Performance

Report

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| Name of service: | IRT Woonona |
| Service address: | 6-8 Popes Road WOONONA NSW 2516 |
| Commission ID: | 2663 |
| Approved provider: | Illawarra Retirement Trust |
| Activity type: | Site Audit |
| Activity date: | 10 October 2022 to 14 October 2022 |
| Performance report date: | 14 November 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 IRT Woonona (**the service**) has been prepared by E Woodley delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others
* the provider’s response to the assessment team’s report received 3 November 2022

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-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 | **Non-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

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 1(3)(a) – Staff practices consistently ensure each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* Requirement 1(3)(f) – Staff practices are respectful of each consumer’s privacy, and ensure personal information is kept confidential. The service has effective processes to identify and action issues in consumer’s privacy and dignity being maintained.
* Requirement 5(3)(b) – The service environment is safe, clean, and well maintained. The service demonstrates effective processes to action identified risks to the safety, cleanliness and maintenance of the service environment.
* The service has implemented all continuous improvement actions identified in their response to the Site Audit report.

# 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. | Non-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. | Non-compliant |

Findings

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

Observations by the Assessment Team and feedback from consumer interviews demonstrated that consumers are not consistently treated with dignity and respect. For one consumer, staff interactions while assisting the consumer were not respectful as they did not use the consumer’s preferred name, did not ensure their call bell was within reach, and moved furniture the consumer was using without asking. For another consumer, staff action in response to the consumer’s behaviour requiring support was not respectful or dignified.

Some consumers interviewed by the Assessment Team also raised concerns regarding their privacy and personal information being respected. Examples included staff not consistently closing privacy curtains when assisting with personal care, staff coming into consumer’s rooms without being invited in impacting on their privacy and dignity, and staff speaking about other consumers in communal areas. The Assessment Team observed one consumer’s behaviours were impacting on other consumer’s privacy.

The approved provider’s response acknowledges that the incidents identified by consumers and the Assessment Team in the Site Audit report are not in line with the service’s expectations. The approved provider’s response identifies continuous improvement actions implemented to ensure staff practices are respectful of consumers and their privacy. This includes staff education and training, updates to consumer care plans, staff performance management, and communication to staff on the service’s expectations. For the consumer whose behaviours were impacting on consumer’s privacy, action was taken during the Site Audit to mitigate the impacts of these behaviours on other consumer’s privacy.

While the service has taken action in response to the incidents raised in the Site Audit report, this has not yet been demonstrated to be effective in ensuring staff practices are consistently respectful of consumers and their privacy, and consumer’s personal information is kept confidential.

I find the following Requirements are Non-compliant:

* Requirement 1(3)(a)
* Requirement 1(3)(f)

The service demonstrated that some consumers are supported to take risks to enable them to live the best life they can. However, one consumer interviewed felt they were not supported to take risks of their choosing and the Assessment Team found a dignity of risk form for a consumer’s activity of choice had not been reviewed regularly by the consumer or their representative.

The approved provider’s response includes additional and clarifying information for the consumer who felt they were not supported to take risks to live their best life. This included consultation with the consumer prior to the Site Audit, and assistance by staff to support the consumer to undertake activities of choice. The approved provider’s response provided additional information that demonstrated for the consumer who had a dignity of risk form completed, this had been regularly reviewed by the service, the consumer and their representative.

Overall, the service demonstrated each consumer is supported to take risks to enable them to live the best life they can.

The service demonstrated how they provide culturally safe care and services to consumers with different cultural backgrounds. The Assessment Team found consumers are able to exercise choice and independence to make decisions about their own care and involve family when required. The service has several couples that reside in the service and the service enables and supports these couples to make decisions on how they would like to maintain their relationships, either in share rooms or side by side rooms where available.

The service demonstrated delivery of current, accurate and timely information. Consumers are provided information to enable them to make choices regarding activities, meals, and participation in resident meetings.

I find the following Requirements are Compliant:

* Requirement 1(3)(b)
* Requirement 1(3)(c)
* Requirement 1(3)(d)
* Requirement 1(3)(e)

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

The service demonstrated appropriate consideration of risk to consumer health and well-being and assessment and planning that informs the delivery of safe and effective care and services. Registered staff demonstrated an effective understanding of the assessment and care plan review processes that help to identify risks and to maintain consumer health, safety and well-being. The Assessment Team observed the service effectively identifies risks including pain management, diabetes management, wound care and management, cognitive decline and falls. The organisation has appropriate policies and procedures available to guide staff practice regarding assessment and care planning for consumers.

Consumers and representatives advised they are satisfied with the assessment and planning provided by the service to address consumer needs, goals and preferences, including advance care planning and end of life planning. Staff demonstrated their understanding of what is important to consumers and how consumers want their care delivered. The Assessment Team observed documentation that demonstrated consumers have end of life wishes appropriately recorded and observed consumers receiving care and services according to their preferences during the Site Audit.

The service demonstrated that it partners with consumers and others in planning and assessing care. Consumer care planning documentation demonstrated evidence of care conferences and involvement of a diverse range of external providers and services such as medical officers, speech pathologists, physiotherapists, podiatrists and dietitian services.

Consumers were clear as to who were involved in their care and were confident that their care needs were being met. Clinical staff effectively described the importance of consumer-centred care planning and explained how they initiate conversations around care planning with consumers and representatives face to face or via telephone depending on preferences. Representatives advised they are well informed about the outcome of assessments for their consumer’s clinical and personal care and had no complaints in relation to this requirement. Representatives confirmed that they are aware that consumer care plans are readily available and advised that case conferences about consumer care and services occur regularly.

The service demonstrated that consumer care and services are reviewed regularly through the ‘resident of the day’ program and via clinical leadership meetings where any consumers with clinical changes are discussed.

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

The service demonstrated timely identification, effective assessment, management and evaluation of consumer’s restrictive practices, skin integrity and pain. The service demonstrated effective assessment, authorisation, consent and monitoring where restrictive practices are used. Behaviour support plans are recorded and up to date for consumers who are subject to restrictive practices. The Assessment Team reviewed consumer care documentation which demonstrated that wounds are consistently attended to in accordance with the consumer’s wound management plan. Pressure area care is completed as prescribed and consumers with pressure injuries or wounds have a wound care plan and chart which are completed following treatment and at every review.

Consumer care documentation demonstrated that those with chronic pain are provided with regular pain assessments to identify the site, severity and type of pain experienced by the consumer. Staff use assessment tools depending on the consumer’s ability to verbalise their pain, both pharmacological and non-pharmacological strategies are included in care plans and when pain relief medication is used, it is reviewed for effectiveness.

The service demonstrated effective processes to manage high impact or high prevalence risks associated with care of consumers. Care planning documentation identifies consumers at risk, including at risk of falls, those requiring wound management and those displaying challenging behaviours.

The service demonstrated that consumer care plans appropriately reflect their end of life needs and wishes. Advance health directives and statement of choice documents are uploaded into the electronic consumer management system. The workforce demonstrated an understanding of processes to support the needs, goals and preferences of consumers nearing the end of their life. Management advised that advanced care planning is discussed on entry to the service and during the care plan review process. The service implements effective clinical procedures to guide staff when a consumer’s health status changes.

Registered staff demonstrated their understanding of the assessment process following a change to a consumer’s condition and care staff advised they report changes to the senior care coordinator or registered nurse. The Assessment Team reviewed clinical records that show consumers are regularly monitored by registered staff and if deterioration or change of a consumer’s mental, cognitive or physical function, capacity or condition occurs, this is recognised and responded to in a timely manner and representatives are notified.

Consumers and representatives advised that consumer care needs and preferences are effectively communicated between staff and they receive the care they need. The Assessment Team observed that care planning documentation contains adequate information to support effective and safe sharing of the consumer information. Consumer files reviewed by the Assessment Team demonstrated that staff notify the consumer’s medical officer and their representatives when the consumer experiences a change in condition, experiences a clinical incident, is transferred to or returned from hospital, or is ordered a change in medication. Staff confirmed they receive up to date information about consumers at handover.

The service demonstrated appropriate referrals to other organisations and providers of services in a timely manner. Management advised that care staff are trained to escalate any concerns to the registered nurse or to management at which time an assessment is undertaken, and consideration is given to appropriate referral options.

Staff demonstrated an understanding of precautions to prevent and control infection and the steps required to minimise the need for antibiotics at the service. The service has a staff and consumer vaccination programme and records are maintained for influenza and COVID-19 vaccinations for staff, consumers and volunteers. The service has appropriate policies and procedures to guide staff in relation to infection control management, outbreak management and antimicrobial stewardship. Staff confirmed they have received training on infection control strategies and antimicrobial stewardship. The service has an appropriate infection prevention and control lead and representatives advised they were very happy with how the service had managed the minimisation of infection related risks throughout the COVID-19 pandemic.

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

Consumers interviewed by the Assessment Team advised the service supports their independence and encourages them to participate in activities that reflect their interests and lifestyle needs. Staff demonstrated their understanding of the diverse interests of consumers, including strategies to promote their involvement. Care documentation identified the interests and activities that were important to consumers and provided information to support individual choice, daily living, wellbeing and service delivery. The Assessment Team observed that consumers can attend church service and for those that cannot attend, the Pastor can go to individual consumer’s rooms to provide a blessing. Consumer’s emotional well-being is supported via one on one time with staff from the lifestyle team, where they spend time with each consumer talking and checking on their welfare. The Assessment Team observed an external service engaged to conduct productive group chats that aim to support consumer mental and emotional wellbeing.

The service demonstrated that consumers are supported to maintain personal and social relationships within and outside of the service. Consumers are supported to participate in their local community and to choose their level of involvement within the service. The service demonstrated that relevant consumer information is shared. The lifestyle team are advised of changes in consumer needs and preferences via updates to the consumer’s care plan, allowing the team to adjust daily activities. The service has provision of a hairdresser, and a podiatrist is scheduled regularly at the service to support consumer’s needs.

Consumers provided the Assessment Team with mixed feedback about the meals provided at the service, with some enjoying the meals while others did not. However, the service maintains regular food focus groups for consumers to discuss menu options and provide feedback. In response to consumer feedback, the service is organising a day trip to their central kitchen where meals are prepared so consumers can see the process of how the meals are prepared and cooked. The Assessment Team found not all consumer’s food preferences are documented in their care plan which impacts consumers in receiving foods they don’t like. Overall, the service demonstrated meals provided are varied, of suitable quality and quantity, and consumer feedback is considered in the menu development.

One representative interviewed by the Assessment Team identified that cleaning of equipment is not always completed to an acceptable level. The Assessment Team identified that consumer slings were being left on lifters.

The approved provider’s response provided clarifying information about the cleaning of consumer equipment and use of consumer slings and lifters. The approved provider’s response demonstrated appropriate action taken to rectify the identified issues with cleaning of consumer equipment. The service and the approved provider’s response demonstrated that, overall, the service ensures the provision of safe, suitable, clean and well maintained equipment. I find the service compliant in Requirement 4(3)(g).

# 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. | Non-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 Non-compliant as one of the three specific requirements have been assessed as Non-compliant.

Some issues regarding the cleanliness and maintenance of the service environment were identified by the Assessment Team and consumers. The Assessment Team observed damage to the skirting boards in some rooms, dirty carpets, and the smoking area was not clean. However, the Assessment Team notes when this was raised with management, the smoking area was cleaned, and the service had previously identified the need for carpet cleaning/new carpets. Consumers interviewed identified issues with cobwebs in windows and fly screens and damaged walls in consumer rooms. Some consumers interviewed felt they were not able to freely access outdoor areas.

The approved provider’s response includes additional and clarifying information for the consumers identified in the Site Audit report that felt they were not able to freely access outdoor areas. The approved provider’s response demonstrates that consumers are able to move freely indoor and outdoors, and staff support consumers who require assistance with this.

The Site Audit report and the approved provider’s response identifies that the service had identified some of the issues with the service environment prior to the Site Audit, and during the Site Audit commenced some action to address these issues. This includes sourcing quotes for new carpets, creating a work order for the cleaning of flyscreens, and audits of consumer rooms.

While I acknowledge the service has rectified some of the issues with the cleanliness and maintenance of the service environment, some of the planned improvements are still underway. The service has not yet evaluated the effectiveness of these planned improvements to ensure compliance with this Requirements. The service did not demonstrate processes were consistently effective to identify and action risks to the cleanliness and maintenance of the service environment.

I find the following Requirement is Non-compliant:

* Requirement 5(3)(b)

The Assessment Team found, overall, the service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. Consumers are encouraged and supported to decorate their rooms according to their preferences.

The service demonstrated an effective proactive maintenance schedule for furniture and equipment. The service operates an online system to manage reactive maintenance where staff members can log a ticket. Staff and consumers also have the ability to call the maintenance customer service line or email them directly. The service has an appropriate area to store damaged furniture, and after the Assessment Team advised the service of damaged furniture, it was immediately removed from the sitting area.

I find the following Requirements are Compliant:

* Requirement 5(3)(a)
* Requirement 5(3)(c)

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

Consumers advised the Assessment Team they are encouraged and supported to provide feedback and that they are comfortable to raise their issues with the service. The service has monthly resident and relative meetings where consumers and their representatives are encouraged and supported to provide feedback.

The service provided documentation detailing information about key personnel at the service, their role, email address and their responsibility, which supports consumers and representatives to provide feedback and make complaints to relevant personnel. This was in response to feedback from consumers and their representatives not knowing who to contact. The Assessment Team observed feedback forms and collection boxes located throughout the service and management advised they have an open-door policy for both consumers and representatives.

The service demonstrated consumers can access language and advocacy services if required. The Assessment Team observed pamphlets and information displayed for language, translator and advocacy services. The service has a resident guide which contains information about complaints, including how to lodge a complaint with external organisations including the Aged Care Quality and Safety Commission.

Consumers advised that appropriate action is taken when complaints are made, and an open disclosure process is applied when things go wrong. The service has a system to record feedback including compliments and complaints, with acknowledgement and finalisation timeframes. Staff demonstrated their understanding of the service’s complaint management process and open disclosure.

Management demonstrated how feedback and complaints are reviewed and data used to improve the quality of care and services. The service received feedback about clinical care which resulted in the service improving case conferencing arrangements and offering care plans to consumers and their representatives. Feedback was recently received about consumers not having access to snacks and small meals outside their usual mealtimes and as a result the service implemented snacking stations and fridges for consumers to access.

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

Consumers advised the Assessment Team they were satisfied with the care provided by staff and that their needs were being met. The service demonstrated effective workforce planning to ensure that care and services provided are safe and of high quality. The service has an effective system to cover planned and unplanned leave, and employs the support of agency staff as a last resort. Consumers advised that call bell response times vary however are satisfied that they are attended to in a timely manner. The Assessment Team observed call bell reports which demonstrated, overall call bells are attended to in a timely manner.

Consumers advised that staff are kind and caring. The Assessment Team observed that the service’s workforce is competent, and staff possess the qualifications and knowledge to effectively perform their roles. The service maintains a register of professional registrations for their registered practitioners. The service tracks staff mandatory competencies and that educational requirements are met.

The service demonstrated effective recruitment and training processes that ensure the workforce is supported and equipped to deliver care and services in line with the Quality Standards. The service undertakes regular recruitment activities and new staff are provided an induction program that follows an effective orientation process including buddy shifts and monitoring. The service’s clinical nurse educator is responsible for the education calendar and for embedding the education plan.

The service demonstrated effective assessment, monitoring and review of its workforce by tracking dates of employees’ annual reviews and by conducting meetings for targeted staff if there is a need to discuss specific incidents or a pattern of leave. The service demonstrated effective management and use of consumer feedback, complaints and compliments data, ensuring that the information is shared with relevant staff in a timely manner. The service applies a talent matrix to assess suitable staff to pursue further opportunities within the service, building on staff capability and satisfaction and leading to better outcomes for consumers.

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

Consumers advised the Assessment Team they are engaged in the development and delivery of services and have appropriate opportunity to provide feedback and to evaluate the care and services they receive. The service holds monthly resident and relative meetings as well as an annual roadshow where the chairperson and CEO of the organisation visit the services. The organisation demonstrated an open, transparent and effective engagement in relation to consultation with consumers and representatives.

The Assessment Team found the organisation to be inclusive with a focus on supporting consumer’s individual beliefs and values, with the governing body accountable for ensuring a culture of safe, inclusive and quality care and service. The organisation systematically updates its policies and procedures to ensure that care and services are safe, inclusive and of a high quality. Management highlighted the use of open disclosure, maintaining incident registers and tracking data including complaints as some of the ways the board ensures accountability.

The service demonstrated effective governance systems for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The organisation ensures it remains up to date with changes to aged care legislation by subscribing to relevant services. The organisation ensures that staff, including board and executive members, complete training on the Quality Standards.

The organisation uses an electronic management system that is accessible at both the service and organisational levels for a range of data including documentation and risk management. The organisation’s communication team oversees key communiques for consumers and representatives and the organisation demonstrated various other means of communication including face to face meetings, messaging through electronic systems and emails.

The organisation demonstrated effective risk management systems and practices to monitor high impact and high prevalence risks for consumers. The service maintains an online risk management system, monitored at both the service level and at the organisational level by the organisation’s quality team. The Assessment Team observed regular and effective reporting and analysis of incidents and trends.

The organisation demonstrated an effective clinical governance framework including policies and procedures covering antimicrobial stewardship, restrictive practice and open disclosure. The organisation has several clinical governance committees and sub-committee’s to ensure that the workforce is providing safe quality care and services. The organisation works effectively with external providers who review consumer medications and also has an in-house pharmacist. The organisation completes regular audits on antimicrobial stewardship and participates in the national antimicrobial prescribing survey. The organisation has adopted the role of infection control lead at the organisation level in addition to having infection prevention control leads at the service level. The organisation ensures ongoing education and training on open disclosure and the process required to escalate feedback and record into the continuous improvement plan. The Assessment Team observed appropriate restrictive practices policy and procedures and effective systems to monitor, track and minimise the use of restrictive practices.

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