

**Performance Report**

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| Name: | Lifeview Emerald Glades |
| Commission ID: | 3633 |
| Address: | 15 Emerald-Monbulk Road, EMERALD, Victoria, 3782 |
| Activity type: | Site Audit |
| Activity date: | 26 November 2024 to 28 November 2024 |
| Performance report date: | 20 December 2024 |
| Service included in this assessment: | Provider: 533 Farwell Nominees Pty Ltd  Service: 5386 Lifeview Emerald Glades |

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 Lifeview Emerald Glades (**the service**) has been prepared by Louise Malone, 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, older people/representatives and others

# 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

Consumers and representatives described staff as caring and confirmed consumers are treated well. Staff described what respectful behaviour means including taking time to talk with consumers, using a gentle tone and learning about their preferences or routines. The is currently undergoing ‘Rainbow Tick’ re-accreditation in recognition of a quality framework which promotes LGBTQIA+ inclusivity.

The Assessment Team found evidence that care and services are culturally safe. Consumers are asked for 5 things that make a difference to their day, and these are shared with staff or displayed in the consumer’s room so that staff can offer these as a ‘gesture of happiness’. Consumers confirmed staff understand what is important to them and confirmed staff knowing their preferred ‘gesture of happiness’ and receiving it. The service has a group for LGBTQIA+ consumers and consumer feedback indicated this a safe and inclusive space for all to attend.

Consumers and representatives confirmed they are able to involve others in their care as they wish. Example of feedback from consumers in the site audit report includes positive feedback about the way the service seeks their consent to involve family, supports them to maintain important relationships, including intimate relationships, and how they are enabled to make decisions regarding their care and services. Staff described how they enable consumer choice and support them in maintaining relationships by understanding their preferences and knowing who is important to the consumer. The service has a consumer advocate who can offer support to newly admitted consumers and their family to support them in their transition to living at the service.

The service has established processes to support consumers to exercise choice and make informed decisions where there may be risk. There are policies and procedures in place to support staff in managing risks related to consumer’s choices, for example declining care or services against medical advice. Consumers and representatives provided positive feedback about the way the service supports and enables consumers to live their lives in the way they wish.

Consumers receive information through the service’s online communication platform and through written materials such as printed menus, activity schedules, meeting minutes, and newsletters. Staff said they read information to some consumers or offer information in larger print for those who require that support due to reduced vision, to ensure consumer understanding. Consumers confirmed information is provided in a way they can understand, and the Assessment Team observed information to support consumer choices displayed around the service environment such as menus and activity schedules.

The Assessment Team found evidence of effective systems and processes to ensure consumer privacy and keep personal information confidential. Staff discuss sensitive information in private spaces such as consumer rooms, and the service’s electronic management system has layered permissions which ensure information is only available to staff who require it. Electronic devices were observed to be password-protected and locked when not in use.

I have considered the evidence, and I find Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(d), 1(3)(e) and 1(3)(f) Complaint, therefore Standard 1 is Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | 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

Staff interviews and the Assessment Team’s review of documentation confirmed assessment and care planning is comprehensive and considers risks to the consumer’s health and well-being. Initial assessments occur within 24 hours of a consumer’s entry to the service and further assessments are completed over the following 6 weeks. Validated tools are used to assess risks, and documentation review identified risks related to skin integrity, mobility, pain and nutritional status and that appropriate strategies are planned to manage these risks. Staff demonstrated an awareness of the risks relevant to individual consumers along with the risk management strategies in place.

Consumers and representatives confirmed the service understands the consumer’s current needs and preferences and what is important to them through an ongoing approach to assessment and care planning. Documentation and feedback from staff provided evidence that consumer’s needs and preferences are considered holistically and assessments and care plans related to hygiene, mobility, nutrition, pain and end of life care as well as other domains of care are captured. An example presented in the site audit report demonstrates the service appropriately recognises when a consumer’s needs change and they require a palliative approach to care and services.

Consumers and their representatives described their participation in assessment and care planning, and confirmed they are partners in decision making. Documentation reviewed by the Assessment Team demonstrated the involvement of other providers of care and services involves consumers, their representatives, medical officers and allied health professionals.

Consumers and representatives were satisfied staff effectively communicate the outcomes of assessment and care planning and confirmed they had received a copy of the consumer’s care plan. Staff and management described regular opportunities to discuss assessment and care planning with consumers during monthly ‘resident of the day’ reviews, annual care consultations, or as required in response to a consumer’s changing presentation. Documented care plans were found to be detailed and individualised, and staff confirmed they can access care plans via the service’s electronic care management system.

Consumers and representatives indicated consumer care is reviewed regularly and in response to changes such as hospital discharge, incidents, and signs of clinical deterioration. Examples described in the site audit report demonstrate a multidisciplinary approach to assessment and care planning in response to a consumer experiencing frequent falls, and how the service considers relevant individual factors such as the consumer’s motivation to mobilise and equipment suitability when planning risk management strategies.

I have considered the evidence, and I find Requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e) Complaint, therefore Standard 2 is Compliant.

# Standard 3

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

Findings

Consumers and representatives provided positive feedback about the personal and clinical care consumers receive, and confirmed it is tailored to the consumer’s needs and preferences. Examples presented in the site audit report demonstrated effective wound management, pain management, and processes to minimise the use of restrictive practices. The service has policies and procedures which reflect best practice approaches to clinical care. Staff were familiar with the type of care required by individual consumers and could describe how they apply best practice principles in practice.

The site audit report provides evidence of effective management of high-impact high-prevalence risks. Staff described post-falls management, changed behaviours management, and how medication-related risks are reduced through adherence to policies and procedure, regular monitoring and the implementation of recommended strategies from medical and allied health professionals involved in the consumer’s care. Consumer care documentation contained evidence of interventions and strategies implemented and how these minimise risk for the consumer. There are policies and processes in place which guide staff in risk and incident management.

The site audit report includes feedback from the representative of a consumer receiving comfort care who describes the service providing care and services in line with the consumer’s wishes. The Assessment Team reviewed care documentation which demonstrated effective pain management, consideration of emotional wellbeing, and a focus on comfort and dignity. The service has policies and procedures to guide staff in the provision of palliative and end-of-life care.

Consumers and representatives expressed confidence that staff would recognise a change in a consumer’s condition and respond promptly. A registered nurse is informed of any changes to physical or psychological state identified, undertakes timely assessment, and engages other professionals as required. The site audit report provides evidence of timely and appropriate response to changes in consumer’s condition; for example, changes to the consumer’s level of pain or their swallowing ability prompted comprehensive assessment and involvement of medical and allied health professionals to investigate and respond to the identified deterioration.

Information regarding consumer condition was found to be effectively communicated between those who share care through handover meetings and documentation, clinical staff meetings, and detailed progress notes in the consumer’s care file. There was evidence of communication with general practitioners and other external providers of care. Care staff confirmed they have access to the information necessary to provide the right care to individual consumers and can seek additional information from a registered nurse if needed.

The service makes referrals to a range of health providers and other external services to improve the wellbeing of consumers. Staff described the process in place for referring to frequently used providers of care and services such as medical officers, local health service residential in-reach teams, wound consultants, allied health professionals, mental health services, dementia support, palliative care and medical specialists such as a geriatrician.

Consumers and representatives were satisfied the service takes actions to prevent and control the transmission of infection. Staff complete relevant training and were described practical approaches to infection prevention and control such as the use of personal protective equipment (PPE) and hand hygiene. Regular COVID-19 and influenza consumer vaccination clinics are provided to consumers and staff, and visitor screening for infectious diseases occurs at entry to the service. The service has a dedicated Infection Prevention and Control Lead (IPC Lead) who monitors practice through regular audits and ensures staff competence, and a pharmacist responsible for the oversight of best practice antimicrobial use.

I have considered the evidence, and I find Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g) Complaint, therefore Standard 3 is Compliant.

# Standard 4

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

Findings

Consumers and representatives provided positive feedback about the activities of daily living (ADL) supports offered to consumers. Some consumers described feeling encouraged to become involved in activities that promote independence and a sense of value and purpose. Examples of activities offered described in the site audit report include growing vegetables in the service’s gardens for the kitchen’s use, consumers performing music for consumers and being encouraged to decorate the service environment. A project is currently being implemented to promote independence with eating and involves an occupational therapy assessment of consumer’s functional abilities and individualised recommendations.

Lifestyle staff assess and record consumers’ emotional, spiritual and psychological needs and connects consumers to internal and external services to optimise emotional and spiritual well-being. For example, the service has a consumer advocate who provides support to consumers newly admitted to the service and ongoing as they require, there is a weekly in-house church service, and consumers described staff listening to or ‘being there’ for them when they are feeling low.

The Assessment Team report includes positive feedback from consumers about the way they are supported to engage in activities of interest and build friendships. The service offers trips to places of interest and supports consumers to access and participate in the broader community. A partnership with a local secondary school provides consumers and students an opportunity for social engagement, and volunteers visit the service weekly to support consumers with activities.

Staff said they access information regarding consumer social and lifestyle needs and preferences through handover and the electronic care management system, and that the information available is current and supports shared care. For example, changes in a consumer’s dietary needs is effectively communicated via a mobile application on the service’s electronic devices and via written communication provided to the kitchen, and is available to staff responsible for meal preparation and delivery. In addition, small acts of kindness or ‘5 ways to make my day’ are identified by consumers and displayed near their bedroom door to provide staff with information about how they can personalise care in a meaningful way.

The service has processes in place to refer consumers to external agencies for social, emotional and psychological support. The Assessment Team viewed documented evidence of referrals to a range of services such as local social clubs, art programs, local schools and allied health and other care providers. Consumers and representatives who had engaged in these services spoke positively of the benefit on their social well-being.

Consumers and representatives were satisfied meals are of adequate quality and quantity, that they have choice, and that meals are served at an appropriate temperature. The service provides a seasonal, rotating menu developed in consultation with a dietitian and consumers have an opportunity to provide feedback on the menu. Consumers were observed to be served meals in line with their documented dietary needs and preferences and were provided with assistive cutlery to support independence where required.

Equipment such as lifting slings and mobility aids are prescribed to consumers by a qualified professional such as an occupational therapist who ensures the equipment is safe and suitable. Shared equipment is cleaned after each use and is regularly checked and maintained. Consumer feedback confirmed any reported issues with equipment are attended to in a timely manner.

I have considered the evidence, and I find Requirements 4(3)(a), 4(3)(b), 4(3)(c), 4(3)(d), 4(3)(e), 4(3)(f) and 4(3)(g) Complaint, therefore Standard 4 is Compliant.

# Standard 5

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

Findings

Consumers and representatives described the service environment as easy to navigate, said they are able to bring personal items to make their rooms feel homier and confirmed consumer’s visitors and family are welcomed. Staff described how the service environment is kept safe and clutter free to enable consumers to navigate safely and easily. The Assessment Team observed corridors and communal areas to be uncluttered and noted signage around the service to assist navigation.

Consumers and representatives described being able to move freely indoors and outdoors and were observed doing so independently and with assistance by the Assessment Team. Consumers and representatives provided positive feedback about the cleanliness of the service environment and described it as safe and well-maintained.

The service has effective processes to identify and address maintenance issues, and ensure they are attended to in a timely manner. The service has a schedule of preventative maintenance and utilises internal environmental services and maintenance staff, as well as external contractors where required. The Assessment Team observed the indoor service environment to be clean and outdoors gardens to be well-maintained.

Consumers and representatives were satisfied equipment provided to the consumer is safe, and a range of mobility and other assistive equipment was observed to be available and in use by consumers. Staff described having access to appropriate equipment to support consumer care and could describe their responsibility in ensuring equipment is clean and in good working order. Preventative maintenance schedules are adhered to ensure equipment is safe and well-maintained.

I have considered the evidence, and I find Requirements 5(3)(a), 5(3)(b) and 5(3)(c) Complaint, therefore Standard 5 is Compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | 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 confirmed they are encouraged to provide feedback by speaking with staff or management directly, or providing written feedback, and some who recalled making a complaint said they felt listened to. Staff demonstrated knowledge of policies and procedures relevant to complaints management and the service uses an electronic system to capture feedback.

The service makes information about advocacy and language support services available to consumers and representatives and provides information consumer’s preferred languages. The Assessment Team observed resources and brochures on display and consumers confirmed they are informed of how external service can support them in providing feedback and making complaints. Staff described how they support consumers of differing language or communication needs to engage with these external services.

Consumers and reps expressed confidence in the service to respond appropriately to their complaints, and those who provided examples of a complaint they had made confirmed staff involved the consumer in the resolution and apologised when things went wrong. Staff described how they apply open disclosure in practice and respond to complaints and feedback in line with the services policies and procedures. Management has oversight of all documented complaints and documentation reviewed by the Assessment Team demonstrated appropriate actions are taken to resolve complaints.

The service demonstrated how feedback and complaints are used to improve care and service delivery to consumers through processes to effectively capture feedback and complaints, report information to relevant organisational advisory boards and the governing body in a timely manner and use feedback to inform improvement actions. Staff and management interviews, and documentation reviewed by the Assessment Team, demonstrated the actions taken to improve care and services for all consumer in response to feedback.

I have considered the evidence, and I find Requirements 6(3)(a), 6(3)(b), 6(3)(c) and 6(3)(d) Complaint, therefore Standard 6 is Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers and representatives confirmed they receive safe and quality care and provided feedback there is enough staff and consumers receive care in a timely manner. The service demonstrated effective systems of workforce planning and unplanned leave is managed to ensure adequate number and mix of staff are deployed. Staff provided feedback that there is sufficient staff to attend to the needs and preferences of consumers.

Consumer and representatives described staff as kind, caring and provided positive feedback about the way staff respect the consumer’s culture and diversity. The Assessment Team observed staff interacting with consumers in a caring and respectful manner.

The Assessment Team received positive feedback from consumers and representatives about the competence of the workforce including staff know what they are doing and provide the care the consumer needs. The service has position descriptions for each role and an electronic management system to support effective monitoring of staff qualifications and competence. Staff described being familiar with the expectations of their role and undertaking comprehensive onboarding which supported them in understanding their responsibilities.

The service delivers workforce training which is relevant to delivering the outcomes required by the Quality Standards such as training in the Serious Incident Response Scheme (SIRS), open disclosure, clinical care, falls management and infection prevention and control. Staff provided positive feedback about the training opportunities offered and how it enables them to perform their role.

The service regularly reviews the performance of the workforce and has a system of individual staff performance reviews, as well as monitors workforce performance through clinical data, incident data, feedback and discussions. Workforce performance reviews are used to identify training and improvement opportunities, and the service has policies and procedures to relevant to workforce performance monitoring and management.

I have considered the evidence, and I find Requirements 7(3)(a), 7(3)(b), 7(3)(c), 7(3)(d) and 7(3)(e) Complaint, therefore Standard 7 is Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | 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**

Consumers and representatives described the various ways they feel engaged in care and service development and evaluation and noted recent engagement by the governing body to seek consumer feedback on the redesign of the service’s courtyard. Staff and management provided feedback about ways consumers and representatives are encouraged to participate and how consumer feedback led to the project to improve the courtyard. Documentation reviewed by the Assessment Team demonstrated how the service engages consumers and implements feedback into continuous improvement activities.

The organisation has a range of policies, procedures and frameworks that guide management and staff to provide a safe and inclusive culture. Management monitors clinical indicators at the service to identify trends and risks. Analysis of compliance indicators, complaints and clinical risk assessments is reported at the governing body level to identify trends. The organisation monitors care and services through the review of key performance indicators, incidents, audits, and consumer feedback and complaints. Management and staff described how the organisation’s governing body promotes a culture of well-being, choice, and empowerment for consumers. Consumers and representatives expressed confidence the service is safe and well run.

The Site Audit report demonstrates evidence of effective organisation wide governance systems. Consumers and staff provided positive feedback about communication and accessibility of information and the Assessment Team observed information to be securely stored. The organisation has an ongoing plan for continuous improvement which includes a range of local and organisational improvements identified through feedback, complaints, incidents and risk analysis. The organisation has systems of financial and workforce governance to ensure clear delegation of responsibilities. The organisation has systems to maintain up to date with regulatory obligations. The service has an effective feedback and complaints management system.

The organisation has a risk management system and processes in place that effectively supports the service to identify and assess risks, including identifying and managing high impact or high prevalence risks associated with clinical care. The governing body monitors risks and uses information to improve care and service delivery. Staff and management interviewed discussed how they identify and respond to risks, and could describe their responsibilities to report incidents, and prevent abuse and neglect. Staff described how they support consumers to live the best life they can by identifying what is important to the consumer and enabling choice.

The organisation has a clinical governance framework which includes policies and procedures relevant to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. The service has processes to record, monitor, trend and analyse antimicrobial usage, and appropriately identify, monitor and minimise the use of restrictive practices.

I have considered the evidence, and I find Requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) Complaint, therefore 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)