Performance

Report

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| Name of service: | Koraleigh Nursing Home |
| Service address: | 18 Purdey Street TONGALA VIC 3621 |
| Commission ID: | 4441 |
| Approved provider: | Respect Group Limited |
| Activity type: | Site Audit |
| Activity date: | 16 August 2022 to 19 August 2022] |
| Performance report date: | 17 October 2022 |

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 Koraleigh Nursing Home (**the service**) has been prepared by S Byers, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 21 September 2022.

# 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 | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 6(3)(d) – the approved provider ensures feedback and complaints are used to improve the quality of care and services; consumers, consumer representatives and staff are informed of how feedback and complaints are used to improve the quality of care and services and feedback and complaints are appropriately documented to ensure review and monitoring of trends.
* Requirement 7(3)(d) – the approved provider ensures the workforce is recruited, trained, equipped and supported to deliver the outcomes under the Quality Standards, staff will complete mandatory training with completion monitored, staff will complete training on incident reporting and the services incident management system.
* Requirement 7(3)(e) - the approved provider ensures assessment, monitoring and review of the performance of each member of the workforce occurs through their annual performance reviews and on a regular basis.
* Requirement 8(3)(a) – the approved provider ensures consumers are supported to be engaged in the development, delivery and evaluation of care and services and consumers are aware of how they can be involved and how their involvement has contributed to outcomes and continuous improvement.

# Standard 1

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

Findings

Consumers and representatives were satisfied that staff treat them with respect and dignity, and their culture and diversity is valued. Staff were observed treating consumers with dignity and respect and demonstrated an awareness of individual consumers choices and preferences. Most care planning documents contained information about the consumers interests and preferences.

Consumers and representatives were satisfied the service provides culturally safe care and services. Staff provided examples of how they support consumers’ individual cultural needs. Care planning documents described consumers’ cultural needs and preferences.

Consumers and representatives were satisfied they can make and communicate decisions about care and services, make connections and maintain relationships of choice. Consumers confirmed they are supported to maintain relationships and were observed spending time with family. Care planning documents reflected the information provided by consumers.

Consumers described how they are supported to take risks. Staff demonstrated understanding of consumer specific risks and provided examples of how they support consumers to engage in activities that involve risk. Care planning documents reflected the risks, consultation about the risks and the strategies to manage them.

Consumers and representatives were satisfied they are provided current, accurate and timely information that enables choice. Consumers confirmed being advised about lifestyle activities and receiving a daily menu. Activity programs and menus were observed on display in consumers room and throughout the service. In response to consumers and representatives’ feedback about not receiving newsletters, management committed to recommencing monthly newsletters later this year.

Consumers and representatives confirmed feeling that their privacy is respected. Staff demonstrated how they support consumers’ privacy and maintain the confidentiality of information. Staff were observed knocking on consumers doors before entering and consumers files were located in the secured nurses’ station with electronic files password protected.

# 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

Consumers and representatives were satisfied the service manages consumer risks. Assessment and care planning documents demonstrated risks to consumer health and well-being including responsive behaviours, restrictive practices and pressure injuries are considered, assessed and planned to guide staff to deliver safe and effective care and services. Staff described individual consumer risks and the associated strategies to minimise and manage the risk.

Consumers said their care and services are planned around what is important to them. Representatives confirmed discussing advance care planning with the service. Care planning documents reflected the consumer’s needs, goals and preferences and included advance care directives. Staff explained how they engage with consumers and representatives to complete a consumer’s advance care plan.

Most consumers and representatives described how they and others they wish are involved in the assessment, planning and review of their care and services. Staff explained how the service takes a collaborative approach in the delivery of safe and individualised care through partnership between consumers, representatives, other health professionals and external health services. Care planning documents reflected the participation of the consumer and their representatives in assessment, planning and review of care.

Mixed feedback was received from consumers and representatives with how the service communicates assessment and planning outcomes, with some providing feedback that care planning consultations could be more regular. Care planning documents reflected the communication of relevant information with the consumers and their representatives, Staff described how they access consumer care plans and use handover information to deliver care. Care plans are reviewed by senior staff every three months and the ‘resident of the day’ process occurs monthly involving care and clinical staff reviewing a monthly checklist.

Care planning documents generally reflected care and services are reviewed regularly for effectiveness and when circumstances change or when incidents impact on the needs, goals and preferences of the consumer. Clinical staff described how they monitor and review consumers following incidents or changes in consumer’s care. Care documents demonstrated consumers are reviewed by medical practitioners and external specialists in response to changes in health status or incidents.

# 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

Most consumers and representatives were satisfied with the personal and clinical care the consumers receive. Care documents demonstrated wounds, pain and restrictive practices are effectively managed and reflected relevant assessment, monitoring and review. Care documents reflected relevant interventions and evaluations prior to administering pain or psychotropic medication.

Consumers and representatives were satisfied with the management of consumers responsive behaviours. The service has processes in place to manage high impact or high prevalence risks such as responsive behaviours, mobility and falls, diabetes, nutrition and swallow related issues. Staff described the high impact and high prevalence risks to consumers at the service and how risks are managed and minimised. Consumers were reviewed by physiotherapists post falls and medical directives for diabetes were followed. Staff were observed managing consumers responsive behaviours and nutrition related risks in line with specialist recommendations recorded in care documentation.

Representatives said the service was supportive and respectful in their communication and the care provided to consumers nearing end of life. Care planning documents reflected care was provided in accordance with consumers end of life wishes, comfort was maximised and access provided to external palliative care services. Staff described the palliative care pathway and the resources available to them to support consumers nearing the end of life.

Care documentation demonstrated the timely identification of, and response to, deterioration or changes in the consumer’s condition. Consumers expressed satisfaction in how the service responded to a change or deterioration in their condition. Clinical staff described how deterioration or changes in a consumers health status are identified, actioned and communicated.

The service demonstrated that information about consumer’s condition, needs and preferences was documented in progress notes, care plans and is communicated within the service. When necessary, information is communicated with external services where care is shared, this was recorded in consumer care documentation.

Consumers and representatives said they are satisfied the service will access other providers of care including general practitioners, allied health professionals and other external specialist services when required. Care planning documents reflected timely and appropriate referrals to individuals, other organisations and providers of other care and services. Management and staff described the service’s referral processes.

Consumers and representatives provided positive feedback on how the service managed recent COVID-19 outbreaks and staff hand hygiene. Staff described how they minimise the use of antibiotics in the service. The service has appointed an Infection Prevention Control Lead (IPC) who is enrolled in the relevant IPC lead training. The service has an Outbreak Management Plan and relevant antimicrobial stewardship policies and procedures in place to guide staff practice. The service was observed to undertake appropriate entry screening in line with transmission based precautions and staff adhered to infection control practices, including the use of Personal Protective Equipment (PPE).

# 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

Most consumers and representative provided positive feedback relating to consumers services and supports for daily living. Care planning documents reflected consumer choice and the services and supports to assist the consumer’s needs and preferences. The Assessment Team identified deficits with the service’s current lifestyle program. The lifestyle program was observed to be limited, planned without consumer consultation and did not engage all consumers. The approved provider submitted information to demonstrate the lifestyle program is being reviewed in consultation with consumers, representatives and lifestyle staff to ensure it is tailored to meet all consumer’s needs and preferences. I have considered the positive feedback from consumers and representatives and the approved provider’s response. On balance, I am satisfied Requirement 4(3)(a) is compliant.

Consumers and representatives were satisfied the service supports consumers’ emotional, spiritual and psychological well-being. Staff demonstrated understanding of consumers needs and provided examples of how they support consumers when they are feeling low.

Consumers and representatives were satisfied the services and supports provided enabled them to participate in the community, have relationships and do the things of interest to them. Staff described how they support consumers to do the things that are important to them, participate within and outside the service environment and have social relationships. Care planning documents contained information on individual consumers’ interests and identified the people important to them.

The service has processes to document and share information about the consumer’s condition, needs and preferences and demonstrated information is communicated effectively within the service. This was supported by staff and others involved in the consumer’s care demonstrating knowledge and awareness of the consumers’ current needs and preferences.

The service has processes in place to ensure consumers can access and are referred to appropriate individuals, other organisations and providers of care and services in a timely manner.

Consumers and representatives expressed satisfaction with the quality and quantity of meals. Staff were knowledgeable about individual consumers’ specific preferences and dietary requirements. Care planning documents reflected consumers meal requirements and dietary preferences and are communicated to the kitchen. Staff were observed assisting and encouraging consumers with meals during the audit.

Consumers, representatives and staff were satisfied they have access to suitable and well-maintained equipment. Equipment was observed to be clean, well maintained and suitable for consumers.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives were satisfied that the service is welcoming. The service offers a number of comfortably furnished internal and external communal spaces that enables consumers to socialise with their families and other consumers. Consumers are encouraged to personalise their rooms. The service was observed to be clean and uncluttered enabling the free movement of consumers. Consumers were observed moving freely throughout the service, accessing a variety of spaces including lounge rooms, dining rooms, general purpose rooms and gardens.

Consumers and representatives were satisfied the service environment was comfortable and clean. The service has a cleaner on site seven days a week, full-time maintenance staff and a full time gardener who assists maintenance staff when required. Maintenance programs included essential services, preventative maintenance schedules, and reactive maintenance processes

Consumers and their representatives said the furniture, fittings, and equipment at the service were clean and well maintained. Most consumers said maintenance staff were prompt and responsive to their requests. All staff interviewed demonstrated understanding of maintenance reporting processes. Maintenance records demonstrated maintenance requests are actioned appropriately. Management provided examples of newly purchased equipment and plans for on-going maintenance in the way of a soft refurbishment. Equipment, furniture and fittings were observed to be safe and clean.

# 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. | Non-compliant |

Findings

I have assessed this Quality standard as non-compliant as I am satisfied requirement 6(3)(d) is non-compliant:

Consumers and representatives were not aware of any feedback used to improve the quality of care and services. The service did not demonstrate that complaints are documented or that feedback and complaints are reviewed to improve the quality of care and services. At the time of the site audit the service did not have a complaints register and the services continuous improvement plan did not demonstrate any actions taken in relation to feedback and complaints.

The Assessment Team identified deficits relating to the organisations continuous improvement plan and the documenting of complaints and feedback under Standard 8 Requirement 8(3)(c), I have also considered those deficits under this requirement.

The approved provider responded to the site audit report and accepted the Assessment Team’s findings. The approved provider provided a detailed action plan demonstrating the actions planned to address the improvements required. Actions include staff training, documenting and review of complaints in a register and updating the continuous improvement plan to inform continuous improvement. Complaints will be regularly reviewed to identify trends.

I have reviewed all of the information provided and note the approved provider’s acknowledgement of the information compiled in the site audit report. While I acknowledge the actions taken by the service since the site audit, these actions have not been fully implemented and evaluated. I am not satisfied the service has in place effective systems to ensure feedback and complaints are documented, reviewed and used to improve the quality of care and services of consumers. I find requirement 6(3)(d) is non-compliant.

I am satisfied the remaining three requirements of Standard 6 Feedback and Complaints are compliant:

Consumers and representatives were aware of the services feedback forms and the external feedback mechanisms available to them. Staff described how they assist consumers to provide feedback and complaints.

The service has policies and procedures in place for open disclosure and staff described accessing them to guide practice. Complaint forms and feedback boxes were readily available and easily accessible throughout the service.

# 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. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant |

Findings

I have assessed this Quality standard as non-compliant as I am satisfied requirements 7(3)(d) and 7(3)(e) are non-compliant:

The Assessment Team found that most clinical and care staff have not completed mandatory training including SIRS and infection control training. Training records demonstrated no registered nurses had completed mandatory training. Staff were not able to demonstrate knowledge of the service’s reportable incident system and outline their responsibilities based on their role. Management advised the service is recruiting a learning and development manager to oversee the monitoring and completion of mandatory training.

The Assessment Team identified deficits in staff understanding and training relating to incident reporting, open disclosure and restrictive practices under Standard 8 Requirements 8(3)(d) and 8(3)(e), I have also considered that information and the approved providers response under this requirement.

The Assessment Team found that while the organisation has a performance appraisal process in place it has not been actioned in practice. Management confirmed performance appraisals have not been completed for any staff. Staff confirmed they have not participated in a performance appraisal and that limited feedback is provided to them about their performance.

The approved provider responded to the site audit report and accepted the Assessment Team’s findings. The approved provider provided a detailed action plan demonstrating the actions planned to address the improvements required. Actions include the commencement of a learning and development manager, scheduled timeline for completion of mandatory training, staff education in incident reporting with follow up monitoring of staff practice and performance reviews to commence later in 2022.

I have reviewed all of the information provided and note the approved provider’s acknowledgement of the information compiled in the site audit report. While I acknowledge the actions taken by the service since the site audit, these actions have not been fully implemented and evaluated. I am not satisfied the service has in place effective systems to ensure the workforce is trained, equipped and supported to deliver outcomes under the Quality standards or that workforce performance is effectively assessed, monitored and reviewed. I find requirements 7(3)(d) and 7(3)(e) are non-compliant.

I am satisfied the remaining three requirements of Standard 7 Human Resources are compliant:

Consumers and representatives felt there was enough staff to provide them with the care and support that they need for safe and quality care and services. While staff said there were shortages across the service, they also identified there has been limited impact to consumers. While call bell data was unavailable at the time of the site audit, management explained the system is new and there is no data available yet to analysis. Management explained a recruitment process is currently underway to employ more staff. In its response, the approved provider submitted further information including actions taken since the site audit in relation to call bells. The approved provider advised no complaints had been received from consumers relating to delayed call bell responses. The service is waiting for the supplier to program the new call bell system so monitoring, review and analysis of trends can commence. Based on the positive consumer feedback, limited impact to consumer care and services resulting from staff shortages and the steps taken by the approved provider to rectify the call bell system, on balance, I find requirement 7(3)(a) is compliant.

Consumers and representatives said staff are kind, caring, helpful and respectful. Staff interactions with consumers were observed to be kind and respectful.

Consumers said that staff know what they are doing and have a good understanding of their care needs. Staff said that they have the necessary qualifications to perform their roles and that these are reflected in their current duty statements. Management explained the organisation’s recruitment processes.

# 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. | Non-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 have assessed this Quality standard as non-compliant as I am satisfied requirement 8(3)(a) is non-compliant:

The Assessment Team found consumers are not engaged in the development, delivery and evaluation of care and services. Consumer meeting minutes for the period January 2022 to July 2022 demonstrated meetings were either cancelled or only attended by management, specifically the meeting relating to discussion around changes planned by the new approved provider. Consumer suggestions were not captured in the service’s continuous improvement plan. The Assessment Team noted that consumer feedback and concerns provided during the site audit were added to the agenda for the upcoming consumer meeting.

The approved provider responded to the site audit report and accepted the Assessment Team’s findings. Upon taking ownership of the service in March 2022, the approved provider advised it had recognised there existed several areas for improvement. The approved provider submitted a detailed action plan demonstrating the actions planned to address the improvements required. Actions include the continuous improvement plan will be completed monthly and consumer meetings will have a more consultative approach with feedback about outcomes provided to consumers.

I have reviewed all of the information provided and note the approved provider’s acknowledgement of the information compiled in the site audit report. While I acknowledge the actions taken by the service since the audit, these actions have not been fully implemented and evaluated. I am not satisfied the service has in place effective systems in place to ensure consumers are supported and engaged in the development, delivery and evaluation of care and services. I find requirement 8(3)(a) is non-compliant.

On balance, I am satisfied the remaining four requirements of Standard 8 Organisation governance are compliant:

The governing body promotes a culture of safe, inclusive and quality care and services through the establishment of committees and subcommittees. Documents reviewed by the Assessment Team confirmed the Board is kept up to date on key performance indicators through monthly reporting. Consumers expressed satisfaction throughout the site audit that they feel safe and are living in an inclusive environment.

The organisation demonstrated it has governance systems in relation to information systems, financial, workforce governance and regulatory compliance. While the Assessment Team identified deficits in the organisation’s continuous improvement and feedback and complaints governance systems, I have considered the deficits in documentation at the service level under Standard 6 Requirement 6(3)(d).

The organisation provided a documented risk management framework supported by policies and procedures documented to manage risk. I did not identify Non-compliance in the related Requirements and therefore I do not have sufficient evidence to support the organisation does not have effective governance. I have considered deficits in staff understanding of incident reporting under Standard 7 Requirement 7(3)(d) in relation to staff training and education.

The organisation provided a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and an open disclosure policies and procedures. While the Assessment Team identified deficits in staff training and education in relation to the policies and procedures, I have considered this under Standard 7 Requirement 7(3)(d).

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)