Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Kawana Waters Care Community |
| Commission ID: | 5792 |
| Address: | 1 Reflection Crescent, BIRTINYA, Queensland, 4575 |
| Activity type: | Site Audit |
| Activity date: | 18 March 2024 to 20 March 2024 |
| Performance report date: | 18 April 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 22884 Kawana Waters Care Community |

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 Kawana Waters Care Community (**the service**) has been prepared by Bruce Bassett, 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 response to the Site Audit report received 9 April 2024.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives sampled said that consumers are treated with dignity and respect, with their identity, culture and diversity valued. Staff spoke about consumers in a respectful manner and were able to describe the measures taken to uphold this respect when providing care such as asking for consent, acknowledging their choices, and taking time to understand their background, life history and needs. Care planning documentation outlined information about consumers’ background and interests.

Staff described how consumers’ cultural needs influence the delivery of day-to-day care and services. Consumers and representatives sampled said the service recognises and respects consumers’ cultural background and provides care that is consistent with their cultural traditions and preferences. Care planning documentation evidenced specific cultural needs and preferences for consumers such as strategies to effectively communicate with consumers from a culturally and linguistically diverse (CALD) background. The service’s documents, such as the inclusivity policy, demonstrated the service’s commitment to supporting cultural diversity.

Consumers and representatives sampled said consumers are supported to exercise choice and independence when making decisions about their own care, when family, friends and carers should be involved in their care and maintaining relationships of choice. Management and staff described how each consumer is supported to make informed choices about their care and services, and how they support consumers to maintain relationships of choice. Care planning documentation identified consumers’ individual choices around how care is delivered, who is involved in their care and how the service supports them in maintaining relationships.

Consumers and representatives sampled described how the service supports them to take risks. Management and staff demonstrated an awareness of the risks taken by consumers and outlined how they support consumers who choose to take risks, by informing them of the potential risks and how they could be minimised, before completing a risk assessment in consultation with consumers and their representatives. Care planning documentation reflected how consumers are supported to take risks, and the safeguarding mechanisms in place to facilitate risk-taking.

Consumers and representatives sampled described how they are informed to make choices through printed information and verbal reminders. Care planning documentation reviewed evidenced the inclusion of communication assessments to facilitate the delivery of information in a way that is accurate and timely to every individual. Staff interviewed described different ways information is provided to consumers, including for consumers with cognitive and sensory impairments, in line with their documented needs and preferences. The Assessment Team observed information displayed throughout the service to inform and support consumers and representatives to exercise choice.

Consumers confirmed that their privacy is respected and did not express concerns about the confidentiality of their personal information. Management and staff described practical measures to taken to respect consumer privacy and ensure personal information is kept confidential. The Assessment Team observed that the service has policies and protocols to protect consumer privacy and confidentiality.

Following consideration of the above information, I have decided that Standard 1 is Compliant.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

Most consumers and representatives interviewed expressed satisfaction with the assessment and planning process and said that care plans were sufficient to inform delivery of tailored care and services. Management and staff interviewed described the care planning process thoroughly, including how they consider risks for individual consumers, and use the process to inform the delivery of safe and effective care and services to consumers. Care planning documentation reviewed for consumers evidenced consideration of individual risks and mitigation strategies that influence the delivery of care and services.

Consumers and representatives interviewed described how the service had involved them in the assessment and planning of care, including advance care planning, during admission, at scheduled case conferences, or when there was a change in circumstances. Management and staff described how the service ensures that assessment and planning reflect each consumer’s current preferences and how they approach conversations around end of life (EOL) care planning. Care planning documentation reviewed evidenced the inclusion of consumer’s current needs and preferences, including EOL planning. The service had systems in place which facilitated assessment and planning to capture the current needs of each consumer.

Consumers and representatives interviewed described how they were involved in the assessment and planning of care, and said they were able to provide input to ensure that their needs were being met. Management, staff and visiting allied health providers (AHPs) outlined how assessment and planning of care was done in partnership with consumers and others they wish to involve in their care. Care planning documentation evidenced regular care plan evaluations and review in line with the service’s policies and included input from a range of external providers such as medical officers (MOs) and AHPs.

Consumers and representatives interviewed said the service regularly communicates changes relating to care and services with them, and that staff explain things to them if needed. Management, clinical staff and AHPs were able to describe how they effectively communicate outcomes of assessment and planning to consumers and their representatives and described the processes in place to ensure that they were regularly in touch with consumer representatives. Review of the service’s electronic care management system (ECMS) evidenced that outcomes of assessment and planning were documented in consumer care planning documentation.

Consumers and representatives confirmed that care and services were reviewed regularly and when changes occur. Sampled consumer care planning documentation evidenced regular reviews for continued effectiveness, when circumstances changed, or when incidents occurred which impacted on the needs, goals, or preferences of the consumer. Management and staff were able to explain the process for scheduled review of care planning documentation. The Assessment Team observed all care plans are reviewed at least 4-monthly, in line with the service’s policy.

Following consideration of the above information I have decided that Standard 2 is Compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers interviewed advised they receive safe and effective personal and clinical care that meets their needs and optimises their well-being. Management and staff interviewed demonstrated knowledge on the delivery of best practice principles in relation to the management of restrictive practices, skin integrity and pain. Care planning documentation reviewed demonstrated comprehensive care plans which included assessments, progress notes, medication and other relevant charting that reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of each consumer.

The Assessment Team noted that high-impact and high-prevalence risks were being effectively managed through regular clinical data monitoring, trending, and reporting and that implementation of suitable risk mitigation strategies for individual consumers was taking place. Management and clinical staff described the service’s high-impact, high-prevalence risks, how these were managed and measures that had been implemented to mitigate the risks to individual consumers. Consumers and representatives interviewed expressed their satisfaction with how these risks were managed by the service and described how the interventions that had been put in place for each consumer were effective. Review of care planning documentation evidenced consideration of risks to each individual and strategies to manage and minimise these risks.

Sampled consumer care plans evidenced discussions with representatives regarding palliative care, where appropriate. Consumer representatives described how consumer’s needs, goals and preferences were recognised and met at EOL, with measures taken to ensure their comfort. Management and staff demonstrated an understanding of how they recognised and addressed the needs and preferences of consumers nearing EOL and how they maximised their comfort and preserved their dignity. The service had policies that detailed how staff are to provide care for consumers nearing EOL to ensure that their wishes were being met and their comfort maximised.

Sampled consumer care planning documentation and progress notes evidenced the timely identification of, and response to, deterioration or changes in condition. Consumers and representatives said that the service is responsive to consumer care needs and would inform them of any change to their health, along with planned management strategies. Staff described how deterioration or change was recognised, responded to, and managed in partnership with AHPs, MOs and relevant specialists. Documentation, including policies and procedures, detailed and provided guidance on how staff are to react if deterioration or change in a consumer’s health is observed.

Consumers and representatives said that the consumer's preferences and care needs were communicated effectively with them, between staff and with external providers involved in their care. Staff described how information about consumer needs, conditions, and preferences were documented and communicated within the organisation and with others where responsibility for care is shared. Review of care planning documentation demonstrated progress notes and care plans provided adequate information to enable effective sharing of the consumer’s information to facilitate delivery of care. The Assessment Team observed the service to have systems and processes in place to ensure information is communicated within the organisation effectively.

Most consumers and representatives interviewed said referrals made were timely and appropriate, and described how they had access to a range of other organisations and health professionals. Management and clinical staff described how referrals were made to other organisations and providers of care and services to supplement the care delivered at the service and ensure quality outcomes for each consumer. Care planning documentation and progress notes for consumers interviewed evidenced the involvement of MOs, AHPs and other providers of care.

Consumers and representatives interviewed expressed confidence in the minimisation of infection-related risks and said that staff were always observed to be using the appropriate personal protective equipment (PPE) and practiced hand hygiene, consistent with the Assessment Team’s observations. Management and staff demonstrated an understanding of precautions to prevent and control infection risk and the steps they could take to minimise the need for antibiotics. The service has implemented policies and procedures to guide staff related to antimicrobial stewardship and infection control management, including the management of a COVID-19 outbreak, and had support of an infection prevention and control (IPC) lead.

Following consideration of the above information I have decided Standard 3 is Compliant.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives described how the service supported them to engage in activities that met their needs, goals, and preferences and further expressed satisfaction at how their quality of life was maximised. Lifestyle staff and management explained how they partner with consumers to conduct a lifestyle assessment upon admission, which collects the consumer’s individual preferences, including likes, dislikes, interests, and social, emotional, cultural, and spiritual needs. For the consumers interviewed, staff could explain what is important to them and what they like to do, and this aligned with information within the consumer’s care plan. Review of documentation showed a robust lifestyle program informed by consumer interest. The Assessment Team made observations that demonstrated consumers are being provided with safe and effective services and supports for daily living to optimise their well-being and quality of life.

Consumers and representatives said they are supported when they are feeling low, and described how the service promotes their emotional, spiritual and psychological well-being. Care planning documentation included information on consumers' well-being needs, goals and preferences. Management and lifestyle staff advised that the consumer’s emotional, social and psychological needs can be supported by facilitating connections with people important to them, and by delivering religious services.

Staff described how consumers are participating in their community within and outside the service environment. Care planning documentation aligned with the information provided by consumers, representatives and staff regarding consumers’ continued involvement in their community and maintaining social and personal relationships. Consumers and representatives confirmed that consumers are supported to participate in their community within and outside the service environment, keep in touch with people who are important to them and do things of interest to them.

Care planning documentation for consumers sampled provided sufficient information to support the delivery of daily services. Staff described the ways in which information is shared between individuals involved in a consumer’s care and how timely updates are given following changes to a consumer’s condition, needs and preferences. Consumers and representatives described how information about consumers’ conditions, needs and preferences are communicated within the service and with others where responsibility for care is shared. The Assessment Team observed that information about consumer’s dietary needs were accessible to hospitality staff in the central kitchen.

Consumers and representatives said that consumers are supported by organisations, support services and providers of other care and services. Care planning documentation identified appropriate referrals to other organisations and services including mental health counselling services. Staff described how they engage other organisations and individuals, such as volunteers and priests, to enhance the delivery of lifestyle services and supports.

Most consumers and representatives expressed overall satisfaction with the quality and quantity of food being provided to consumers at the service. Staff were able to describe consumers’ dietary needs and preferences, which aligned with their care planning documentation and dietary profiles. The service demonstrated evidence of feedback mechanisms to enable consumers to provide feedback on the menu or request alternative options for meals. The Assessment Team observed meal services being delivered in a timely and organised manner with consumers eating their meals independently or with assistance from staff in the dining rooms.

The service demonstrated that equipment provided to consumers is safe, suitable, clean and well maintained. Consumers reported having access to clean equipment, including personal equipment to assist them with their mobility needs. Staff were able to describe how the equipment is kept safe, clean and well maintained.

Following consideration of the above information I have decided Standard 4 is Compliant.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

The service was able to demonstrate an environment that is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction, and function. The service had outdoor courtyards, gardens, verandas and balconies that are open to all consumers with outdoor structures to provide shade. The service also has communal areas including dining rooms, lounge rooms and activities rooms with board games, bookshelves and exercise equipment.

Consumers and representatives said, and the Assessment Team observed, that the service environment is welcoming and easy to understand. Management and staff were able to describe features of the service that help each consumer to feel welcome and optimise their sense of belonging, independence, interaction, and function.

Most consumers and representatives said that they thought the service environment was safe, clean, well-maintained and enabled them to move freely both indoors and outdoors. Staff sampled described how their roles and functions enabled them to ensure that the service environment was kept tidy and well maintained. The Assessment Team observed that consumers were able to move freely around the service.

The service was able to demonstrate furniture, fittings and equipment were safe and well maintained. Staff interviewed were able to describe their roles and responsibilities for cleaning and maintaining, furniture, fittings and personal equipment at the service. The Assessment Team observed, and consumers confirmed, that equipment and fittings were cleaned and suitable for their individual needs.

Following consideration of the above information, I have decided Standard 5 is Compliant.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

Consumers and representatives sampled said they understand how to give feedback or make a complaint, they mostly feel comfortable doing so and described the different ways in which they were able to provide feedback and make complaints. Management and staff described processes in place to encourage and support consumers and representatives to provide feedback and complaints. The service has policies, procedures and systems to ensure consumers and representatives are encouraged and supported to provide feedback or complaints. The Assessment Team observed information displayed throughout the service that supports and encourages consumers and representatives to provide feedback and complaints.

The Site Audit report noted that an anonymous representative of a consumer living in the service said they did not feel comfortable raising complaints with management in the service. The representative stated they had raised concerns in the past, and had meetings with service management, and found that management were not supportive. In responding to this section of the Site Audit report, the approved provider advised that the service views all feedback and complaints as an opportunity to further enhance the delivery of care and services. The response advised the service will continue to reach out to consumers and representatives to encourage feedback as part of resident and relative meetings, activities and interactions.

Staff described how they assist sampled consumers who have impairments in communication, physical or cognition in providing feedback or complaints. Advocacy material was observed to be readily available to consumers and representatives across the service. Consumers and representatives interviewed said they are aware of and have access to advocates, language services and other methods for raising and resolving complaints. Management and staff said that while they did not have any consumers at the service who required interpreter services, they were aware of methods to access interpreter services as well as advocacy services.

Consumers and representatives said the service responds to and resolves their complaints or concerns when they are raised and described how the service practiced open disclosure. Management and staff sampled demonstrated an understanding of open disclosure, explaining how they would act in response to a complaint by acknowledging the issue, apologising to the consumer and their representative, and by keeping them informed throughout the investigation process. Review of service documentation evidenced that the service has a suite of policies that guide staff to respond to feedback and complaints in a timely and appropriate manner.

The service demonstrated that feedback and complaints are reviewed and used to improve the quality of care and services. Consumers and representatives interviewed expressed satisfaction with the service’s feedback and complaints process, including how they are reviewed to improve the quality of care and services. Management and staff were able to speak to various feedback they had received, and the actions taken or proposed actions to be completed.

Following consideration of the above information I have decided Standard 6 is Compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

Overall, consumers and representatives felt the service has sufficient staff to meet their care and service needs and did not identify impacts to care as a result of staffing sufficiency. Management and staff were able to describe how they ensure there are enough staff to provide safe and effective care. Management described how the service used a roster based on consumers clinical care needs and that the service was staffed to an adequate level. Documentation evidenced that the service had adequate staffing levels, and that call bell response times were monitored regularly to identify any outliers to the service’s expected level. The Assessment Team did not observe staff to be rushed when providing care to consumers.

Staff were always observed to be interacting with consumers respectfully during the Site Audit. Staff interviewed demonstrated that they are familiar with each consumer’s individual needs and identity. Consumers said that staff at the service were kind and caring, and staff treated them with respect and acknowledged their identity, culture, and diversity. The service has a suite of policies, procedures, and staff guidelines to guide staff practice and behaviour.

Consumers and representatives sampled said staff were competent, performed their roles effectively, and expressed their confidence in staff being skilled to meet their care needs. Management described how they determine if staff are competent, and outlined what qualifications and knowledge they look for in the staff they hire. Staff interviewed said they do not lack training in any areas, that they have the necessary skillset to carry out their roles, and that they were provided with regular training. Staff interviewed were able to describe their understanding of key topics undertaken as mandatory training. The service has documented core competencies for distinct staff roles.

Consumers and representatives interviewed said they feel staff are equipped with the knowledge to deliver the care and services they required. Management described how they support their staff to ensure they are receiving the training they need to perform their roles in relation to the Quality Standards. Staff interviewed said the service provides mandatory and supplementary training to support them to provide quality care. The Assessment Team reviewed written materials and training reports that noted outstanding training modules in the service, which management acknowledged and developed an action plan for.

The service demonstrated that there is a system in place for regular assessment, monitoring and review of the performance of each member of the workforce was taking place. Management described how the performance of staff is monitored through annual formal performance appraisal process, continuous informal monitoring and review, and ad-hoc performance management when the need arises. Staff said they were supported by management during performance appraisals and provided with opportunities for improvement. The service has a suite of policies, documents and trainings that informs expected performance and behaviour for staff.

Following consideration of the above information, I have decided Standard 7 is Compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The service demonstrated that consumers and representatives are actively engaged in the development, delivery and evaluation of care and services. Consumers said that they were able to provide feedback in the operations of the service and management provided practical examples of how this occurs. Management and staff described a variety of mechanisms in place to ensure consumers and their representatives provide input and make their own decisions about the care and services provided to them. Service documentation including meeting minutes demonstrated that consumers and representatives were encouraged to participate in the development and improvement of care and services.

Management explained how they regularly attend various meetings with the Board and several subcommittees to ensure accountability of the Board in the delivery of care and services. Management described the various organisational meetings attended by the service’s management, such as the board meetings, regional meetings, medication management governance meetings, state operation meetings, management system meetings and executive meetings, including weekly meetings with the Chief Executive Officer (CEO).

The service demonstrated that it has effective organisation wide governance system in place to ensure oversight over key areas. Management and staff described processes and mechanisms in place for effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff feedback aligned with processes specified in the service’s policies and procedures. Observations and documentation reviewed corroborated information outlined in these policies demonstrating that procedural information was translated into practice.

The service was able to demonstrate systems to effectively manage high-impact high-prevalence risks associated with the care of consumer and that consumers are supported to live the best life they can. Management and clinical staff interviewed demonstrated an applied understanding of the high impact and high prevalence risks associated with the care of consumers, and how the service safeguards risk in line with best practice. The service has documented policies and procedures around management of risks and incidents as well as SIRS.

The service was able to demonstrate that the organisation’s clinical governance system ensures the provision of quality and safe clinical care, including antimicrobial stewardship (AMS), minimising the use of restrictive practice, and by practicing open disclosure. Staff sampled were able to demonstrate how these policies and procedures were applied in the delivery of care and services. The service provided frameworks, policies, and guidelines on antimicrobial stewardship and open disclosure.

Following consideration of the above information, I have decided Standard 8 is Compliant.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)