcony, enabling consumers to access an outdoor area. The service had cleaning processes to ensure a comfortable environment.

Consumers said the furniture and equipment was clean and well maintained. Consumers using mobility aids said their equipment was regularly maintained by the service. The service had systems for proactive maintenance. Documentation and observations confirmed regular and ongoing maintenance was occurring.

I have considered the information within the Site Audit report as summarised above and I consider this Standard 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

The Site Audit report brought forward information which supports that consumers feel safe and encouraged to give feedback and make complaints and engage in processes to address feedback and complaints and appropriate action is taken. The organisation seeks input and feedback from consumers and others to inform continuous improvement for individuals and the whole organisation.

Consumers could provide feedback and complaints and said they felt heard. Staff supported consumers to make a complaint if they were unable to resolve the issue quickly. The ways in which consumers and their representatives provided feedback and complaints, included through forms, surveys and meetings.

Consumers mostly accessed their representatives to advocate for them if they needed help with making a complaint. Consumers’ representatives were included in the complaints process by staff and management. The service utilised advocacy organisations and interpreter services as needed. Information about the complaints process including advocacy and interpreter services was available in the consumer handbook and could be provided in languages other than English if required.

Consumers and representatives said when they gave feedback or made a complaint, they received an apology immediately from the staff member or management who practiced open disclosure and discussed ways to resolve the issue to ensure any changes were effective. The service had processes for recording and monitoring complaints. Staff received training in open disclosure procedures and information sheets guided staff practices.

Consumers described individual instances of where a complaint or feedback has led to an improvement in their care and services and confirmed they were involved in the process of improvement. The plan for continuous improvement documented improvements arising from consumer and representative feedback. Feedback and complaints were an agenda item at management and consumer meetings. The service-initiated food focus meetings to maintain continuous improvement in the dining experience.

I have considered the information within the Site Audit report as summarised above and I consider this Standard 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 Site Audit report brought forward information which supports that consumers receive quality care and services from people when they need, from people who are knowledgeable, capable, and caring. The organisation has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services.

Consumers and representatives said staff were available to meet personal and clinical needs in a timely manner. Staffing levels were sufficient to provide care according to preferences outlined in care plans. Workforce planning aligned with consumer needs to deliver care and services. The service demonstrated systems and processes that maintained adequate staffing across all shifts. The Assessment team observed staff responding promptly to call bells and consumer requests for assistance.

Consumers and representatives said staff were respectful of their identity and culture in both care and conversations. Management and staff provided care according to consumers’ personal preferences and cultural considerations. The service and staff promote respectful interactions with consumers by focusing on their identity, culture, and diversity through various practices. Consumer surveys provide feedback on staff performance, and department manager heads meet daily and regularly address concerns while observing and highlighting daily staff and consumer interactions to ensure a caring approach. Staff received training on respecting consumers' culture, identity, and diversity.

Consumers and representatives said staff used their skills to provide care that aligned with consumers’ needs and preferences in a safe manner. Recruitment processes ensured staff had the necessary qualifications and skills, with certifications and professional registrations verified. An orientation program and mandatory training ensured staff received the necessary education, and competency assessments were regularly conducted, with training adjusted based on staff knowledge levels. Position descriptions outlined the duties, skills, and qualifications for each role. Systems were in place to verify qualifications and monitor required regulatory checks and training.

Consumers and representatives said they were confident in the workforce’s ability to provide quality care due to the training staff received. Staff said the training equipped them with the skills and knowledge needed to be prepared before delivering care to consumers. The service offered regular face-to-face and online training, including mandatory units and self-assigned education designed to support staff to deliver care in accordance with the Quality Standards.

The service monitored staff performance through team meetings, informal discussions, peer input, and formal evaluations. Staff reported that their performance was regularly assessed, and they felt supported in carrying out their duties. Records showed that all staff had recently undergone performance appraisals.

I have considered the information within the Site Audit report as summarised above and I consider this Standard 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 Site Audit report brought forward information which supports that consumers felt confident that the service is well run and they are able to partner in improving the delivery of care and services. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

The organisation engaged consumers in shaping their care by using their feedback to guide development, delivery, and evaluation processes. Consumers said they participated in processes which influenced personalised care. Documentation confirmed that ongoing engagement with consumers/representatives influenced care delivery and evaluation. Care and services were delivered with a focus on consumers and feedback and complaints was used to improve care and services.

The governing body monitored compliance with Quality Standards and promoted a culture of safe and inclusive care. The clinical governance framework and board meeting minutes demonstrated the governing body’s active oversight of safe and effective care delivery. Consumers reported they felt safe and the organisation allowed them to be themselves, providing the same freedoms they had while living in the community. The organisation had a Consumer Advisory Board to support consumer engagement. Training on cultural safety and inclusion had been provided, and policies and procedures were established to maintain standards and create an environment where all consumers were respected.

The service had established governance systems for managing, maintaining, and reviewing information, continuous improvement, financial and workforce governance, regulatory compliance, and feedback and complaints.

The service used a risk management system to identify and manage risks related to consumer care, including handling incidents, preventing abuse, and maintaining care standards. A matrix and frameworks was in place to address incidents and mitigate risks. The governing body received meeting minutes, clinical risk matrices, and analyses of clinical risk data, while infections were categorised, and dashboards tracked incident reports to prioritise risk management. Staff shared an understanding of how to identify and respond to abuse and neglect, the concept of dignity of risk, and the procedures for promptly reporting and escalating incidents to registered staff or management. Incidents were logged into the service’s incident management system. The service identified and reported risks quarterly.

A clinical governance framework was in place to ensure a consistent approach to clinical care. This framework included online policies, procedures, guidelines, work instructions, reports, audits, staff training, competencies, and consumer information. Clinical leadership, data collection, and the use of data informed safety and quality, alongside the approach to clinical audits and data management. Regular quality meetings covered clinical incidents such as falls, behaviours, medication management, infections, pressure injuries, wounds, and restraints, with reports generated on these issues. Staff and management described processes for antimicrobial stewardship, reducing restraint use, and applying open disclosure.

I have considered the information within the Site Audit report as summarised above and I consider this Standard compliant.

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