Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Hopetoun Nursing Home |
| Service address: | 12 Mitchell Place HOPETOUN VIC 3396 |
| Commission ID: | 3542 |
| Approved provider: | Rural Northwest Health |
| Activity type: | Site Audit |
| Activity date: | 30 August 2022 to 1 September 2022 |
| Performance report date: | 12 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 Hopetoun Nursing Home (**the service**) has been prepared by L Glass, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Consumers/representatives described how staff make them feel respected and valued as an individual. Staff were observed treating consumers with dignity and respect and understood consumers’ individual choices and preferences. Care planning documents reflected consumers’ preferences as described by the consumers and representatives. The service has a dignity and respect policy to guide staff interactions with consumers. Care planning documents were specific to each consumer’s background. Significant life events such as achievements, living through trauma, consumer’s educational and work background and identity were detailed.

Staff were observed to be interacting with consumers respectfully and treating consumers well with their particular care requirements. The service has a dignity and respect policy to guide staff interactions with consumers.

Consumers/representatives expressed satisfaction that consumers’ cultural and individual needs and preferences were respected. Consumers said staff know their background, community links, families and who was important to them. The consumers expressed satisfaction with the care they receive and felt like they were part of a community. Staff interviews and reviews of consumer care plans and supporting policies and procedures identified care and services provided at the service were culturally safe.

Lifestyle staff confirmed they identify consumers’ culture and diversity through the assessment and care planning process and this information was documented on the electronic care system. Care planning documents reflect consumers’ backgrounds, and their needs were documented and incorporated into care interventions where appropriate. The Assessment Team sighted recent staff education attendance focused on topics related to cultural diversity awareness and culturally safe practices.

Consumers/representatives were satisfied consumers feel supported to exercise choice and independence around making care decisions, making connections and maintaining relationships. Consumers/representatives described ways they were able to make and communicate decisions about their care and were able to choose who was involved in their care. Staff provided examples of how consumers were supported with decision-making and maintaining social interaction. Consumers were supported to make informed choices about their care and services and supported to maintain relationships with people important to them.

Consumers said they were being supported to take risks and live the best life they can. Staff interviews and reviews of consumer care plans reflected risk assessments were completed and strategies implemented to mitigate any risk. The service had a current ‘Dignity of Risk’ procedure to guide staff in assessing and managing consumer risks and undertaking activities that enhance the consumer's quality of life.

Consumers felt confident to make choices about the care received and did not express any concerns. Consumers feel confident to raise any additional requests if required. Staff described how they communicate with consumers in a way that was easy for the consumer to understand and provided examples of how choice was supported as part of the consumers’ daily life. Consumers were given a copy of the activity schedule. Where consumers live with visual or cognitive impairments, they were informed about what activities were planned for the day and were assisted by staff to participate in activities of their choice.

Information was communicated readily. Consumers were provided with information about food menus, lifestyle activity programs, newsletters and local newspapers. Invitations to consumer meetings are delivered to consumers in person verbally and displayed. Representatives were notified by email and telephoned where necessary.

A ‘Welcome to your new community’ welcome pack was provided to consumers and representatives as part of the pre-admission and admission process. The Charter of Aged Care Rights was displayed. Noticeboards in communal areas were observed to have information for consumers and interested stakeholders.

Most consumers/representatives were satisfied the consumer’s personal privacy was respected and their personal information was kept confidential. Consumers described in various ways how staff maintain privacy and respect. The service had policies and procedures in relation to keeping personal information confidential. Staff could explain how they respected the privacy of consumers, including knocking on doors, drawing the curtain when providing personal care and carrying out sensitive conversations in a private area.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Care documentation demonstrated the identification of risks such as restrictive practices, wounds, skin integrity, falls, challenging behaviours and nutrition. Consumers and representatives were satisfied with how the service manages consumer’s risks. Staff described using risk screening assessments for pain, falls and skin integrity assessments and the risks of individual consumers informed strategies used to ensure the delivery of safe and effective care.

Care planning documentation identified consumer’s needs, goals and preferences and included advance care planning. Care and services were planned around what was important to consumers. Representatives have discussed advanced care planning with the service. Clinical staff engage with consumers/representatives to complete and file consumer’s advance care plan.

Consumers and representatives and others they wish to involve participated in the assessment, planning and review of care. Consumers, representatives, other health professionals and external health services collaborated to ensure the delivery of safe and individualised care such as a physiotherapist, dietitian, podiatrist and a wound specialist as required. Care planning documents reflected the participation of the consumers and/or representatives in assessment, planning and review.

Consumer/representatives received communication about assessment and planning outcomes. Care planning documentation reflected the communication of relevant information with the consumer and/or representatives. Summaries of care plan discussions were viewed in progress notes. The Assessment Team sighted summaries of recent care reviews in the electronic care system.

Care planning documentation identified evidence of review on both a regular basis and when circumstances changed such as consumer deterioration or after incidents such as infections, falls and wounds. Clinical staff discuss care needs with consumers/representatives and any changes or requests for changes were addressed in a timely manner. Examples of regular and effective reviews were provided.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The service demonstrated consumers received personal and clinical care that was safe and effective. Care plans reflected best practice principles and care that was individualised addressing the needs, goals and preferences of consumers in consultation with consumers/representatives and where required in collaboration with external health providers. Consumers/representatives were satisfied with the tailored care the service provided to consumers, particularly with the management of pain, wounds, complex clinical issues and personal care. Restrictive practices were managed in accordance with the legislative requirements such as reviews, consultation, consent and ongoing monitoring. Clinical and care staff demonstrated knowledge of consumers and skills in managing the clinical and personal care of consumers. The service has processes in place to manage high impact or high prevalence risks effectively such as mobility and falls, challenging behaviours, skin integrity, nutrition and swallow related issues. Documentation viewed by the Assessment Team showed the service was effectively managing these risks. Consumers and representatives said the service was effectively managing identified risks to consumers. Management and staff described the high impact and high prevalence risks to consumers at the service and how the risks were minimised.

Care planning documentation demonstrated the needs and preferences of consumers nearing the end of life were recognised and addressed, their comfort maximised, and their dignity preserved. Staff and management provided examples of the provision of palliative care to consumers. Staff described the palliative care pathway and the resources available to them to support consumers nearing the end of life. Documentation viewed by the Assessment Team reflects the identification of, and response to, deterioration or changes in consumer’s condition. Staff described the care they provide to consumers receiving end of life care.

The service demonstrated how deterioration or change in consumers’ condition was recognised and responded to in a timely manner. Consumer care documentation reflected appropriate actions taken in response to a deterioration or change in a consumer’s health. Consumers/representatives expressed satisfaction in how the service responded to a change or deterioration in their condition. Clinical staff described how deterioration or changes were identified, actioned and communicated. The care and clinical staff described signs and symptoms of clinical deterioration.

The service demonstrated information about consumer’s condition, needs and preferences was documented in their care plan, in progress notes and was communicated within the service. Management said information was shared with other services within the organisation and external services involved in care as required through email communication. Staff received up to date information about consumers during handover. Clinical staff described the services available to consumers through weekly visits to the service and through external services referred to such as a wound specialist.

Consumers/representatives said they were satisfied the service will access other providers such as the general practitioner, allied health professionals and other external specialist services when required. Care planning documents reflected timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Consumers and representatives said they were satisfied with the actions the service was taking to assess and minimise the spread of infection. Staff demonstrated knowledge and understanding of infection control practices to reduce the spread of infection as well as practices to promote antibiotic stewardship. The service maintains a site-specific COVID-19 outbreak management plan which provides overarching guidance and resources for the service to support their readiness, response and recovery from COVID-19 outbreak.

Infection control and antimicrobial stewardship policies include appropriate information and procedures to implement to minimise the use of antibiotics and link to best practice principles. The service maintains monthly records of all infection in the service.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The service demonstrated that each consumer’s individual goals, needs and preferences in relation to their independence, health, well-being and quality of life were identified, documented and communicated to staff. Consumers were provided with support to optimise their independence, health, well-being and quality of life. A weekly calendar and a new monthly calendar of group activities based on the preferences of the consumers living at the service was provided to consumers. Social and lifestyle care plans included individualised goals and preferences. Attendance records including level of participation were maintained. Individual support was also provided to consumers who do not wish to participate in group activities. Staff provided examples of how sampled consumers were supported to engage in activities, maintain their independence and how they were supported to have a good quality of life. Lifestyle staff described how a range of assessments and interviews with the consumer and/or their representative were used to formulate care plans which included the consumer’s preferences for lifestyle activities. File review demonstrated that the level and type of assistance a consumer requires was documented.

Consumers sampled said the service provides good supports for the emotional, spiritual, and psychological well-being of consumers. Staff and care planning documentation demonstrated knowledge of consumers’ emotional and spiritual needs and described support for individual consumers. A range of in-house religious services were offered and consumers were assisted to attend the service of their choice. The Assessment Team observed staff talking to consumers about things of interest to them and consumers participating in enjoyable activities.

Consumers were satisfied the services and supports enabled them to participate in the community, have relationships and do things of interest to them. Staff described how they support consumers to do the things of interest to them, participate in activities within and outside the service environment and have social relationships. Care planning documents contained information about individual consumers’ interests and identified the people important to them.

Consumers expressed satisfaction with how information was shared. Staff were informed about changes to consumer needs and this is communicated through written notes, care plans, handover sheets and hand over meetings. Staff were made aware of any changes to a consumer's needs through a verbal and documented handover process, care plans, a communications book and a dietary book.

Management described how and when appropriate referrals were made to individuals, other organisations and providers of care and services. Referrals can be made to a range of support services and organisations. The service has policies and procedures regarding external referrals.

The service demonstrated that a variety of meals were provided with the oversight of a dietitian and speech pathologist. Special menus were in place for consumers with dietary needs. Although food survey results show poor feedback regarding the lack of variety and taste of food, most of the consumers sampled expressed satisfaction with the quality and quantity of meals. While most consumers were satisfied with the taste of the meal and the choices available, all consumers said they were satisfied with the quantity of the meals. Staff were knowledgeable about individual consumers preferences and dietary requirements. Staff were observed assisting and encouraging consumers with nutrition and hydration. Care planning documents noted consumers’ food needs, dislikes, allergies, and preferences, with any changes to the care plan being communicated and updated in a dietary/information book stored in the kitchen. The service had implemented a process to gather consumer feedback on meals and the feedback was being incorporated into the menu. The service has undertaken a Rural Northwest Health Menu Review in April 2022. A new menu tis to be implemented by end of December 2022.

The service demonstrated that equipment was safe, suitable, clean and well maintained for staff and consumer use. Staff were observed cleaning equipment. Cleaning documentation demonstrated regular cleaning of equipment occurs. Care staff were able to explain how shared equipment was cleaned after use. Care staff explained how shared equipment was cleaned between use. The Assessment Team observed the range of equipment used by staff was clean, suitable, and well maintained.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Consumers feel welcome and comfortable at the service and were encouraged to personalise their rooms. Consumers and visitors were observed using communal areas and moving independently around the service. The service was welcoming and provided comfortably furnished communal areas that optimised consumer interaction and engagement and single bedrooms with an ensuite. The service provided accommodation for consumers with diverse needs and levels of mobility. The communal living area was readily accessible, with clear signage to assist consumers in navigating the service. The Assessment Team observed a split open plan dining and living area and separate entertaining in use throughout the Site Audit. The service had a rose garden and large plush garden areas The Assessment Team observed consumers with a rage of mobility accessing courtyards and gardens without difficulty.

Consumers commented positively on the way the buildings and gardens were maintained and feel safe. Preventative and reactive maintenance was scheduled and documentation confirmed the work was undertaken, signed off and completed in a timely way.

Consumers indicated that the furniture, fittings and equipment at the service were well maintained and cleaned regularly. Consumers said that when they need something repaired or cleaned staff were responsive to their requests. Staff discussed cleaning and maintenance systems and how they can get equipment repaired if needed.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Consumers/representatives said they were aware of feedback forms and the lodgement box available in the service to provide feedback or make a complaint. However, all consumers and representatives said they prefer to first speak to staff or management. Management and staff were able to describe processes in place to encourage and support feedback and complaints. Online feedback was recently introduced in the service as additional feedback mechanism. Consumers/representatives were able to describe the various avenues they use to provide feedback of their care and services such as verbal feedback, consumer meetings, consumer surveys and forms.

Some consumers/representatives said they were aware of advocacy services that were available to them. Most were aware of the information displayed at the entrance to the service and felt they would try to resolve with management first before using these services. Management reported that they currently did not have any consumers who required advocacy or interpreter services but information on accessing these services was available in the service and included in the consumer handbook.

The Assessment Team observed various brochures from OPAN, the Aged Care Quality and Safety Commission, elder rights advocacy (ERA) and the service’s organisational feedback mechanisms.

Consumers/representatives said management address and resolve their concerns raised following making a complaint, or when an incident has occurred. Most staff demonstrated an understanding of open disclosure and explained how they would apologise to a consumer in the event of something going wrong. Management explained how staff were guided by policies on open disclosure and complaints management.

Open disclosure was embedded with the complaints procedures and included information on how to feed into the services plan for continuous improvement (PCI). Review of the service’s complaint register demonstrated staff’s response was consistent with the service’s open disclosure policies and procedures, and appropriate action was taken. Consumers/representatives reported their feedback was used to improve services. Management described processes in place to escalate complaints, and how they were used to improve care and services to consumers. Staff were able to describe improvements which were driven by consumer feedback. Social media was used, improving communication by increasing the information provided.

Management described how the service’s feedback and complaints were reviewed and recorded on a register. Any long-term actions, as a result of a complaint were tracked through the plan for continuous improvement (PCI).

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service demonstrated the workforce was planned to ensure there was a suitable mix of skills and staff levels in various roles to enable the delivery of safe and effective care and services. Consumers/representatives were satisfied with the level of staff at the service staff availability. Staff were satisfied with the staffing levels and said they work together to get the work completed across co-located services. Clinical staff were available at the service 24/7 and a review of the roster identified there were registered nurses and enrolled nurses available on all shifts across the service.

Consumers said staff were kind, caring and gentle when providing care. Staff demonstrated familiarity with consumers’ identity and individual needs. Observations confirmed this.

Staff have the knowledge and skills to meet the consumers care needs. Staff were required to complete annual mandatory education. Consumers/representatives said staff knew what they were doing. New staff were required to complete orientation and mandatory education and this was verified by a recently employed member of staff. Staff were recruited, trained, equipped and supported to provide care to the consumer.

Staff training needs were identified through feedback from consumers, representatives and staff, through performance appraisals, observations, audits and incidents. The majority of staff have completed their mandatory education for the year.

Staff received support from management and senior clinical staff at the service both formally and informally. A system for staff appraisal and performance management processes was in place and support and development was arranged when a staff member commences at the service.**Standard 8**

|  |  |  |
| --- | --- | --- |
| 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service demonstrated consumers/representatives were involved in the development, delivery and evaluation of care and services. Consumers said they provide feedback to staff and management about their care and services and they feel included and supported. Management sought feedback from consumers/representatives through meetings, surveys and consumer lunches. A consumer/representative was being sought as a member of the clinical governance committee to provide feedback and contribute to the committee on behalf of consumers at the service.

Consumers/representatives felt safe and were living in an inclusive environment with provision of quality care and services. The service promoted safe and inclusive care to guide staff practice.

The organisation has a Board of directors (the Board) responsible for ensuring the service was sufficiently able to respond to changes in the internal and external environment. The Board was accountable and responsible for the safety and quality of care and services and ensured they were fully informed about performance in relation to key areas of risk. Organisational sub-committees included a governance committee, finance, audit and compliance committee, clinical governance committee and people and culture committee.

Examples were provided of changes made in the last six months, driven by the Board, as a result of consumer or representative feedback including providing enhanced communication resources during recent COVID-19 lockdowns. Management described how the Board satisfies itself that the aged care quality standards were being met across the service through internal audits, Key Performance Indicators (KPI) data, consumer and representative feedback and other reporting mechanisms to ensure consumer safety. The organisation communicated with consumers, representatives and staff regarding updates on policies and procedures or changes to legislation.

The service had processes for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The organisation encouraged feedback and complaints and provided an open and transparent environment using a range of mechanisms and forums. The clinical governance committee had oversight of high impact and high prevalence risks associated with the care of consumers. Organisational frameworks and policies and procedures supported the management of risk in response to incidents. The service demonstrated the implementation of the frameworks and policies and procedures and how they were managed within the service. The risks were reported to the relevant committee through key performance indicator reporting on risks such as falls, pressure injuries and restrictive practice.

Consumers were supported to take risks and live their best life and were informed about the risks involved and where needed completed a dignity of risk form. Reporting requirements relating to reportable and non-reportable events and appropriate registers were maintained. Staff outlined their reporting responsibilities and roles related to the reportable incident system. The organisation completed a review of the clinical governance framework in June 2022 and have commenced an action plan for areas that were identified as requiring strengthening.

The service seeks alternatives prior to antibiotics being prescribed. Staff have been educated about the appropriate use of antibiotics and were aware of hand hygiene, understood antibiotic rules and prescribing for the right reasons, Education in relation to antimicrobial stewardship and the use of alternative strategies to minimise the use of antimicrobials has been completed. Different aspects of restrictive practice were understood and applied as per the organisation’s restrictive practice policy. Staff have been educated in open disclosure and an open disclosure policy was available for staff to access. Staff used open disclosure and were able to identify when things go wrong and apologise to those involved. Staff have access to policies and procedures for antimicrobial stewardship, restrictive practices and open disclosure.

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)