Performance

Report

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| Name of service: | Johnson-Goodwin Memorial Homes |
| Service address: | 22 Camp Street DONALD VIC 3480 |
| Commission ID: | 3292 |
| Approved provider: | Johnson-Goodwin Memorial Homes |
| Activity type: | Site Audit |
| Activity date: | 21 March 2023 to 23 March 2023 |
| Performance report date: | 23 April 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 Johnson-Goodwin Memorial Homes (**the service**) has been prepared by E Blance, 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 and representatives and others.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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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

I find this Standard compliant.

Consumers and representatives said consumers were treated with dignity and respect by staff, with their identity and culture valued. Staff were able to describe the ways in which consumers’ identity, culture and diversity were valued. Consumers’ care planning documentation showed individual cultural and diversity needs were identified for each consumer. Staff were observed to be respectful towards consumers.

Consumers from culturally diverse backgrounds said their culture was respected and have no cultural preferences from their country of origin. Staff were able to describe how they ensure consumers’ cultural identity and spiritual needs are respected.

Consumers and representatives said consumers are supported to exercise choice and independence regarding how their care and services are delivered and to maintain connections and relationships. Staff could describe ways in which each consumer is supported to maintain relationships of choice. Consumer’s care planning documents identified individualised consumer choices for care and services and supports for maintaining independence. The Charter of Aged Care Rights (Charter) was displayed on noticeboards throughout the service. The approved provider has a documented policy on dignity, choice and independence that guides staff on providing choices for consumers and promoting their independence.

Consumers are supported to make choices based on risk assessment and awareness of consequences to promote independence of choice for their care, to live the best life they can. Staff described how they provide relevant information, so consumers can make risk-based decisions on how they live their life. Consumers were observed to be smoking in the designated consumer smoking area. Consumers were supported to undertake self-medication; assessments were conducted for consumers to safely operate scooters. Staff said assessment of risk-taking activity occurs in consultation with the consumer, representative and health professionals. Risks are assessed by the appropriate health professional and discussed further with the consumer and or their representative to provide the opportunity for choice and informed decision-making related to the consumer’s care and services as required, and a risk consent form is completed when consumers and/ or their representatives choose to accept the assessed risk.

Consumers advised that information was provided to assist them in making choices about their lifestyle and care. These involved activities occurring inside the service, meal options and activities of daily living. Staff were able to describe several ways that information was delivered to consumers regarding their care and services, which enabled them to practice their own choices. Staff described various ways they provide information to consumers regarding their care including written communication, noticeboards, resident meeting minutes and announcements every morning. Representatives are kept informed via emails and phone calls.

Consumers confirmed that their privacy is respected, and staff demonstrate this in a variety of ways. Staff were able to describe the practical ways they respect the personal privacy of consumers, and this information aligned with the feedback received from consumers. The approved provider has documented policies and procedures regarding privacy and the protection of personal information which guides staff practice for maintaining consumer privacy, and the collection, disclosure, security, storage, and use of information relating to consumers.

I have placed weight on the information as assessed within the Site Audit report in finding this Standard 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. | 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

I find this Standard compliant.

Registered and care staff said assessment outcomes are documented in care plans and discussed with staff, which guides them in the safe and effective care of consumers. Consumers and representatives said consumers are satisfied with the care they receive, and risks are identified and managed to promote their independence and safe care. Consumer documentation and care plans identified key high impact and high prevalence risks such as falls, pressure injury development, weight loss, swallowing difficulties and changed behaviours. A consumer admission process guides registered staff in the assessment of consumers on entry to the service.

Consumers and representatives said consumers have been provided the opportunity to discuss their current care needs, goals and preferences, including advance care planning and end of life care. Consumers’ care plans reflected end of life care wishes and advance care directives. Clinical handover sheets reflect consumers’ wishes regarding end-of-life care and clinical staff report consumers are encouraged to discuss their preferences on entry to the service if they wish to.

Consumers and representatives said consumers are satisfied with the quality of care and services they receive, and that assessments and planning are based on partnership with them and include others they choose to involve in their care. Registered and care staff could describe the process of referring consumers to relevant allied health professionals, such as physiotherapists and occupational therapists. Care planning reviews for the consumers identified that consumers and their representatives are consulted in assessments and care planning and include input from other multidisciplinary team members, such as medical practitioners, physiotherapists, dieticians, and podiatry services.

Care planning documents showed they are frequently updated and are relevant to consumer’s needs, goals, and preferences and include, but are not limited to, mobility, nutrition/hydration, pain, behaviour management, sleep, and communication preferences. Registered and care staff could explain the process of accessing care plan documents on the electronic system and said they communicate outcomes of assessments to consumers. Consumers said they are offered a copy of the care plan.

Consumers and representatives said they are notified when circumstances change or when incidents occur. Registered and care staff demonstrated familiarity with reporting and recording incidents in the electronic system, updating care plans and reporting events. Staff reported and documentation demonstrated consumer care plans are regularly reviewed. Clinical incidents are reviewed to identify strategies to minimise risk of reoccurrence. The service is guided by policies and procedures for recording and reporting incidents and care plans are updated when circumstances change, such as a change in health or when incidents occur.

I have placed weight on the information as assessed within the Site Audit report in finding this Standard compliant.

# 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

I find this Standard compliant.

Consumers and representatives said consumers are satisfied that the care delivered is tailored to their needs and optimises their health and well-being. Registered and care staff demonstrated that they understand the individualised personal and clinical needs of consumers. Care planning documentation for consumers reflects individualised care that is safe, effective, and tailored to the specific needs and preferences of the consumer. The approved provider has policies and procedures in place to support the delivery of care provided, such as wound management, restraint practices, falls prevention, skin integrity, and pressure injury prevention. Care documentation identified that consumers who are considered subject to chemical, environmental and mechanical restraint have current assessments, informed consent and authorisations for restraint documented and are regularly reviewed. Behaviour support plans had individualised strategies for managing changed behaviours. Care planning documentation identifies strategies in place to promote skin integrity, such as regular skin checks, 2-hourly repositioning, the use of emollient creams, continence management and the use of pressure-relieving devices. Wound charts are used to track the wound healing progress. Wound healing is consistently monitored through review, photographed, and documented as scheduled. Pain-related care delivery was safe, effective, and tailored to the needs of the consumer.

Consumers’ care plans identified that high impact or high prevalence risks are assessed, and interventions have been implemented to effectively manage these risks. Consumers and representatives said consumers feel the service provides care that is the most appropriate and safe. Assessment tools are used to assist in the identification of high impact and high prevalence risks which are then transposed into care planning. Documentation identified effective strategies to manage key risks, and these were recorded in care plans and progress notes for consumers.

Consumers and representatives are satisfied that care delivered is tailored to consumers’ needs, goals and preferences. Consumers and representatives confirmed that staff had spoken to them about advance care planning and end of life preferences. Care planning documents included advance care plans, which is also in the new resident handbook information.

Consumers and representatives said consumers are satisfied with the delivery of care, including the recognition of deterioration or changes in consumers’ conditions. Care staff said the registered staff are responsive when they report any changes to consumers’ conditions. A review of care planning documents, progress notes and charting demonstrate deterioration in a consumer’s health, capacity and function is recognised and responded to including for COVID-19. The approved provider has a policy for deterioration and health changes.

The approved provider has systems and processes to ensure that information about consumers’ care is documented and effectively communicated where the responsibility for care is shared. Consumers and representatives are satisfied with the delivery of care, including the communication of changes to consumers’ conditions. Staff described how changes in consumer care and services are communicated through written and verbal handover, meetings and accessing care plans to support effective and safe sharing of the consumer’s care.

Consumers and representatives said consumers are satisfied with the delivery of care, including referral processes. Registered staff describe the process for referring consumers to health professionals and allied health services. The service is guided by procedures regarding referral processes to health professionals within and outside of the service. Consumers’ care planning documentation included input from other services such as medical practitioners, podiatrist, occupational therapist, speech therapist and dietitian.

Consumers and representatives said consumers were satisfied with the approved provider’s management of COVID-19 precautions and infection control practices. Staff said they had received training on infection-minimising strategies including hand hygiene, the use of appropriate personal protective equipment (PPE) and outbreak management processes. Care and registered staff demonstrated an understanding of how to minimise the need for antibiotics and ensure they are used appropriately. The approved provider has appointed an Infection prevention and control (IPC) lead who works with senior clinical management to oversee infection control. Incident data is used to inform improvements for consumers in relation to infection prevention. The approved provider has policies to guide infection control practices.

I have placed weight on the information as assessed within the Site Audit report in finding this Standard 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

I find this Standard compliant.

Consumers receive safe and effective services that maintain their independence, well-being and quality of life. Staff demonstrated knowledge of consumers’ needs and preferred activities. Care planning documentation captures the consumers’ life story and identifies consumers’ choices, lifestyle likes and dislikes, social affiliations and spiritual and religious needs, and provides information about supports consumers require to do the things they want to do.

Consumers described services and supports available to promote emotional, spiritual and psychological well-being. Care planning documentation recorded consumers’ individual emotional support strategies and how these are implemented. Staff described how they facilitate contact between consumers and visiting spiritual leaders at the service, which enhances consumers’ emotional and spiritual well-being.

Consumers said they are supported by the approved provider to participate in their community within and outside the service environment as they choose. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships including attendance to hairdressing services, Men’s shed and other outings. Care planning documentation identifies activities of interest for the consumers and how they are supported to participate in these activities and in the wider community.

Consumers and representatives said preferences for services and supports, are known and met by staff and others responsible for their care. Staff described how they effectively communicate consumer care and other needs at handovers. The approved provider has processes and systems in place for identifying and recording each consumer’s condition, needs and preferences in relation to daily living, including when they change, and this is recorded in progress notes and care planning documentation.

Staff could describe how consumers are referred to other providers of care and services including but not limited to National Disability Insurance Scheme (NDIS) and Dementia Support Australia (DSA). Care planning documentation corroborates the collaboration with other organisations. Consumers said the service has referred them to external providers to support their care and service needs.

Consumers said the meals provided are a sensible serving size and of suitable quality. The menu is designed with input from the consumers is changed seasonally every three months. Dietary preferences are indicated within consumer’s care documentation. The menu is a 4-week rotating menu and changed each season with a nutritionists input.

Consumers said they felt safe using the provided equipment and it is suitable for their needs. Staff demonstrated awareness of how to report any maintenance issues and that they attended to promptly by maintenance staff. Maintenance documentation demonstrates preventative and corrective maintenance with schedules in place and up to date. The approved provider has documented policies in place on maintenance of equipment, stock management and cleaning services. Individual and shared furniture was observed to be in good condition and clean.

I have placed weight on the information as assessed within the Site Audit report in finding this Standard 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

I find this Standard compliant.

Consumers feel welcomed and comfortable at the service, and they can personalise their rooms, including bringing in the furniture and possessions of their choice. Staff described how they support consumers to personalise their rooms with furniture and bedding to promote a sense of belonging and independence. Consumers can identify their room through numbers, or photograph at the door. Bedrooms overlook garden areas that consumers can access. There are multiple common areas to use, dining rooms with kitchenettes and a variety of lounge areas for different purposes and a hair salon.

Consumers said they can move freely both indoors and outdoors and this was observed. The service was observed to be clean and well maintained. The service has an on-site maintenance team who ensures the environment is safe and well kept. The cleaning staff advised the service`s cleaning system. The approved provider has processes and systems in place for identifying and recording hazards, maintenance issues and cleaning, and those requests are completed in a timely manner. In relation to COVID-19, the service has a main entrance where visitors and staff sign in and complete COVID-19 screening processes.

Consumers said they feel that furniture, fittings and equipment are safe, clean, well maintained and suitable for them, and they feel safe when staff are providing care using mobility or transfer equipment with them. Staff demonstrated awareness of the preventative maintenance schedule and how to report any maintenance issues. Maintenance documentation demonstrated regular maintenance of the service environment and equipment. The service demonstrates an infection control practice system with shared equipment. The service also demonstrates sufficient stocks of clinical and care equipment. A range of specialist equipment was observed such as hoists, handrails, air mattresses, crash mats, and sensor alarms. Staff were observed cleaning equipment between use.

I have placed weight on the information as assessed within the Site Audit report in finding this Standard 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. | 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

I find this Standard compliant.

The approved provider has a policy and associated systems, procedures and templates are used to ensure consumer feedback is received. Consumers and representatives stated that they are supported to provide feedback and make complaints. Consumers and representatives said that complaints are dealt with in a timely manner with continuous communication by senior management regarding the status being the focus. Staff were able to describe the avenues that are available for consumers their representatives and staff to provide feedback or make a complaint. Information about the feedback and complaints systems is provided during preadmission and on admission with ongoing information about the approved providers feedback systems and supports to access information through newsletter, consumer meetings and through care consultations.

Consumers and representatives are aware and have access to advocates and can raise concerns verbally with care staff and management. The consumer handbook provides details of advocates, language services and other methods for raising and resolving complaints. A large array of flyers and brochures is available in the foyer including advocacy brochures, complaints mechanisms, and the Charter. Staff were able to demonstrate an understanding of the Older Persons Advocacy Network (OPAN) or other Elder Rights Advocacy services and language services and how they would refer consumers and representatives if required.

Consumers and their representatives said management promptly address and resolve their concerns following the making of a complaint, or when an incident has occurred. The Assessment Team reviewed complaints which evidenced a timely resolution and appropriate actions being undertaken inclusive of an open disclosure process. Feedback and complaints are reported up to the governing body including action taken and outcome.

Consumers and representatives stated consumers are satisfied with the improvements of the service based on their feedback. Management and staff were able to describe how information from feedback and complaints were trended, analysed, and used to improve the quality of care and services. Improvement actions taken in response to feedback and complaints are evaluated in consultation with consumers and representatives and used to inform continuous improvements across the service. The service’s plan for continuous improvement demonstrates that trending complaints and feedback are included in the document, along with analysis, corrective actions, and risk mitigation.

I have placed weight on the information as assessed within the Site Audit report in finding this Standard compliant.

# 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

I find this Standard compliant.

Consumers say there are enough staff, staff are not rushed when being proved with care, that call bells are answered promptly, and staff give them the care they need. Care delivery was observed by the Assessment Team to be calm, professional, and planned. A mix of registered and care staff who are supported by the management, hospitality and maintenance staff are rostered. Unplanned leave is managed through a variety of methods and resources.

Consumers and representatives said that staff are kind and caring and that they respect consumers’ identity, culture, and diversity. The Assessment Team observed interaction with consumers to be caring and respectful. There is a recruitment process that ensures staff are chosen in line with the values of the approved provider. Staff receive training and support to deliver care in accordance with the approved providers’ Cultural Diversity and Inclusion Policy.

Consumers and their representatives said consumers feel confident that staff are suitably skilled and competent to meet their care needs. Position descriptions were set for roles at the service, staff were required to meet the minimum qualification and registration requirements for their respective roles, staff have criminal history checks completed, a robust orientation and onboarding process for new staff, mandatory training, and core competency checks.

Consumers and representatives expressed confidence that staff are well trained and equipped to perform their roles. Staff were able to describe the training, support, professional development, and supervision they receive during orientation and on an ongoing basis. Training records demonstrate the approved provider orientates, trains and monitors staff training and competencies to ensure the workforce has the skills to perform their roles effectively. Recruitment and selection procedures are inclusive of the assurance that staff have the required qualifications and credentials.

Management and staff advised the approved provider has probationary and ongoing performance review systems in place. Management advised that staff performance is monitored through observations, competencies, such as manual handling, hand hygiene and medication, through observation, the analysis of internal audits, clinical data, and consumer and representative and staff feedback. Appraisals are conducted following probation and on an annual basis and are aligned to the staff members position description.

The approved provider has a suite of documented policies and procedures that guide the management of the workforce, the selection and recruitment of new staff, orientation and probationary processes, monitoring of staff performance and the performance management of staff when issues are identified in performance.

I have placed weight on the information as assessed within the Site Audit report in finding this Standard 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. | 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

I find this Standard compliant.

Consumers and their representatives are confident that the service is run well, and that consumers are satisfied with their level of engagement in the development, delivery and evaluation of care and services. Management and staff were able to describe the ways in which consumers are encouraged to be engaged and involved in decisions about changes to the service, and the development, delivery and evaluation of care and services consumers receive.

The governing body receives various consolidated reports, generated by the service on a monthly basis, which outlines information relating to internal audits, consumer, representative and staff feedback and complaints, continuous improvement initiatives, reported hazards and risks, and clinical and incident data analysis. The governing body uses this information to identify the approved provider’s compliance with the Quality Standards, to initiate improvement actions to enhance performance, and to monitor care and service delivery. Policies and other documents published by the approved provider to guide management and staff and to inform consumers and others promote safe, inclusive, and quality care and services. Training that promotes safe, inclusive, and quality care and services is provided to management and staff. The approved provider has clinical and quality governance frameworks that establish cascading accountability from the service manager through various committees to the governing body.

Effective governance systems are in place which guide information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints. Staff can readily access the information they need to deliver safe and quality care and services, and to support them to undertake their respective roles. Continuous improvement processes are drawn from a variety of sources, including regular consumer and representative meetings, feedback and complaints mechanisms, consumer experience annual survey results, regular analysis of clinical and incident data, and internal and internal audits. The responsibilities and accountabilities of staff are set out in position descriptions. Individual members of the workforce are required to comply with the requirements of their role. Budgetary management supports the needs of consumers. Management monitor and review incidents to ensure compliance with the approved provider’s policies, procedures, and frameworks. Management and staff were able to describe the process for identifying, escalating, addressing, and recording reportable assaults and incidents. The approved provider has a designated team of personnel to monitor regulatory compliance and legislative changes. The approved provider has a regulatory compliance framework and processes in place to maintain currency and adherence to changes and updates to regulatory requirements. Consumers and representatives have access to complaint systems and feel supported to raise complaints. Information about advocacy and other services that may assist consumers raise concerns is available and improvements are made as a result for feedback and complaints received.

The approved provider provided a documented risk management framework and policies on the management of high impact and high prevalence risks, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents. Staff demonstrated sound knowledge of various risk minimisation strategies. Staff and management were able to describe how incidents are identified, responded to, and reported in accordance with legislation, including serious incident reporting through the SIRS. Dignity of risk documentation demonstrates compliance with the approved provider’s policies and procedures. Consumers provided feedback that they felt they were able to live the life they choose at the service.

The approved provider has a documented clinical governance framework, a policy relating to antimicrobial stewardship, a policy relating to minimising the use of restraint and an open disclosure procedure. Clinical and care staff were able to describe strategies to minimise the risk of infections and demonstrated a shared understanding of antimicrobial stewardship. Staff were able to describe various types of restraint and were aware of the requirements around using restrictive practices. Staff and management shared understanding of the approved providers open disclosure processes and the application of these processes to incidents, complaints, and feedback.

I have placed weight on the information as assessed within the Site Audit report in finding this Standard compliant.

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)