Performance

Report

**1800 951 822**

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| Name of service: | Jallarah Homes |
| Service address: | 10 South Terrace MENINGIE SA 5264 |
| Commission ID: | 6053 |
| Approved provider: | Jallarah Homes Inc |
| Activity type: | Site Audit |
| Activity date: | 30 May 2023 to 1 June 2023 |
| Performance report date: | 12 July 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Jallarah Homes (**the service**) has been prepared by A. Kasyan, 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 23 June 2023
* the performance report dated 9 August 2022 for the Assessment Contact-Site undertaken on 28 to 29 June 2022.

# 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 | **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

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.

* **Standard 2 Requirement 2(3)(e)** Ensure care and services are reviewed when circumstances change or when incidents impact on consumers’ needs, goals or preferences.

# 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

Consumers and representatives confirmed that staff treat consumers with dignity and respect. They reported that staff consistently knock and ask for permission before entering rooms, ensuring personal care is provided in private areas to maintain dignity. Staff receive training on dignity and respect principles, and the service has recently updated its diversity and action plan to guide staff practice. Care plans were found to capture information about consumer identities, culture, and lifestyle preferences.

Staff demonstrated their understanding of dignity and respect principles, providing examples of how they uphold these values when interacting with consumers, such as conducting procedures and personal care in the privacy of consumers' rooms with closed curtains to preserve their dignity.

Staff provided various examples of meeting cultural needs and preferences of consumers. The service conducts lifestyle assessments to identify cultural requirements, and information on interpreter services is displayed at the entry, supplemented with translation cards for non-English speaking consumers.

Consumers are actively involved in decision-making processes regarding their care and services. Most consumers and all representatives reported being included in the care conference/planning process. Care planning documents reflect consumers individual preferences for food, social relationships, activities, personal care and relevant people involved in their care.

Staff advised consumers are encouraged to provide feedback through surveys, allowing their preferences to be considered when delivering care and services. Observations during the site audit revealed the presence of guidance material related to "Sexuality and People in Residential Aged Care Facilities" displayed for partners and families at the service's front.

The service conducts risk assessments for consumers who choose to undertake risks. Staff showed knowledge of dignity of risk principles and provided examples of consumers engaging in risk-taking activities. A Choice and Dignity of Risk policy guides staff practice.

Information provided to consumers is current, accurate, and timely, communicated through resident and relative meetings, newsletters, and notice boards. Lifestyle schedules and notice board information are easily understandable, presented in a clear, large font. Menus were observed to be displayed in the dining area with a large font. Monthly newsletters contain relevant information about activities, community updates, vaccinations, consumer birthdays, and other important to consumers matters.

Information pamphlets about available services, including interpreter services, advocacy services, communication services, the Aged Care Quality and Safety Commission, and complaints/feedback forms were observed at the service's entry.

Consumer privacy is respected through a range of practices, such as staff knocking on doors and requesting permission before entering rooms. Staff demonstrated understanding of privacy and confidentiality principles, mentioning the importance of not sharing consumer information with unauthorised family members. Confidentiality and privacy training is part of the staff induction process. Clinical staff ensure nursing stations and computers are locked when unattended and refrain from discussing confidential consumer information in common areas. Consumers confirmed that their privacy is respected.

# 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

Requirement 2(3)(e) was found non-compliant following an Assessment Contact conducted from to 28 to 29 June 2022, where the service did not demonstrate care and services were reviewed for effectiveness regularly and when circumstances changed. Whilst the service reviewed and updated care plans of consumers identified in the Assessment Team’s report following the last assessment contact, the service did not demonstrate improvements have been sustained because one of the sampled consumer’s care was not reviewed following a significant incident. The Assessment Team provided the following findings and evidence to support their recommendation of Not Met in this Requirement:

* One consumer diagnosed with a condition impacting their swallowing, experienced a choking incident which required the use of a medical device to dislodge a piece of food. Whilst the consumer received appropriate first aid and was monitored by staff immediately following the incident, the service did not review the incident and the consumer’s care and services to prevent re-occurrence of such incidents and ensure the consumer was provided care in accordance with their needs, goals or preferences.
* Documentation review showed the consumer’s nutrition and hydration needs where not reviewed following the incident.

The provider’s response recognises improvements required as identified through the Assessment Team’s report and provided a continuous improvement plan which is being implemented to address the deficits in relation to the care of the above-mentioned consumer. The provider submitted the following information and evidence relevant to my finding in this Requirement:

* Immediate action was taken following issue identification by the Assessment Team on the last day of the site audit, including change in a diet and providing supervision during meals.
* Speech Pathologist reviewed the consumer by phone on the last day of the site audit and a general practitioner was notified who advised to supervise the consumer.
* The consumer accepted dietary changes and a need for supervision.
* The consumer’s care plan was reviewed and updated to reflect the Speech Pathologist’s recommendations and changes to nutrition and dietary assessments.
* Information about changes to the consumer’s care plan was passed on to all relevant staff.

I find the service does not demonstrate 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.

Based on the Assessment Team’s report and the Approved Provider’s response I find the service Non-compliant with this Requirement. I acknowledge the Approved Provider’s actions and improvements to rectify the deficiencies identified by the Assessment Team. However, while I acknowledge the actions taken by the service to review the identified consumer’s care in relation to their eating, drinking and swallowing, the planned improvements were limited to this one consumer and did not demonstrate consideration of improvements to processes to ensure all consumers’ care is reviewed following incidents which impact on the needs and preferences of the consumer.

The evidence presented in the Assessment Team’s report and the provider’s response shows, the service did not undertake re-assessment of the consumer’s needs, care and services, including in relation to nutrition and hydration and any assistance/supervision required with oral intake following the incident of choking. The service did not initiate any changes until after the deficiencies were identified by the Assessment Team more than 2 weeks after the incident, which shows systems and processes related to review of the consumers’ care and services are not effective and do not result in timely and appropriate actions in response to changing circumstances and incidents impacting the consumer’s needs, goals and/or preferences.

In addition, I considered the provider’s plan for continuous improvement in response to the Assessment Team’s report which only contained two actions relating directly to the care of the consumer identified in the Assessment Team’s report and does not include new measures to ensure each consumer’s 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. Therefore, I find the service to be non-compliant with Requirement 2(3)(e).

I am satisfied the remaining Requirements 2(3)(a), 2(3)(b), 2(3)(c) and 2(3)(d) are Compliant.

Consumers are assessed at various stages, including entry, scheduled care plan reviews, and when their needs change. These assessments aim to identify any risks to their mental and physical health and well-being. The risks considered include falls, pain, skin integrity, nutrition and dietary needs, behaviours, and the use of restrictive practices. Personalised strategies are developed to minimise the risk of harm. Consumers and their representatives confirmed that the staff are knowledgeable about the individual risks they have, and they expressed satisfaction with the care planning process.

Staff demonstrated knowledge of the service’s assessment processes, and they confirmed care plans contain sufficient information to guide the provision of care. They described the importance of monitoring processes such as daily progress note reviews and care plan reviews, as they assist in capturing and addressing risks effectively.

Assessment and planning take into account consumers' current needs, goals, and preferences. This includes considerations for advance care planning and end-of-life planning if the consumer wishes. Care files reviewed showed consumers' needs, goals, and preferences were identified, particularly in relation to diet, mobility, toileting, behaviour, pain, falls, skin integrity, and end-of-life planning. Consumers and representatives confirmed their current needs, goals, and preferences, including end-of-life planning, were accurately identified and documented.

The outcomes of the assessment and planning process are effectively communicated to the consumers and are documented in a care and services plan that is easily accessible to them. Consumers and representatives confirmed that they were informed about the assessments and were aware they can have a copy of a care plan. Representatives advised copies of the care plans are available in the consumer's cupboard in their room, allowing them to review it at any time. Additionally, consumers can receive their care plan by email if they prefer.

Care plans review showed the outcomes of the assessment and planning process were effectively communicated to them and their representatives. The service uses case conferences or telephone conversations to discuss the results of reviews conducted by medical officers, physiotherapists, dietitians and speech pathologists. Any changes in consumers' needs and preferences are communicated verbally and documented on the hand-over sheet, and staff have access to the consumer's electronic care plan.

Clinical staff said care plans are reviewed every six months or when incidents occur. These reviews are conducted in consultation with the consumer and/or their representative, and a copy of the care plan is offered to them. Feedback from the clinical staff is provided through telephone calls, face-to-face discussions, and electronic correspondence.

# 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

Consumers and their representatives’ feedback indicated the service has effective processes to ensure each consumer receives effective clinical and/or personal care tailored to their needs. Care plans showed consumers receive safe and effective clinical care, particularly in relation to pain management, wound care, diabetes, and specialised nursing needs. Staff advised they have access to best practice information through training and policies and procedures.

Consumers and representatives expressed satisfaction with how the service manages risks associated with pain, falls, weight loss, diabetes, and catheter management. Documentation showed the service uses assessments, care plans, and charting to identify, assess, and monitor risks to consumers. The service actively monitors and analyses high-impact and high-prevalence risks, using trends to improve practice. Staff were knowledgeable about the identified risks and were able to demonstrate how they manage them taking into consideration consumers’ individual needs, goals and preferences.

Consumers representatives’ feedback indicated consumers needs nearing the end of were addressed, their comfort was maximised and dignity preserved. Care plans included advance care directives, where appropriate, and involved the engagement of family members to confirm wishes. Staff reported receiving training on end-of-life care.

Changes in consumers' mental health, cognitive or physical function, or condition are recognised and responded to in a timely manner. Staff described the escalation process, in line with internal policies. Progress notes and care planning information evidence input from various health providers following consumer deterioration, including medical staff, allied health professionals, and external organisations such as physiotherapists, dietitians and speech pathologists.

Staff described, and documentation confirmed effective communication within the organisation and with external providers. Staff described a range of methods used for updates, including handovers, clinical meetings, and emails. Timely and appropriate referrals to individuals and other organisations were evident in all sampled consumers’ care files. Consumers and representatives confirmed other organisations were involved in their care promptly, including physiotherapists, dietitians, speech pathologists, and Dementia Services Australia.

The service takes appropriate actions to reduce the risk of infection through various processes, including through provision of hand washing facilities, sanitising gels, and wipes readily available for staff and visitors. A screening process, including the use of rapid antigen tests (RAT) for COVID-19 is implemented for all visitors, and staff were required to complete a RAT before each shift. Progress notes and staff feedback confirmed the collection of pathology prior to treating infection symptoms, recording and reporting infections in the electronic care management system to ensure appropriate antibiotic prescribing and use.

# 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

Consumers receive safe and effective services and supports for daily living that meet their needs, goals, and preferences. Staff provided examples of how they adapt services and supports to suit different consumer needs to improve their quality of life. Lifestyle staff described various measures they take to ensure consumers' independence and engagement in daily tasks such as through provision of tools and equipment.

Feedback from consumers and representatives indicated the service provides adequate emotional support where needed. Consumers are supported to attend Church services outside of the service, and for those unable to leave, church services and volunteer visits were facilitated within the service. The service actively involved local school children in activities with consumers, organising visits monthly, as observed through photographs on the notice board.

The Lifestyle Coordinator described how they review and reorganise lifestyle shifts and duties based on assessed consumers’ needs and preferences. Most consumers and representatives expressed satisfaction with the variety and number of activities provided at the service, including taking consumers shopping outside the service for their personal needs. The Assessment team observed individual activities, exercise classes, volunteers visiting and a range of activities promoting socialisation among consumers.

Staff demonstrated effective communication of changes in consumer conditions, needs, and preferences. Information sharing occurred through the handover process, communication books, and the electronic care management system.

Timely and appropriate referrals are made to outside organisations to support consumers' different needs and preferences. Management described referral processes, and documentation showed engagement with providers to access alternative services for consumers living with Dementia.

Consumer and representative feedback regarding meals was generally positive with consumers expressing satisfaction with both the quality and quantity of meals provided at the service. Staff demonstrated awareness of dietary requirements and provided examples of meeting consumer preferences.

Various assessment and maintenance processes ensure equipment safety, suitability, cleanliness, and maintenance. Staff described how they utilise the maintenance reporting system to address equipment issues and confirmed these are addressed promptly.

# 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

Consumers' rooms were observed to be clean and personalised. Consumers and representatives expressed feeling safe in the service and described it as having a home-like environment. Communal spaces, both indoors and outdoors, provide sufficient seating and areas for activities.

The service environment features wide and unobstructed corridors, facilitating easy navigation. A large, well-lit central common area serves as a gathering place for consumers, where they engage in activities and meals. Noticeboards were observed displaying relevant information about daily meals, scheduled activities, events, and the availability of services like podiatry and physiotherapy.

Consumers expressed satisfaction with the cleanliness of the service and felt safe in their environment. They did not raise any concerns regarding maintenance and upkeep. Outdoor spaces and communal indoor areas were observed to be accessible and utilised by consumers. The service follows a maintenance and cleaning schedule, with responsible staff describing their relevant duties.

Consumers and visitors have free access to the outdoor environment, which includes gardens, walkways, and sitting areas. Multiple consumers were observed using these spaces, and maintenance staff were observed attending to their tasks, including outdoor areas, and keeping walkways and seating areas clear.

Furniture, fittings, and equipment were observed to be safe, clean, well-maintained, and suitable for consumers. Cleaning staff were seen performing their duties throughout the service, and staff interviewed were aware of the process for reporting maintenance issues related to equipment failures. Reactive maintenance requests were up to date, with no outstanding actions.

# 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

Feedback from consumers, representatives, and staff indicated that they are encouraged and supported to provide feedback and make complaints. Staff provided examples of how they raise complaints or provide feedback and assist consumers in doing so. The service ensures that information is available to carers, representatives, and staff on how to raise complaints with relevant agencies when necessary. Overall, consumers and representatives felt encouraged and supported to provide feedback and complaints. They advised they have been made aware of the option to submit complaints to the Aged Care Quality and Safety Commission, although they had not needed to do so.

The Assessment Team observed feedback forms displayed around the service for consumer, representative, and staff use. Information on how to raise a complaint with the Aged Care Quality and Safety Commission and other relevant bodies were also available.

The service demonstrated that consumers are made aware of and have access to advocates, language services, and other methods for raising and resolving complaints. Feedback from consumers, representatives, and staff confirmed awareness of service providers available to assist in raising complaints or providing feedback. The service utilises interpreter services to assist consumers, and information on advocacy services is communicated through various channels.

The service takes appropriate action when responding to complaints, as confirmed by consumer and representative feedback. Management and staff showed understanding of open disclosure principles and provided examples of incorporating open disclosure practices into their work. The service maintains a complaints folder with evidence of feedback forms to ensure complaints and feedback are recorded, monitored, resolved, and closed.

Clinical and care staff demonstrated knowledge of open disclosure principles, describing the importance of timely updates, transparency, and apologies when incidents occur. Management stated that all staff are required to complete annual and as-required training on open disclosure, which is part of the mandatory training suite.

The service uses feedback and complaints to review and improve the quality of care and services provided to consumers. The service's quality improvement process includes implementing improvement actions based on feedback and complaints. Management provided examples of how feedback and complaints data are trended, analysed, and escalated to the Board for improving care and services.

# 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 demonstrates effective workforce planning, ensuring the number and mix of staff members deployed are sufficient to deliver safe and quality care. Management advised they have processes in place to consider the skill mix of employees in addition to staffing levels based on occupancy rates and consumer acuity. The service has secured housing in the community for staff who are not local to the area, recognising the challenges of staffing in a rural location. Staff confirmed they have sufficient time to fulfill their duties, and consumers and representatives provided feedback indicating there are adequate numbers of skilled staff to provide safe and quality care.

New staff receive an induction handbook that outlines the workplace culture, vision statement on care, code of conduct, and privacy and confidentiality requirements. The organisation’s mission statement references these expectations and values. Consumers and representatives expressed confidence in the competence of staff, and all staff reported feeling supported by management and receiving sufficient training for their roles. The organisation has policies and procedures in place to monitor and ensure staff members have the necessary qualifications and registrations.

Documentation showed staff have relevant qualifications to perform their roles effectively. The organisation's workforce is recruited, trained, equipped, and supported to meet the required standards. Procedures guide management in the selection and onboarding of potential candidates, including completion of mandatory training and site induction. Staff were able to describe the completion of relevant training.

Routine assessment, monitoring, and performance review processes are in place for all staff members. Performance appraisals and competency assessments are conducted for both existing and newly employed staff. Staff reported feeling supported in the performance assessment process and confident in using these opportunities for their development.

# 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 service actively engages consumers in the development, delivery, and evaluation of care and services. Consumers participate in care plan reviews, resident meetings, and surveys. The organisation's Board includes consumer representatives to ensure consumer input and oversight. Reporting mechanisms are in place to ensure the Board's awareness and accountability for the delivery of care and services. The organisation communicates its values for safe and inclusive care to staff, consumers, and representatives through various channels and has policies and procedures that outline responsibilities and expectations.

There are effective governance systems and processes, covering information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. Staff have access to information to perform their duties effectively, and continuous improvement plans aim to identify opportunities for improvement. Financial management and reporting ensure expenditure oversight, and regulatory compliance systems ensure adherence to legislative requirements and professional standards. Workforce governance systems guide staff in managing the safety and quality of care. Feedback and complaints systems capture, analyse, and inform continuous improvement.

The organisation maintains an ongoing plan for continuous improvement and identifies areas for improvement from multiple sources, including resident and staff meetings, feedback and complaints, industry benchmarks, and legislative updates. Policies and procedures reflect and guide governance systems, and external assistance is sought for a review of current policies and procedures. Financial governance includes clear delegations and oversight by finance staff and reporting to the board. Regulatory changes are monitored through subscription services, and workforce governance ensures compliance with police checks, professional registration, and staffing levels.

Risk oversight and management processes are used to assess and mitigate risks to consumers' health, safety, and well-being. High impact or prevalence risks are monitored through clinical governing committees and inform improvements in care and services. The organisation supports consumers in living their best lives while mitigating associated risks, guided by policies and procedures. Risk management systems identify and assess risks, and high-risk meetings and clinical indicator reports contribute to risk monitoring and improvement. Incident management systems and electronic incident reporting support trending and analysis of clinical data, identifying opportunities for improvement.

Trending and analysis of incident data cover areas such as falls, pressure injuries, weight loss, and behavioural incidents. Staff demonstrated an understanding of open disclosure and antimicrobial stewardship, and mandatory training includes modules on these topics. The clinical governance committee oversees clinical issues, data, policies, medication management, infection control, and antimicrobial stewardship.

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)