

**Performance Report**

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| Name: | James Brown Care Centre |
| Commission ID: | 7081 |
| Address: | 171 Albert Street, OSBORNE PARK, Western Australia, 6017 |
| Activity type: | Site Audit |
| Activity date: | 26 November 2024 to 28 November 2024 |
| Performance report date: | 2 January 2025 |
| Service included in this assessment: | Provider: 701 Amana Living Incorporated  Service: 4609 James Brown Care Centre |

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 James Brown Care Centre (**the service**) has been prepared by Denise McDonald, 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others
* the provider’s response to the assessment team’s report received 23 December 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not 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 | **Not Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Not 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 2(3)(d)** – Assessment outcomes are discussed with consumer and their representatives, and copies of consumer care plans are made readily accessible to them.
* **Requirement 6(3)(a)** – Complaints and feedback mechanisms are promoted to consumers, with encouragement and support given for these to be used.
* **Requirement 6(3)(c)** – Timely action is taken in response to lodged complaints and staff understand their responsibilities in complaints handling processes.
* **Requirement 6(3)(d)** – Consumer feedback given through a variety of sources is compiled, trended and analysed to inform where improvement in care and service delivery is required.
* **Requirement 8(3)(a)** – Consumer and representative engagement mechanisms are effective in obtaining and responding to feedback on how care and services can be improved.
* **Requirement 8(3)(c)** – Continuous improvement and feedback and complaints governance arrangements are reviewed and monitored to ensure they effectively guide staff and are translated into practice.

# 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

These 6 Requirements have been found Compliant, as:

Consumers said staff were polite, respectful and they treated them with dignity. Consumers felt their culture and identity were valued and gave examples of how staff demonstrated this when meeting their care or service needs. Staff advised they observed other staff acting respectfully towards consumers and any disrespectful behaviour would be reported to management.

Staff were familiar with consumers’ cultural backgrounds and adapted how care was delivered to ensure it was culturally safe. Care documentation included information about consumer’s life story, social values and spiritual connections to inform staff on what was important to each consumer. Staff confirmed they had received person centred care, diversity and cultural awareness training.

Consumers gave examples on how their decisions influenced their care delivery. Staff were seen to ensure consumers were supported to have choice and make decisions about their daily living activities. Care documentation evidenced consumer’s decisions, on when and how they wanted their care needs to be met, were communicated to staff.

Consumers said they were supported to take risks as they wanted and could live life as they wished. Consumers were observed engaging in their chosen activities which included consuming alcohol, accessing the community independently and eating foods of a consistency outside of speech pathology recommendations. Care documentation evidenced consumers were supported to make informed decisions regarding risks to themselves and strategies to promote their safety were planned to inform staff.

Consumers confirmed they had access to information such as menus and activity calendars which supported them with their choices. Meeting minutes evidenced consumer meetings were held bi-monthly, with consumers kept informed of service operations and upcoming events. Newsletters, posters and information displayed was observed to be current and contained accurate information.

Consumers gave their wish not to be disturbed at night as an example of how their privacy was respected. Staff advised they seek consent prior to entering consumer rooms and confirmed they don’t discuss consumers care needs in public spaces. Consumer’s personal information was observed to be secured within a password protected electronic care management system (ECMS).

Based on the information above, it is my decision this Standard is compliant.

# 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. | Not 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 non-compliant, as 1 of the 5 specific requirements were assessed as non-compliant. In coming to my finding, I have considered the information contained in the Site Audit report and the provider’s response submitted on 23 December 2024.

**In relation to Requirement 2(3)(d)**, the Site Audit report evidenced most consumers and representatives had not been provided with, or were aware they could have, a copy of the consumer’s care plan.

Staff confirmed when case conferences were held or when quarterly review processes were conducted, a copy of the consumer’s care plan was not offered nor did they advise consumers or their representatives, they were able to review the care plan.

Management confirmed, while policies and procedures guided staff to place a copy of the consumer’s care plan within their room, this process had been ceased and alternate strategies for ensuring consumers were provided with their care plan had not been implemented.

The provider has accepted the findings and has advised of planned improvements to remediate the deficiencies which include, but are not limited to, placing copies of care plans within consumer rooms, providing staff with training and scheduling case conferences to discuss assessment outcomes with consumers and their nominated representatives by January 2025.

While documentation submitted supports some improvement actions, have been completed, most actions are yet to be commenced and are future dated. I consider it will take time for the effectiveness of these actions, once implemented to be evaluated and their sustainability to be demonstrated.

Based on the evidence before me, I am satisfied Requirement 2(3)(d) is non-compliant.

In relation to the remaining 4 requirements of this Quality Standard, I find them compliant, as:

Management confirmed qualified staff use a suite of validated best practice tools to assess risks to consumers, with outcomes used to inform the development of the consumer’s care plan. Policies, procedures and assessment guidelines support staff to systematically assess consumers for risks. Care documentation evidenced assessments were completed as scheduled and strategies to promote the consumer’s health and wellbeing were documented in a care plan to inform staff of consumers care needs.

Consumers and representatives said consumers received care and services in line with their needs and preferences. Care documentation included advance care plans or advance health directives, where these had been completed by consumers. Staff confirmed end of life wishes were discussed with consumers and representatives during assessment, planning and care review processes.

Care documentation evidenced medical officers and allied health professionals assessed consumer needs and had input into care planning processes. Staff confirmed consulting with consumers and their representatives during assessment, planning and review of care needs. Allied health professionals were observed assessing consumer’s needs, with staff assisting them to update consumer’s care plans.

Staff advised consumers care was reviewed annually, and evaluation of care occurred quarterly in consultation with consumers. Care documentation evidenced care reviews occurred as scheduled and more frequently when a consumer’s condition changed or in response to an incident. Consumers and representatives confirmed they were kept informed when changes to care and services occurred.

# 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

These 7 Requirements have been found Compliant, as:

Consumers and representatives confirmed consumers received safe and effective personal care and clinical care. Staff described best practice processes for delivering safe quality personal and clinical care to consumers. Care documentation reflected the current needs of consumers and staff were observed to be competent when delivering personal and clinical care.

Consumers and representatives confirmed consumers with high-impact high-prevalence risks received appropriate care and services which were safe and right for them. Staff described clinical governance processes used to monitor and manage clinical and other risks for consumers. Care documentation evidenced consumers received the care required to ensure high impact risks were effectively managed.

Consumer representatives gave mixed feedback regarding end of life (EOL) care, with concerns raised regarding appropriateness of staff communication and ensuring a clean environment, with management advising these concerns would be registered as a formal complaint and followed up. Staff advised, for a consumer who had recently passed away, their end of life wishes, and comfort care directions had been followed by staff. Policies and procedures guided staff practice to deliver maximum comfort to consumers when they were nearing end of life.

Consumer representatives advised staff responded appropriately to deterioration or a decline in a consumer’s condition or function. Care documentation evidenced staff monitored consumers to ensure changes in condition were promptly recognised and escalation pathways enacted when required. Policies and procedures prompted staff to screen and monitor consumers for signs which may indicate they were unwell.

Consumers and representatives advised consumer’s condition, needs, and preferences were effectively communicated. Staff confirmed changes in consumer condition or care needs were communicated through handover and recommendations from other health providers were reflected in consumer’s care documentation. Staff were seen to assist external service providers access and document consumer information within the ECMS.

Consumer representatives confirmed consumers were referred to other service providers when required. Care documentation evidenced referrals to allied health professionals and specialists were undertaken promptly in response to emerging needs. Allied health professionals were observed to be onsite and reviewing consumers following referral.

Staff understood the importance of infection control and antimicrobial stewardship and gave practical examples of non-pharmacological strategies used to prevent infection. Care documentation evidenced vaccination programs were offered to staff and consumers, with immunisation status monitored. Staff were observed to have access to personal protective equipment (PPE), spill kits and hand sanitising stations. Outbreak management plans and food safety programs guided staff practice, with infection registers used to monitor infection prevalence and inform continuous improvement in reducing transmission.

Based on the information above, it is my decision this Standard is compliant.

# 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

These 7 Requirements have been found Compliant, as:

Consumers said they received services and supports for daily living which met their needs, preferences and assisted them to maintain their independence. Care documentation evidenced consumers were assessed on entry to identify their life history, interests, assistive needs and goals for daily living. Staff confirmed the lifestyle program was developed to support consumer interests.

Consumers felt their emotional, spiritual, and psychological well-being was supported. Staff gave examples of how consumers were assisted with their faith-based practices through pastoral care services and support from volunteers. Management confirmed consumers emotional and psychological wellbeing was promoted through pet therapy, and intergenerational programs.

Consumers gave examples of how they were supported to remain connected to the external community and to do things which interest them. Staff advised how they supported consumers to maintain their personal relationships. Care documentation included consumer’s interests, social connections and the activities which they liked to participate in.

Care documentation evidenced effective communication of consumer’s dietary information between clinical, care and hospitality staff. Consumers confirmed staff were aware of their daily living needs and routine as they were always ready when external service providers were scheduled to visit. Staff confirmed handover and the ECMS was used to inform them of changes to consumers service and support needs.

Consumer representatives confirmed consumers were referred to services to support their daily living requirements. Care documentation evidenced allied health professionals reviewed consumers to determine their mobility and assistive technology needs. Staff confirmed consumers had been referred to a range of service providers to reduce social isolation and increase physical function.

Consumers said there was enough food, their meals were varied, and other choices, including snacks, were available if they did not like what was on the menu. However, mixed feedback was given on the quality of the meals, with some meals or ingredients favoured over others. Staff advised consumers have input into the menu and they were aware of consumers food likes, dislikes, intolerances and meal preferences, confirming alternatives were always offered. Meal service was observed to be organised, calm and sufficient staff were available to assist consumers to eat their meal, if needed.

Consumers said their mobility aids were suitable for their use, equipment was kept cleaned and it was serviced regularly. Staff said equipment used for daily living, including the bus used for consumer outings, was serviced and cleaned after use. Equipment was observed to be checked for safety every 6 months and replacement occurred when required.

Based on the information above, it is my decision this Standard is compliant.

# 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

These 3 Requirements have been found Compliant, as:

Consumers said they felt at home, they found it easy to navigate their way around and they decorated their rooms with their own belongings. The service environment was observed to be welcoming and fostered consumer interaction through the availability of various communal areas. Consumer rooms were observed to contain various small appliances to promote independence.

Consumers confirmed their rooms were kept clean and staff followed up any maintenance requests. Consumers were observed moving freely between the indoors and outdoors, however as some communal spaces were being refurbished, signs and barriers had been erected to ensure consumers did not enter unsafe areas. Contracted services were observed to regularly attend to the maintenance of the external grounds.

Staff described regular cleaning and maintenance schedules ensured the fittings and furnishings were kept clean, routinely inspected and replaced as needed. Consumers and representatives knew how to report items which required repair, with maintenance documentation evidencing this was completed quickly on most occasions. Equipment was observed to be checked and serviced, as scheduled.

Based on the information above, it is my decision this Standard is compliant.

# 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. | Not 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. | Not Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Not Compliant |

Findings

The Quality Standard is assessed as non-compliant, as 3 of the 4 specific requirements were assessed as non-compliant. In coming to my finding, I have considered the information contained in the Site Audit report and the provider’s response submitted on 23 December 2024.

**In relation to Requirement 6(3)(a),** the Site Audit report evidenced most consumers and representatives felt discouraged to give feedback or make complaints as they felt management would not be responsive. Other consumers and representatives gave examples of how they felt unsupported when they did make complaints.

Consumers were unfamiliar with how to make complaints, despite this being promoted within the consumer handbook and confirmed they were unaware of feedback forms which were available at reception.

**In relation to Requirement 6(3)(c),** the Site Audit report evidenced complaints, reported to have been made, by three consumer representatives have not been escalated to initiate complaints management processes or to ensure follow up occurred. Consumer representatives advised they have repeatedly lodged the same complaint; their issues were ongoing and remain unresolved.

Additionally, staff were unable to accurately describe what was required of them when they received a complaint from a consumer or representative, with complaints documentation evidencing not all complaints given to staff, had been registered.

**In relation to Requirement 6(3)(d),** the Site Audit report evidenced feedback given through consumer surveys, quarterly care review processes, consumer meetings and formal complaints was not compiled, analysed and trended to inform where improvement was needed.

Continuous improvement and complaints documentation evidenced ongoing feedback regarding communication issues and food was not captured and there was an absence of planned actions to improve the quality of these services.

Management conceded consumer feedback mechanisms were not operating effectively and as such were unable to be used to inform improvement.

The provider confirmed acceptance of these findings and submitted planned actions to remediate these deficits. The planned actions included promoting feedback and complaints mechanisms, compiling feedback to inform response and improvement requirements, educating staff on complaints management processes and increasing oversight of complaint handling and continuous improvement processes.

Based on the evidence before me, I am satisfied Requirement 6(3)(a), Requirement 6(3)(c) and Requirement 6(3)(d) are non-compliant.

In relation to the remaining one requirement of this Quality Standard, I find it compliant, as:

Most consumers and representatives advised they were made aware of their right to make complaints with the Commission and to access advocacy services. The consumer handbook advised consumers of the contact details for local advocacy services and external complaints agencies, with management advising information on language services would be included as this information was absent. Pamphlets were observed to promote consumers to access advocates, if needed.

# 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

These 5 Requirements have been found Compliant, as:

Consumers and representatives said consumers sometimes experienced a small delay when calling for assistance, however most of the time staff were prompt to respond. Staff said they did not feel rushed when attending to consumers as staff allocations were sufficient to provide care and services in line with consumer needs. Rostering documentation evidenced no shifts were unfilled, a mix of staff were rostered each day and a registered nurse was always on site.

Consumers and representatives said staff were kind and respectful. Staff demonstrated knowledge of cultural diversity and how to treat consumers with dignity and respect. Staff were observed interacting with consumers with kindness and in a respectful manner.

Consumers and representatives said the workforce was competent and sufficiently skilled to meet the consumer’s care and service needs. Staff confirmed their competency was assessed to prior to being able to deliver care and communication processes ensured they had the knowledge needed to perform their role. Personnel records evidenced staff having obtained the required qualifications and their suitability to work in aged care was confirmed prior to employment and monitored for currency.

Staff advised it was a requirement for their role to participate in mandatory training including behaviour management, elder abuse, food safety and infection prevention and control. Management confirmed an annual education program was in place for staff and completion rates were monitored. Education records evidenced most staff had completed training modules as scheduled.

Staff advised their performance was formally assessed each year through a performance appraisal. Management confirmed most staff have completed their appraisal when due or are scheduled to complete it upon their upcoming anniversary date. Personnel records evidenced when issues of poor staff performance were identified, performance management processes were initiated.

Based on the information above, it is my decision this Standard is compliant.

# 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. | Not 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. | Not 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 non-compliant, as 2 of the 5 specific requirements were assessed as non-compliant. In coming to my finding, I have considered the information contained in the Site Audit report and the provider’s response submitted on 23 December 2024.

**In relation to Requirement 8(3)(a)**, the Site Audit report evidenced consumers were not effectively engaged in evaluating or contributing to service operations as most consumers were unaware of consumers meetings and did not attend. Meeting minutes evidenced when those who did attend, gave suggestions for improvement to food services or feedback was received through other mechanisms, these were not followed up. Additionally, consumers were either unaware of feedback mechanisms or they felt discouraged to give feedback due to lack of response which was supported by findings of non-compliance under Standard 6.

While the Site Audit report evidenced, due to the process used, the provider had been unsuccessful in attracting expressions of interests from consumers or representatives to become members of the consumer advisory body, this was not supported by consumer feedback. I note other evidence included under Requirement 8(3)(b) supports a consumer advisory body has been established, despite not attracting members from this service.

The provider has accepted the findings which support non-compliance, however, have refuted their approach to forming a consumer advisory body was unsuccessful. I acknowledge the success of the approach in attracting members from across the organisation and note the approach has been modified based on feedback from the Assessment Team.

While corrective actions to redress the deficiencies under Standard 6 should also remediate non-compliance with this requirement. I consider as these are yet to be implemented or evaluated, there effectiveness and sustainability is yet to be demonstrated.

Based on the evidence before me, I am satisfied Requirement 8(3)(a) is non-compliant.

**In relation to Requirement 8(3)(c)**, the Site Audit report evidenced overarching systems and processes relating to information management, financial governance, workforce governance and regulatory compliance was effective. However, governance of feedback and complaints systems and continuous improvements was ineffective, and this is supported by findings of non-compliance in Standard 6 and Requirement 8(3)(a).

Complaints and continuous improvement documentation was found to be incomplete, inaccurate and the organisation’s own monitoring processes had not identified these deficiencies including a failure to plan improvement actions in response to a reported trend in laundry services and negative feedback regarding meals.

The provider accepted these findings and submitted corrective actions to improve the effectiveness of continuous improvement, feedback and complaints handling processes. However, these actions are yet to be implemented or evaluated to demonstrate their effectiveness in improving governance arrangements.

Based on the evidence before me, I am satisfied Requirement 8(3)(c) is non-compliant.

In relation to the remaining 3 requirements of this Quality Standard, I find them compliant, as:

Management described the structure of the organisation, with the Board, maintaining oversight of service operation with the support of various committees, including a Quality care advisory body (QCAB). Meeting minutes evidenced the safety and quality of care and services were monitored through regular reporting of clinical indicators, serious incidents, complaints and feedback.

Effective risk and incident management systems were implemented and supported the identification of and response to abuse, neglect, management of high-impact or high-prevalence risks and enabled consumers to live life as they chose. Staff understood risks to consumers and described their reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers, while promoting consumer choice.

A clinical governance framework promoted antimicrobial stewardship, the minimisation of restraint and the use of open disclosure when something goes wrong. Staff described how antimicrobial stewardship, restrictive practices and open disclosure were applied in care delivery. Clinical documentation evidenced the clinical governance framework was understood and followed by staff, who responded using open disclosure, when deficiencies in clinical care were identified.

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)