Performance

Report

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| Name of service: | Jacaranda House Hostel |
| Service address: | 125 McKean Street BAIRNSDALE VIC 3875 |
| Commission ID: | 3054 |
| Approved provider: | Bairnsdale Regional Health Service |
| Activity type: | Site Audit |
| Activity date: | 6 February 2023 to 10 February 2023 |
| Performance report date: | 29 March 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 Jacaranda House Hostel (the service) has been prepared by V Stephens, delegate of the Aged Care Quality and Safety Commissioner (the 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 on 13 March 2023

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-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 | **Non-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.

* Ensure care planning and assessments are reviewed following incidents or a change in consumer condition.
* Ensure behaviour intervention strategies are individualised and trialled prior to administering as needed psychotropic medication.
* Ensure regular review of the use, effectiveness and impact of administering as needed psychotropic medication.
* Ensure staff can identify chemical restraint.
* Review governance arrangements relating to restrictive practices and chemical restraint to minimise the use of restraint and optimise consumer well-being.

# 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

Sampled consumers described how staff make them feel respected and valued as individuals. Staff were observed treating consumers with dignity and respect and demonstrated understanding of the individual choices and preferences of consumers. Assessors observed brochures and posters on notice boards within the service which included information regarding consumer rights and diversity.

Overall, consumers and representatives said that staff understand their culture and that care and services delivered take consumer culture into consideration. Staff interviews and the review of consumer care plans identified that care and services provided are culturally safe. Consumers are supported by staff to engage in activities of cultural importance to them. The service has guidelines to assist staff in supporting the rights of consumers and observing their cultural beliefs.

Sampled consumers felt supported to exercise choice and independence around making care decisions, making connections and maintaining relationships. Care staff demonstrated an understanding of consumer preferences in relation to the way care is delivered and the relationships important to consumers. Care planning documents reflect individual consumer choices as described by consumers, representatives and staff.

Consumers advised that they are supported to take risks to live the best life they can. Staff interviews and the review of consumer care plans reflect consumers can safely engage in activities of choice and are supported to do so.

Consumers and representatives expressed satisfaction they receive information that is accurate, timely and enables the consumer to exercise choice. Assessors observed menus, activity calendars, and other information displayed throughout the service.

Consumers and representatives expressed satisfaction their privacy is respected, and that personal information remains confidential.

# 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. | Non-compliant |

Findings

Assessors recommended Requirement 2(3)(e) was not met as while the service reviews care on a scheduled basis, the service did not adequately demonstrate care and services are always reviewed for effectiveness when an incident occurs or following changes to consumer condition. One sampled consumer’s care, medications and care plans were not reviewed for effectiveness following a change in condition including drowsiness and a reduced level of responsiveness which was observed and raised by their representative. Care documentation and care planning documents did not evidence a review of one sampled consumer’s mental health and behaviour strategies following an incident, and the service did not adequately demonstrate care and services were reviewed for one consumer who experienced falls. Their care plan had not been updated to ensure their current needs were being managed safely and effectively.

In its response to the site audit report, the approved provider states a key focus is reviewing consumer care and services related to changes in behaviours and needs and that the service undertakes quarterly documentation audits to monitor performance. However, the approved provider’s response does not detail what actions have been taken to rectify deficits in care planning for the three sampled consumers identified by assessors. Therefore there is no evidence before me that deficits relating to reviewing care following incidents or a change in consumer condition have been addressed. Accordingly, I find the service non-compliant with Requirement 2(3)(e).

Assessors recommended Requirement 2(3)(a) was not met as the service did not demonstrate that assessment and planning informs and supports the delivery of safe and effective care including consideration of risks. Nine consumers who are prescribed psychotropic medications were sampled for this requirement and all of their care planning documents did not consider risks associated with the use of psychotropic medications. Behaviour support plans did not include information to guide staff on the appropriate use of psychotropic medications, monitoring for signs of distress or harm, or strategies to mitigate associated risks. In addition, the interim assessment and care planning document for one consumer receiving respite care demonstrated that not all information about the consumer’s needs were assessed and planned to consider associated risks.

In its response to the site audit report, the approved provider acknowledges shortcomings in the service’s previous record keeping and governance around the use of chemical restraint. When feedback was provided by assessors during the site assessment, the service immediately created an action plan to address the identified deficits. Since the site assessment the service has completed extensive remedial action to address deficits identified in this requirement, including updating the chemical restraint register to include all psychotropic medications, updating the admission checklist, implementing a new handover sheet, reviewing all current consumer medication charts, updating care plans, completing consent documentation and developing behaviour management support plans in collaboration with consumers and their families. Since the site assessment, I am satisfied the service has rectified deficits associated with assessment and planning relating to the use of chemical restraint. Accordingly, I find the service compliant with Requirement 2(3)(a).

I am satisfied the remaining requirements of Standard 2 are compliant.

Care planning documents for all sampled consumers reflect the consumer’s goals, needs and preferences. Care documentation and feedback from consumers and/or their representatives demonstrate that advance care plans were developed that are reflective of consumer preferences. Management explained how a consumer’s needs, goals and preferences including end-of-life wishes are identified on entry to the service. Staff were able to describe each sampled consumer’s needs and their care delivery preferences.

Care documentation for all sampled consumers reflects partnership with consumers and/or their representatives in both initial assessment and care plan development and in subsequent reviews. All sampled consumers provided positive feedback about how the service involves them in the assessment, planning and review of their care.

All sampled consumer care files contained individual care plans for each aspect of care. Progress notes reflect the outcomes of assessment and care planning. All sampled consumers and representatives said they have been informed of assessment outcomes and explained how they can access care plans if desired. Clinical staff explained how consumer assessments and care planning outcomes are communicated with consumers and/or their representatives in person, by phone or via email and that copies of their comprehensive care plan or a summary care plan are offered and provided on request.

# 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. | Non-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

Assessors recommended Requirement 3(3)(a) was not met as while the service demonstrates that consumers generally receive personal and clinical care that is effective and safe in relation to wound care, skin integrity and pain management, deficits were observed in how the service identifies, assesses, monitors, and reviews psychotropic medications and chemical restrictive practice. Nine consumers were sampled by assessors for this requirement which demonstrated that not all consumers prescribed psychotropic medications for the purpose of influencing or modifying their behaviour were recognised by the service as subject to chemical restrictive practice. The service did not demonstrate that consent is obtained and that appropriate regular monitoring is performed, nor that chemical restrictive practice is used as a last resort and in the least restrictive form.

In its response to the site audit report, the approved provider notes the otherwise high standard of clinical care at the service and acknowledges shortcomings in the organisation’s governance around the use of chemical restraint. Since the site assessment the service has completed extensive remedial action to address deficits identified in this requirement, including conducting additional staff training on restrictive practice, reviewed all current consumer medication charts, updated resident care plans, completed consent documentation and developing behaviour management support plans in collaboration with consumers and their families.

I have considered evidence provided by assessors and the approved provider. While I acknowledge the extensive remedial action taken by the service during and since the assessment, these actions are yet to fully embedded and evaluated. Given the time required to evaluate and embed processes, and the significant risks to consumers posed by the use of chemical restraint, I consider that the service has not demonstrated that each consumer receives personal care and clinical care that is tailored to their needs and optimises their health and well-being. Accordingly, I find the service non-compliant with Requirement 3(3)(a).

I am satisfied the remaining requirements of Standard 3 are compliant.

Overall, sampled consumers and/or their representatives expressed satisfaction with the management of consumer risks. A review of sampled consumer files demonstrated that high impact and high prevalence risks are identified, investigated and managed with strategies developed to minimise risks. While gaps were observed in the monitoring and documentation of neurological observations following a fall, there was no impact on consumers. Policies and procedures are available to guide staff in the management of high impact and high prevalence risks.

Sampled consumers and their representatives expressed their satisfaction with palliative care and the support provided to consumers nearing the end of life. Care documentation for all sampled consumers demonstrated that advance care plans are documented and end of life needs are met in line with consumer wishes. All consumer advance care preferences documented comfort and pain management. Staff described the palliative care pathway and resources available to assist them to support consumers nearing end of life.

Sampled consumers expressed satisfaction with the early identification and timely management of deterioration or changes in consumer condition. A review of sampled consumer files demonstrated timely identification of and appropriate response to consumer deterioration or changes in health. Clinical and care staff were able to describe signs and symptoms related to deterioration and how this is communicated and actioned. The Assessment Team observed staff monitoring consumers who had experienced a fall, were unwell or had experienced changes in their health.

Sampled consumers and representatives indicated consumer needs and preferences are communicated effectively and in a timely manner. Care documentation demonstrated consumer conditions, needs and preferences are communicated, and information exchange occurs with others who share responsibility for care. Staff described communication mechanisms and how they refer to consumer progress notes, charts, care plans and handover sheets for accurate and up-to-date consumer information. Assessors observed verbal handover sessions occurring between each shift and staff referring to handover sheets.

Sampled consumers were satisfied they have access to medical practitioners, allied health practitioners and other external specialists as required. A review of sampled consumer files reflects appropriate and timely referrals according to each consumer’s care plan and assessed needs. Management and staff provided examples of referrals to external health services.

Care documentation demonstrates how the service monitors and screens consumers for symptoms of transmissible infections. Clinical staff were able to demonstrate understanding of antimicrobial stewardship. The service maintains a robust screening process for all visitors and contractors before entry, including rapid antigen testing. Overall, assessors observed that staff comply with required hand hygiene practices. However, some staff were observed touching their masks or wearing masks below their chin.

# 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

Sampled consumers and representatives stated the service identifies individual goals and preferences and provides support to enhance consumer quality of life. Staff demonstrated a thorough knowledge and understanding of individual consumers and discussed examples of supports provided to assist consumers to optimise their independence. Sampled care plans reviewed demonstrate staff have captured relevant information about each consumer to ensure services and supports meet individual goals and needs.

Consumers and representatives expressed satisfaction with the support provided to nurture the emotional and spiritual well-being of consumers. Leisure and lifestyle staff capture information in care plans regarding close friends and relatives, and pursuits consumers wish to continue participating in such as clubs and religious groups. Male consumers are catered for with a men’s support group held weekly in the men’s shed located within the grounds of the service.

Sampled consumers expressed satisfaction with the activities provided. The activity schedule is developed weekly and consumers provide input into the upcoming week’s activity program. Leisure and lifestyle staff complete an evaluation of each consumer’s lifestyle program to monitor if their needs are being met. Assessors observed consumers engaged in varied group activities or spending time on individual hobbies of choice.

Clinical handover sheets generated from the electronic care planning system guide staff in understanding individual consumer’s risks and needs. Assessors identified that medical practitioners and allied health professionals had documented clinical care provision and assessments within progress notes.

Representatives advised the service supports them with organising referrals and appointments for specialist services, allied health, dental, ophthalmology and hearing services. A review of consumer’s care plans and progress notes demonstrated consumers are referred to external health care providers when the need is identified.

Most sampled consumers stated meals provided were of suitable quality and quantity. Food service staff said they are made aware of consumers’ allergies, food and fluid textural requirements, and food dislikes through meal cards. The service provides consumers with adaptive cutlery and drinking vessels to support independence.

Sampled consumers and representatives confirmed equipment provided is well-maintained and suitable to meet consumer needs. The service is fitted with ceiling-mounted lifting equipment in each consumer’s room. Staff confirmed they complete mandatory annual manual handling training including the operation of lifting equipment.

Consumers, representatives, and staff expressed satisfaction with maintenance services and the cleanliness of the home. Consumers said they feel safe and secure at the service.

# 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

Sampled consumers said they are happy with their rooms and find the service welcoming and easy to navigate. Assessors observed the activity room to be well utilised with group activities, mobility exercise classes, visiting entertainers, and individual art sessions held during the site audit.

Cleaning staff advised they have policies to guide daily cleaning of communal areas and consumer rooms. Monthly external environmental audits are conducted to monitor the cleanliness of the service.

Consumers and representatives said the furniture and equipment is well-maintained and suitable for their requirements. Staff confirmed maintenance of equipment and fixtures is timely with a prioritised system in place to ensure timely completion of repairs or replacement. Maintenance staff advised a computerised maintenance request system enables the identification and tracking of maintenance requests.

# 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

All sampled consumers and representatives confirmed they have opportunities to provide feedback or discuss concerns with staff and management and were aware of the complaints process. Clinical staff described the complaints management system followed by staff, including when and how to escalate a complaint to senior management or externally.

Consumers and representatives said they were aware of avenues to raise complaints and how to access advocates and language services. All consumers and representatives sampled advised they had not needed to escalate their concerns as they felt comfortable raising feedback with management and confirmed issues raised are resolved.

The service has a documented procedure for managing and investigating complaints and providing open disclosure if something goes wrong. Management advised staff are provided with open disclosure education, with regular updates provided to staff to assist reporting back to families as set out in the organisation’s complaints management policy.

Management advised following receipt of feedback, issues and concerns are added to the incident management system with identified suggestions and improvements added to the continuous improvement plan. Quality improvements resulting from feedback are reported to the quality committee and complaint reports are submitted to the board.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service demonstrated the workforce is planned to ensure there is a suitable mix of skills and staff levels in various roles to enable the delivery of safe and effective care and services. Sampled consumers stated there were enough staff at the service. Assessors reviewed the roster for a two-week period which demonstrated sufficient staffing levels across the service and a registered nurse is rostered on 24/7.

Consumers and representatives expressed satisfaction that staff are kind, caring and gentle when providing care. Assessors observed staff engaging with consumers in a kind and caring manner throughout the site audit. Staff were observed having conversations with consumers in their rooms, and assisting consumers during meal services and group activities.

Sampled consumers and representatives described staff as being competent and delivering the care required by consumers. Assessors reviewed education documentation which identified staff have the knowledge and skills to meet consumer needs, preferences and organisational processes.

Consumers and representatives expressed satisfaction that staff are recruited, trained, equipped and supported to provide consumer care. Management described how staff training needs are identified through observations, feedback during performance appraisals or feedback from consumers and representatives. Staff training needs may also be identified through incidents, audits or review of progress notes or consumer care plans.

Staff expressed satisfaction they are supported by management and senior clinical staff at the service both formally and informally. Staff described how they complete performance appraisals yearly where they are able to discuss their performance, set goals for the year ahead and raise any concerns or provide feedback.

# 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. | Non-compliant |

Findings

The service demonstrated an effective clinical governance framework in relation to antimicrobial stewardship and open disclosure. Management described how the clinical governance framework provides an overarching monitoring system for clinical care. However, assessors recommended Requirement 8(3)(e) was not met as the service was not consistently able to demonstrate understanding and application of restrictive practices, including identifying and classifying the restraint, ongoing assessment of the impact and effectiveness of the restraint and providing evidence of utilising non-pharmacological interventions prior to administration of as required psychotropic medication. There is no demonstrated evidence that the service regularly reviews restrictive practices with the intention of minimising their use. In addition, restrictive practice consent assessments and risk care plans had not identified the potential risks of the restrictive practice.

In its response to the site audit report, the approved provider notes the otherwise high standard of clinical care at the service and acknowledges shortcomings in the organisation’s governance around the use of chemical restraint. The approved provider nominates a number of planned actions in relation to enhancing the clinical governance surrounding chemical restraint. Actions include updating organisational policies with regard to behaviour support plans, assessment and planning for the administration of psychotropic medication, and developing an ongoing education plan and audit schedule.

I have considered the evidence provided by the assessors and the approved provider. While I acknowledge the extensive remedial action planned by the service, these actions are yet to embedded and evaluated. I consider that the service is yet to demonstrate that its clinical governance framework minimises the use of chemical restraint. Accordingly, I find the service non-compliant with Requirement 8(3)(e).

I am satisfied the remaining requirements of Standard 8 are compliant.

Consumers described how they are able to provide feedback to staff and management about their care and services and feel supported to do so. Management described how consumers are engaged in the development, delivery and evaluation of care and services through regular consumer and representative meetings, feedback forms, consumer surveys, initial and ongoing care plan consultations, newsletters, food groups and activities planning meetings.

An organisational governance structure is in place which supports accountability over care and services delivered to consumers. The organisation is supported by the board and ensures the quality of care being delivered is best practice and the service is adhering to the Aged Care Quality Standards. The board receives a quarterly report with key performance indicators and audit results.

The service demonstrated effective organisation wide governance systems relating to a range of areas. The service provided organisational documentation such as frameworks, policies and procedures to support the management of risk in response to incidents and the service demonstrated the implementation of these frameworks and policies and procedures.

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)