Performance

Report

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| Name: | Kanangra Hostel |
| Commission ID: | 8030 |
| Address: | 10 Kanangra Drive, DELORAINE, Tasmania, 7304 |
| Activity type: | Site Audit |
| Activity date: | 25 June 2024 to 28 June 2024 |
| Performance report date: | 8 August 2024 |
| Service included in this assessment: | Provider: 619 Aged Care Deloraine Inc  Service: 5003 Kanangra Hostel |

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 Kanangra Hostel (**the service**) has been prepared by P. Wallner, 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 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 July 2024.
* other information held by the Commission.

# 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers said they were treated with dignity and respect, and staff valued their identity, culture and diversity. Staff described how they always treated consumers with dignity and respect and supported them to live as they wished to. Care planning documents reflected the background identity, culture and diversity of consumers. Staff were observed treating consumers with dignity and respect.

Consumers said staff respected their background and culture and provided culturally safe care and services. Staff described how they adapted care to suit consumers’ cultural needs and preferences. Care planning documents recorded consumers’ background, cultural needs and preferences. The service had policies to guide staff on providing culturally safe care to consumers.

Consumers said they were supported to make informed choices, maintain their independence, and continue relationships of their choosing. Staff explained how they assisted consumers to maintain personal relationships and make their own choices. Care planning documents showed the service supported consumers’ choices around their care and services, and the relationships they wished to maintain.

Consumers and representatives said the service supported consumers to make informed choices about taking risks, to live the best life they could. Management described how consumers were supported to take risks, and to understand the benefits and possible harm when making choices involving risks. Care planning documents showed appropriate risk assessments were completed and risk mitigation measures agreed. The service had written policies to guide staff in the assessment and management of risks to consumers.

Consumers and representatives expressed satisfaction with the information provided by the service regarding activities, upcoming events and meals, which enabled them to make informed choices. Staff described different ways they provided timely and current information to consumers through meetings, activity calendars, menus and discussions. Care planning documents included how information should be communicated effectively to each consumer. Current information such as the newsletters and activity calendar, was displayed throughout the service.

Consumers said the service respected their privacy, such as by knocking before entering their rooms, and closing doors to provide personal care. Staff described how they respected the privacy of consumers and kept their personal information confidential. Staff were observed respecting consumers’ privacy and logging off password protected computers containing private information. The service had documented policies and procedures to guide staff in maintaining consumers’ privacy and confidentiality.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives confirmed the assessment and planning process informed the delivery of safe and effective care and services, tailored to consumers’ needs. Management and clinical staff explained how the assessment and care planning assessed risks to consumers and informed the delivery of safe and effective care and services. Care planning documents showed assessment and care planning considered risks to consumers and identified suitable mitigation strategies. The service had written policies to guide staff in the assessment and ongoing care planning process. While the service discussed the accessibility of the keypad operated entry/exit door with consumers and representatives during their 3-monthly care reviews, the Assessment Team considered not all consumers were being assessed for their ability to independently use the keypad operated door system. Management explained staff were always available to assist consumers exit/enter the service, and no negative impacts on consumers were identified. Nonetheless, management immediately initiated continuous improvement actions to review all consumers for potential environmental restraint related to the keypad operated doors, and to provide additional staff training on restraint.

The approved provider’s response received on 23 July 2024, acknowledged the Assessment Team's findings and provided additional evidence of continuous improvement actions taken in response to the Site Audit report.

Consumers and representatives confirmed assessment and care planning captured consumers’ needs, goals and preferences, and their end of life wishes. Management and clinical staff described how assessment and planning captured each consumer’s current and end of life, needs, goals, and preferences. Care planning documents included consumers’ advance health directives and end of life care preferences.

Consumers and representatives described how they were involved in the assessment and planning of consumer’s care, along with those they wished to involve. Management and clinical staff described how assessment and planning of care was done in consultation with consumers, representatives and others. Care planning documents confirmed the regular input of consumers, representatives, and other healthcare professionals.

Consumers and representatives said the service regularly communicated with them about the outcomes of assessment and care planning and they were offered a copy of the consumer’s care plan and knew they could request a copy. Management and clinical staff explained the processes for communicating the outcomes of assessment and planning to consumers and representatives. Care planning documents confirmed consumers and representatives were regularly updated and they were offered a copy of the consumer’s care plan.

Consumers and representatives said consumers’ care was reviewed regularly, and reviewed when circumstances changed, or incidents impacted on the needs, goals, and preferences of the consumer. Management and clinical staff explained care plans were reviewed regularly, and reviewed when circumstances changed, to ensure they were effective. Care planning documents confirmed they had been reviewed regularly for continued effectiveness. The service had documented guidance for staff in relation to the review of consumers’ care plans.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives expressed satisfaction with the personal and clinical care provided by the service and said it met consumers’ needs and optimised their health and well-being. Management and clinical staff knew consumers’ care needs and described best practice procedures for restrictive practices, behaviour support, wound care, medication and pain management. The Assessment Team considered the service was not always assessing consumers’ ability to operate the keypad code entry/exit doors however, management initiated a continuous improvement action to assess each consumer’s capacity to independently use the entry/exit system which was completed during the Site Audit. Care planning documents were consistent with the delivery of safe and effective personal and clinical care, tailored to the specific needs and preferences of each consumer. The service had written policies and procedures to guide staff in the delivery of safe and effective personal and clinical care.

Consumers and representatives expressed satisfaction with the way high impact and high prevalence risks were managed. Management described the high-impact, high-prevalence risks to consumers at the service, and the systems in place to identify and manage the risks. Care planning documents confirmed high impact and high prevalence risks had been identified, and effective mitigation measures were in place.

Consumers and representatives expressed confidence in the service’s end of life care, and advised they had discussed and documented consumers’ end-of-life care preferences. Management and clinical staff described how the delivery of end-of-life care was adjusted to ensure the dignity and comfort of consumers and respect their wishes. Care planning documents recorded consumer’s end-of-life wishes. The service had an end of life care policy to guide staff in providing dignified and comfortable end of life care in line with consumers’ wishes.

Overall, consumers and representatives said the service identified and responded to a deterioration or change in consumers’ health or well-being. One representation raised concerns about how the service managed deterioration in condition however, management provided additional explanation and a plan of action to address the issues. Clinical staff described how changes in condition and signs of deterioration were identified and responded to promptly, including through the involvement of other healthcare providers. Care planning documents showed deterioration or change in a consumer's condition was identified and responded to in a timely manner.

Consumers and representatives confirmed staff knew consumers’ current condition, needs and preferences, and information was effectively communicated between staff, and others involved in providing care and services. Management and clinical staff described how information about consumers’ current condition and needs was documented and communicated effectively between staff at shift handovers. Care planning documents showed staff, and others involved in providing care, had access to current information about consumers’ condition, needs and preferences. Staff were observed discussing current information about consumers’ condition, needs and preferences at shift handover in a private area.

Consumers and representatives said the service provided timely referrals to appropriate other organisations and health professionals such as medical officers and allied health professionals. Management and clinical staff described effective processes for referring consumers to other health professionals with their consent. Care documentation confirmed the timely referral of consumers to other health professionals.

Consumers and representatives expressed satisfaction with the service’s cleanliness and the infection prevention and control measures, and said staff used personal protective equipment and practiced good hygiene. Clinical staff described the practices used to prevent and control infections and to minimise the need for antibiotics. The service had a trained infection prevention and control lead on site, and documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives confirmed the services and supports for daily living met consumers’ needs, goals, and preferences, and optimised their independence and quality of life. Staff described how they documented consumers’ needs and preferences for daily living, and provided the supports needed to optimise their quality of life. Care planning documents detailed information about the services and supports required for consumers to optimise their independence, quality of life, health, and wellbeing. Consumers were observed participating in different activities suited to their needs and preferences.

Consumers and representatives said the service promoted consumers’ emotional, spiritual, and psychological well-being. Staff said they could tell consumers’ emotional state, and described how they supported their emotional, psychological, and spiritual well-being. Consumers’ care planning documents contained information about how to support their emotional, spiritual, and psychological well-being.

Consumers confirmed they were supported to maintain social and personal relationships, and do things of interest to them, within and outside of the service. Staff described the processes in place for supporting and encouraging consumers’ interests, relationships and outings. Staff were observed welcoming visitors, supporting consumers to participate in activities, and assist them go on outings.

Consumers described how current information about their needs, preferences and condition was effectively communicated within the service, and with others responsible for providing care. Staff described processes to ensure staff and those involved in the consumer’s care receive relevant information. Care planning documents provided adequate information to support the delivery of suitable services and supports for daily living. Staff were observed sharing information about consumers’ needs and preferences for daily living during shift handover.

Consumers said the service provided timely referrals to services and supports from external organisations and individuals, when needed. Staff described how the service collaborated with other individuals and organisations for additional lifestyle supports. Care planning documents showed timely referrals of consumers to a range of external services and supports for daily living.

Consumers expressed satisfaction with the meals provided, and confirmed they were of suitable quality, quantity, variety, presentation, and temperature. Consumers said the dining experience was pleasant, and they were encouraged to provide feedback about the meals, which was acted upon. Staff explained how consumers’ dietary needs and preferences were identified, documented, and communicated effectively to the catering area. Care planning documents identified each consumer’s dietary requirements, preferences, and any assistance required. The kitchen was observed to be clean and tidy, with staff adhering to food safety protocols. The meals served looked appealing and of a suitable size, and staff were assisting consumers, where needed.

Consumers confirmed the equipment was safe, clean, well maintained, and suitable for their needs. Staff said they had access to sufficient suitable equipment and described how they kept it clean and well maintained. The equipment appeared to be safe, suitable, clean and well maintained.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers confirmed the service environment was welcoming, easy to understand and promoted their independence, function and social interactions. Staff explained how they created a welcoming environment and supported consumers to maintain their independence and participate in activities. Consumers’ rooms were personalised, and they were observed navigating the service independently and spending time with family and friends in communal areas. The service appeared well-lit and easy to navigate, with wide corridors, even surfaces, handrails and clear signage throughout.

Consumers said the service environment was safe, clean, well-maintained, and enabled them to move freely, both indoors and outdoors. Management described the maintenance and cleaning processes and how they ensured the service environment was kept safe and clean. The service environment appeared safe, clean, and well-maintained, and consumers were observed moving freely throughout the service, both indoors and outdoors.

Consumers confirmed the furniture, fittings and equipment was safe, clean, and well-maintained. Staff explained how the furniture, fittings and equipment were cleaned and maintained regularly. The furniture, fittings and equipment appeared to be safe, clean, and well-maintained.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they understood the complaints process, and they were encouraged to provide feedback and make complaints. Management and staff explained how they supported consumers and representatives to provide feedback and raise concerns. Information about the feedback mechanisms available was provided in the resident handbook, monthly newsletters, and was a standing agenda item in the monthly resident meetings. The service had documented policies and training to guide staff in managing feedback and complaints. Feedback forms and secure lodgement boxes were observed throughout the service.

Consumers and representatives said they were aware of advocates, language services, and other avenues for resolving complaints. Management explained how they informed consumers about external mechanisms for making complaints, advocacy and language services, and ensured they could access these, if they wished. Information related to advocacy, language services, and external complaint agencies such as the Aged Care Quality and Safety Commission, was displayed around the service.

Consumers and representatives said the service took appropriate and timely action to resolve complaints and used open disclosure. Management and staff described the procedures for responding to complaints, and the use of open disclosure when things went wrong. The service’s feedback and complaint register confirmed feedback and complaints were recorded and acted upon promptly using open disclosure. The service had documented policies to guide staff in the management of complaints and the use of open disclosure.

Consumers that had made complaints expressed satisfaction with the complaint process and how they were used to improve the quality of care and services. Management described how feedback and complaints were reviewed and used to identify opportunities for improvement on the Plan for Continuous Improvement. The Plan for Continuous Improvement and resident meeting minutes confirmed feedback and complaints were used to improve the quality of care and services. The approved provider’s response received on 23 July 2024, provided additional evidence of continuous improvement actions taken by the service in response to the feedback contained in the Site Audit report.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives reported there were adequate staff to meet the needs of consumers, and when they rang their call bell they did not have to wait long for assistance. Management described how the workforce was planned and rostered based on the care needs of consumers, and regulatory requirements such as minimum care minutes and 24/7 registered nurse requirements. Staff said there were sufficient staff to meet consumers’ needs, and shifts were filled when there was unplanned leave. Documentation showed the service met the regulatory requirements for staffing, and call bell response times were prompt and monitored on an ongoing basis. Staff were observed responding to call bells promptly and were visibly ready to assist consumers.

Consumers and representatives said staff were kind, caring and respectful of each consumer’s identity, culture, and diversity. Management and staff showed they were familiar with consumer’s individual identity, culture, and diverse needs, and were observed interacting with consumers and representatives in a kind, caring and respectful manner.

Consumers and representatives said staff were competent and had the knowledge and experience to perform their roles. Staff confirmed they had the qualifications and knowledge to perform their roles, and to deliver safe and quality care and services. Management described how the recruitment process ensured all staff had the required competencies, qualifications, registrations and security checks for their roles. Staff files confirmed staff were appropriately qualified with the relevant registrations and competencies to undertake their role. The service had written procedures outlining effective recruitment processes.

Consumers said staff were adequately trained and equipped to meet their care needs and deliver quality care and services. Staff said the service supported them and provided training to deliver quality care and services. Management described how the organisation supported, trained and equipped staff to deliver safe and quality care and services in accordance with the Quality Standards. Records confirmed staff were recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards.

Management described how the performance of staff was regularly monitored, assessed and reviewed, through formal performance appraisals, continuous informal monitoring, and general observations and consumer feedback. Staff confirmed their performance had been reviewed and they were provided with plenty of training opportunities. Records showed performance appraisals were up to date.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers reported being engaged in the development, delivery and evaluation of their care and services. Management and staff described various ways they supported consumers and representatives to be engaged such as through meetings, surveys, feedback processes, and daily interactions. Consumers had not been interested in having a consumer advisory body however, management continues to promote this opportunity. Records confirmed consumers and representatives were engaged in the development, delivery and evaluation of care and services.

Consumers and representatives said they felt safe living at the service, and they received the care they needed. Management described the organisational structure and how the Board oversighted the delivery of care and services through the organisational governance arrangements. Management described how the Board was kept informed through regular reports about issues including incidents, feedback and complaints, audits, and regulatory compliance. Documentation showed the Board received regular reports through their committees on key aspects of the performance of the service, and was accountable for the delivery of safe and quality care and services, and compliance with the Quality Standards.

The service demonstrated an effective organisational governance framework which included policies and procedures related to continuous improvement, information management, financial and workforce governance, regulatory compliance, and feedback and complaints. Management and staff described how they translated the service’s policies and procedures into practice.

The service had effective risk management systems and practices to manage high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Management and staff described the policies and processes in place for identifying, assessing, managing, and reporting risks and incidents.

The service had an effective clinical governance framework which included policies covering antimicrobial stewardship, the minimisation of restraint, and the use of open disclosure. Management and staff were aware of the clinical governance framework and could explain the application of the policies and procedures related to antimicrobial stewardship, minimising restraint, and open disclosure. While governance policies and processes were in place to minimise the use of restraint, the Assessment Team considered the service had not adequately assessed all consumers for their ability to independently use the keypad operated door system. Management explained staff were always available to assist consumers exit/enter the service, and no negative impacts on consumers were identified. Nonetheless, management immediately initiated continuous improvement actions to review all consumers for potential environmental restraint in relation to the keypad operated doors, and to provide additional staff training on restraint.

The approved provider’s response received on 23 July 2024, provided additional evidence of continuous improvement actions taken in response to the Site Audit report.

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)