Performance

Report

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| Name of service: | Hocart Lodge |
| Service address: | 3 Knowles Street HARVEY WA 6220 |
| Commission ID: | 7051 |
| Approved provider: | Great Southern Care Company Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 27 June 2023 to 29 June 2023 |
| Performance report date: | 30 July 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 Hocart Lodge (**the service**) has been prepared by E Blance, delegate of the Aged Care Quality and Safety Commissioner (**Commissioner**)[[1]](#footnote-1).

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

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

# Material relied on

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

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

I find this Standard compliant.

Consumers say they are treated with dignity and respect. The staff know, respect and value consumers’ identity and cultural background and encourage their diversity. Care planning documentation includes details about consumers’ identity, backgrounds, and cultural diversity.

Consumers and representatives say the service recognises and respects their cultural backgrounds and provides care that is consistent with their cultural traditions and preferences. Care planning documentation identified the service collaborates with consumers and representatives to accurately reflect their cultural preferences to ensure care and services are delivered to meet their needs. Policies and procedures guide staff practice.

Consumers are supported to choose who they wish to involve in their care and how they would like their care and services delivered. Staff could describe details of how consumers wish to have their care delivered and had awareness of who consumers wish to have involved in their care and who they choose to maintain relationships with.

The service could demonstrate it supports consumers to make decisions and take risks. Staff are aware of the consumers who take risks and that they support their right to make choices that enhance their independence and well-being. Care planning documentation demonstrates risks are identified using risk assessments and appropriate measures are taken to ensure consumers are provided with the knowledge and information to make informed decisions.

The service was able to demonstrate that information is provided in a timely manner that is clear, easy to understand and enables consumers’ to exercise choice. Consumers and representatives say they are well informed, that they receive the monthly newsletter and attend regular Resident Meetings organised by the service. Documents and posters in relation to the service and other aged care services were observed by the Assessment Team, these included the monthly lifestyle calendar, complaints mechanisms and information about advocacy services.

Consumers say their privacy is respected and personal information is kept confidential. Staff demonstrated practices to ensure consumer information and their relevant files are stored in the locked nurses’ station in closed cupboards and that a clinical handover is done in a private area.

I have considered the information within the site report. I have placed weight on the information within the site report including the feedback from consumers and staff in relation to the delivery of care and services. The approved provider has not refuted the evidence brought forward in the site report and I am satisfied the service demonstrates compliance with this Standard.

# 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

I find this Standard compliant.

Consumers say they are included in care planning including to consider their risks and to meet their needs, goals, and preferences. Validated assessment and planning tools and input from other health care providers contribute to develop safe and effective care plans. Clinical and care staff demonstrated individual knowledge of the care needs for consumers. The governance system contains evidence of strategies, policies and procedures that support a consumer-centred approach to assessment and planning for care and services including advance care planning.

Consumers say the service supports and provides opportunities to discuss care needs, goals and preferences, including advance care planning where appropriate. Consumer care plans demonstrate proactive, consumer-centred care and there are governing systems to support this. Staff demonstrated understanding of the care plan process to ensure that assessment and planning address the consumer’s current needs.

Consumers say they are actively involved in the assessment, planning and review of their care and services and they can describe their care plan, and they have a copy of their care plan. They say their care is coordinated and includes appropriate people. Individualised care plans are frequently updated to ensure they continue to meet consumers’ needs and preferences and include other organisations and individuals and providers of other care.

Consumers say members of the workforce communicate with them regularly and provide updates that help them understand the different aspects of their care. Care planning documentation demonstrates that consumers are involved in care planning and case conferences and that changes are communicated to consumers and their representatives. Staff say they can access care plans and could demonstrate how they use the information relevant to their role to make sure information provided to consumers is consistent. A handover report is generated from the care management system, and alerts in care are generated when accessing individual care plans to ensure staff are up to date with changes and that information for consumers remains current.

Consumers say the service regularly communicates with them about their care and services, seeks feedback, and makes changes to meet current needs, goals and preferences. The service has policies and procedures that guide care, and the electronic system includes automated review mechanisms and a suite of assessments and charting. Staff demonstrated how they contribute to reviews and the review process.

I have considered the information within the site report. I have placed weight on the information within the site report including the feedback from consumers and staff in relation to the delivery of care and services. The approved provider has not refuted the evidence brought forward in the site report and I am satisfied the service demonstrates compliance with this Standard.

# 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

I find this Standard compliant.

Consumers say that they are confident they are getting care that is safe and right for them, that their care is consistent with their needs and preferences, and that the care provided supports their health and well-being. The service has policies and procedures, medical direction, and systems to drive safe and effective care. The workforce is trained, and staff demonstrated how the organisation supports them to deliver personal and clinical care that is best practice and meets the needs of each consumer.

For consumers’ who experience wounds, the organisation has internal allied health staff and a wound practitioner available to assist with wound care. Records include progressive photographs and observations wounds size, exudate, colour, wound edges, and pain. Validated assessment tools are used to determine skin and pressure injury risks to consumers.

For consumers who experience changed behaviours and are subject to restrictive practices, care is provided in line with legislative requirements including for assessment, authorisation, consent and behaviour support plans. The service monitor psychotropic medications and seek to minimise restrictive practice where relevant. A pharmacist is employed by the organisation and medication reviews are completed. Consents are on file and are reviewed according to the organisation procedure. The service refers consumers to specialist services for assessment for changed behaviours including mental health services and dementia assessment services.

Pain assessment, charting and pain care plans are used to manage consumers who experience pain. Strategies for pain management include both pharmacological and non-pharmacological treatments.

Consumers say care provided for them is safe and right for them. They say risks to their well-being such as falls, pressure areas, weight loss, and infection are assessed, explained, and managed well. Staff identify, assess, and manage high-impact or high-prevalence risks to the safety, health and well-being of each consumer. Policies and procedures, medical input, and clinical protocols guide how the organisation manages high-impact or high-prevalence risks. Care management systems have standardised assessments, charting and care planning tools with reminders. Clinical data is captured in the quality reporting system. The service monitors and reports performance and uses these results to inform continuous improvement.

The service recognises the needs, goals and preferences of consumers who are nearing the end of their life. Care documentation reflects that advance health directives and end of life care plans support consumers who choose to have one in place. Staff say adequate equipment for end of life care including pressure-relieving mattresses and syringe drivers support end of life care measures to ensure comfort for consumers is maximised. Palliative care services and medical officers are available to support the clinical care team.

Consumers say staff recognise change in their condition, listen and act on any concerns they have about their health, and would respond with appropriate actions and care when needed. The service has policies, procedures, and clinical protocols to guide staff in the management of deterioration. Care plans demonstrated that deterioration is recognised and responded to in a timely manner.

The service uses a care management system to store and manage consumer data such as personal, medical and clinical information, care plans and support plans, and advance care plans and other relevant information, including consumers’ current condition and circumstances, goals, needs and preferences. Consumers say their personal or clinical care is consistent, they don’t have to repeat their story or their preferences to multiple people, and care information is shared with their consent where care is provided by others.

Consumers say the service has referred them to the appropriate providers, organisations or individuals to meet clinical and care needs, and that they are satisfied with the care delivered by those they have been referred to. Care planning documentation demonstrates the service collaborates and makes timely referrals to health practitioners, specialised allied health, or other services, to meet the care needs of consumers.

Consumers say the service is clean and they are confident in the service’s ability to manage an infectious outbreak, and that they have been given information on how to minimise the spread of infections. The service has policies and procedures to guide staff related to antimicrobial stewardship, infection control management, and for the management of a COVID-19 outbreak. Staff have received training in infection minimisation strategies and demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics. The service has a staff and consumer vaccination program, and records are maintained for Influenza and COVID-19 vaccinations.

I have considered the information within the site report. I have placed weight on the information within the site report including the feedback from consumers and staff in relation to the delivery of care and services. The approved provider has not refuted the evidence brought forward in the site report and I am satisfied the service demonstrates compliance with this Standard.

# 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

I find this Standard compliant.

Consumers say they are satisfied the service supports them to do the things they want to do and were able to explain how services and supports for daily living have improved their independence, health, well-being, and quality of life. They say they feel safe in the way services and supports are delivered and that staff are flexible and can modify services and supports so they can continue to do things of interest to them. Documentation reflects strategies and options to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers. Lifestyle care plans are tailored to aid consumers with mobility and sensory deficits, and those with cognitive decline.

Consumers say they feel connected and engaged in meaningful activities that are satisfying to them. They say they can acknowledge and observe sacred, cultural, and religious practices. Staff demonstrated how they support the emotional, psychological, and spiritual well-being of consumers and could give examples of cultural awareness in their everyday practice and how they recognise diversity to provide services that are meaningful to the consumer. Consumers are monitored for emotional well-being and specialist services, and pastoral care is made available to consumers and families where needed.

Consumers say they have an active social life and can take part in their interests at the service. They say that they are supported to maintain personal relationships and can take part in community and social activities that they choose. Staff demonstrated how they work with other organisations, advocates, community members and groups to help consumers follow their interests, social activities and maintain their community connections. Care documentation and meeting minutes demonstrated designed services and supports with the consumer to reflect the consumer’s changing needs, goals, and preferences.

Consumers say they have continuity of services and supports, and that they don’t have to repeat their story or their preferences to multiple people. Consumers said the organisation coordinates their services and supports well. Staff say the service informs them about a consumer’s condition, needs, goals and preferences as they relate to their own roles, duties, and responsibilities. Relevant information is shared with others as consumers move between care settings, such as between the service and acute care. The service has an effective system to manage information, and consumer care and service plans show evidence of updates, reviews and communication alerts that include information from multiple sources, specialist reports and results.

Care documentation demonstrates the service collaborates with other individuals, organisations, or providers to support the diverse needs of consumers. There is evidence that the service has established links with individuals, organisations and providers to make sure consumers have access to a range of service and supports. The service demonstrated that they regularly reviewed the individuals, organisations, or providers to whom they refer consumers to make sure their services remain safe and effective and that quality care and services are being delivered.

Consumers say there are suitable and healthy meals, snacks, and drinks. The consumer dining experience was comfortable, with consumers receiving appropriate assistance in a dignified manner. Staff demonstrated they were aware of consumers’ nutrition and hydration needs and preferences and how to support consumers’ independence, including preferred meal size, and dietary or cultural needs. Staff demonstrated an understanding of the process to report any changes to a consumer’s appetite or eating habits, or any concerns about weight loss or dehydration. Food is fresh cooked and the service uses specialist nutritional advice regarding nutrition. Consumers are consulted in developing menus. The service has systems that demonstrate that the ordering, storing and preparation of food and drinks occurs in a way that maintains their freshness and quality and that it has supplies to ensure service continues.

Consumers say the equipment is suitable and well maintained and there are processes to ensure the safety of equipment. Assessments for suitability of equipment are conducted before they are provided to consumers. Staff were observed by the Assessment Team using equipment correctly and could explain how the equipment is checked for potential risks, and how cleanliness and maintenance of equipment is managed. The service has suitable arrangements for purchasing, servicing, maintaining, renewing, and replacing equipment, and there is evidence that equipment is used, stored, and maintained in line with manufacturers’ instructions. Documentation demonstrates that scheduled maintenance and checking is completed for equipment, including for hoists, slings and mobility aids.

I have considered the information within the site report. I have placed weight on the information within the site report including the feedback from consumers and staff in relation to the delivery of care and services. The approved provider has not refuted the evidence brought forward in the site report and I am satisfied the service demonstrates compliance with this Standard.

# 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

I find this Standard compliant.

Consumers say they can personalise their rooms, including bringing in furniture and possessions of choice. They say the service monitors the condition of the building to ensure it meets their needs. Staff demonstrated how consumers are supported to make the service feel like home, and how they support consumers to maintain independence. Policies and audit schedules promote a safe and comfortable environment, and guide staff on how the service monitors the environment to ensure it is suitable for consumers. The Assessment Team observed the service to be equipped with supports to enable consumers to be interactive and independent such as handrails, signage, adequate lighting and comfortable seating areas.

Consumers were observed by the Assessment Team moving freely within the service in the loungerooms, shared spaces and gardens. Scheduled and reactive maintenance in place for the service, including kitchen and laundry. The service was observed to be clean and well maintained and records support this. Records of preventative and scheduled maintenance are managed by the maintenance team and environmental and workplace audits were observed to be completed in line with the service’s audit schedule.

Cleaning and laundry staff have systems and processes to ensure the service is maintained accordingly.

A range of suitable, safe and clean furniture and equipment was observed by the Assessment Team in the service. Consumers say equipment is well maintained. Staff say that they have access to equipment needed for consumer care. Furniture and equipment are maintained under a scheduled maintenance plan with specialist contractors in place where required.

I have considered the information within the site report. I have placed weight on the information within the site report including the feedback from consumers and staff in relation to the delivery of care and services. The approved provider has not refuted the evidence brought forward in the site report and I am satisfied the service demonstrates compliance with this Standard.

# 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

I find this Standard compliant.

Consumers and representatives say they are encouraged and supported to provide feedback regarding care and services and would feel comfortable in raising concerns. Staff and management were able to describe the process available for consumers and representatives if they wanted to provide feedback or make a complaint. The service demonstrated it has a process in place to encourage and support consumers to provide feedback or make a complaint. The Assessment Team observed a locked feedback box with attached feedback forms available.

Consumers and representatives say consumers are aware of external bodies to help with advocacy, and other methods on how to make complaints. Management and staff demonstrated how to access interpreter and advocacy services for consumers if it is required. The Assessment Team observed posters displayed by the service advising consumers and representatives on how to contact the Aged Care Quality and Safety Commission, translation services, and advocacy services.

Consumers and representatives say management respond to complaints and incidents and takes appropriate action including using an open disclosure process for when things go wrong. The service has policies and procedures to guide staff practice, and electronic systems that automate escalation of complaints and incidents. Staff undergo training in relation to complaints, incidents and open disclosure and are trained to use reporting systems. Care planning documentation, complaints records, and incident reporting reflects that action is taken and open disclosure is practiced according to organisational policy.

Consumers and representatives say feedback is used to improve services. Management could describe processes in place to escalate feedback and complaints, and how they are used to improve the care and services available to consumers. Staff were able to describe improvements, which were driven by consumer feedback. The complaints register and continuous improvement plan were reviewed and were demonstrated how feedback was used to drive improvement.

I have considered the information within the site report. I have placed weight on the information within the site report including the feedback from consumers and staff in relation to the delivery of care and services. The approved provider has not refuted the evidence brought forward in the site report and I am satisfied the service demonstrates compliance with this Standard.

# 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

I find this Standard compliant.

Consumers and representatives say they are satisfied with the quality of staff and some consumers said the service could benefit from more care staff. Consumers say while the staff are busy, their current needs are being met. Consumers say call bells are answered promptly and the observations by the Assessment Team indicated staff are available when consumers need them. Management demonstrated a sufficiently planned and varied skill mix of staff are available to meet consumer’s needs. The service has processes for both planned and unplanned leave.

Consumers and representatives say staff are kind, gentle and caring when providing care. Staff demonstrated they were familiar with each consumer's individual needs and identity. Management stated that the service has a suite of documented policies and procedures to guide staff practice, and outline that care and services are to be delivered in a respectful, kind and person-centred manner.

Consumers and representatives say they felt confident that staff are suitably skilled and competent to meet their care needs. Staff performance is monitored through feedback from consumers and representatives, input from other staff members and analysis of clinical data to help monitor the clinical outcomes and competencies of registered staff. The service has documented policies in relation to key qualifications and knowledge requirements of each role employed by the service in their position descriptions. Documents demonstrated that staff have the relevant qualifications to perform their duties outlined in their position descriptions. Recruitment processes ensure regulatory requirements are met.

Consumers and representatives say they are confident in the current staff ability to deliver their care and services. The service provides training to staff to deliver the outcomes required within these standards.

The service has processes in place to regularly, assess, monitor and review staff performance against established requirements for their roles. The service has a workforce governance and management framework that includes documented policies, procedures, and guidelines for staff practice in relation to expected behaviours or conduct, including an employee appraisal procedure and support from the organisation’s leadership team.

I have considered the information within the site report. I have placed weight on the information within the site report including the feedback from consumers and staff in relation to the delivery of care and services. The approved provider has not refuted the evidence brought forward in the site report and I am satisfied the service demonstrates compliance with this Standard.

# 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

I find this Standard compliant.

Consumers and representatives are confident the service is run well and satisfied with their level of engagement in the development, delivery and evaluation of care and services. Management and staff were able to describe the ways in which consumers are encouraged to be engaged and involved in decisions about changes to the service, and the development, delivery and evaluation of care and services they receive.

The organisation’s governing body promotes and is accountable for the delivery of quality care and services and ensuring a culture of safe and inclusive care for consumers. The organisation’s policies and procedures include information as to how the governing body promotes a culture of safe, inclusive, and quality care and consumer engagement information. Consumers and representatives feel the organisation promotes a culture of safe, inclusive, and quality care and that it is accountable for its delivery throughout the service. The organisation has a governance framework to ensure accountability. The governing body asks for and receives the information and advice it needs to meet its responsibilities. The organisation measures performance across established key performance indicators and sets priorities to improve the performance of the organisation against the Quality Standards. Policies and other documents published promote safe, inclusive, and quality care and services.

The organisation demonstrated an effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints. Consumers and representatives say the service encourages feedback and complaints and uses this information for continuous improvement. Policies and procedures detail processes around each governance system to guide staff practice.

The organisation demonstrated that it has an effective risk management framework. Risks are reported, escalated and reviewed by management at the service level, the organisation’s executive management team and by the organisation’s governing body. The service demonstrated components of the risk management system, including incident reports, audits and meetings with consumers and staff. Feedback is communicated through service and organisation-wide meetings, leading to improvements to care and services for consumers. Staff demonstrated knowledge of the processes of risk management at the service, including key areas of risk that had been identified and are being mitigated.

The service has infection prevention strategies and practices in place and aims to ensure antimicrobials are prescribed according to best practice guidelines. The service minimises the use of restraint, and where restraint is used it is documented and the safety and wellbeing of the consumer is monitored with evidence of consent. Records show that the organisation has a systematic approach to clinical auditing and data analysis that supports improvements in clinical care, with clinical oversight from the governing body. The workforce can describe their accountabilities and responsibilities for the effectiveness, safety and quality of clinical services. Consumers and representatives say the service practices open disclosure and steps are taken steps to prevent and remedy adverse outcomes.

I have considered the information within the site report. I have placed weight on the information within the site report including the feedback from consumers and staff in relation to the delivery of care and services. The approved provider has not refuted the evidence brought forward in the site report and I am satisfied the service demonstrates compliance with this Standard.

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)