

**Performance Report**

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| Name: | Loxton District Nursing Home |
| Commission ID: | 6405 |
| Address: | Drabsch Street, LOXTON, South Australia, 5333 |
| Activity type: | Site Audit |
| Activity date: | 10 December 2024 to 12 December 2024 |
| Performance report date: | 13 January 2025 |
| Service included in this assessment: | Provider: 9692 Riverland Mallee Coorong Local Health Network Incorporated  Service: 4211 Loxton District Nursing Home |

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 Loxton District Nursing Home (**the service**) has been prepared by Rob Falco, 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, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and management.
* the provider’s response to the assessment team’s report received 7 January 2025 which included a plan for continuous improvement.

# 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 | **Not 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

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.

**Standard 3 requirement (3)(a)**

* Ensure each consumer receives clinical care which is best practice, and tailored to their needs, specifically in relation to diabetic and post falls monitoring.

**Standard 3 requirement (3)(b)**

* Review and monitor the management of high-impact or high-prevalence risks, specifically relating to restrictive practices.

# 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

Staff demonstrated knowledge of consumers’ cultural background and used this information to inform and enhance the delivery of care and services. Strategic documents, policies, and care documentation demonstrated inclusive care and service delivery is promoted and supported within the service. Observations showed staff interacting with consumers in a respectful manner. Consumers and representatives said consumers are treated with dignity and respect, with their identity, culture, and diversity being valued.

Management explained their commitment to training the workforce to operate effectively in a multicultural setting. Documentation showed consideration of consumers’ cultural identity when delivering care and services. Consumers and representatives said care and services provided are culturally safe, and staff are respectful of cultural differences, including race and religion.

Staff described how they assist consumers in making day-to-day choices. Documentation reflected individual choices around when care and services are delivered, who is involved in care, and how the service supports them in maintaining relationships. Consumers and representatives said consumers are supported to exercise choice and independence, make decisions about their care and services, and choose who is involved in the decision-making process.

Policies and procedures guide staff in identifying and supporting consumers who undertake activities involving risk. Documentation included dignity of risk assessments outlining their chosen activities, ongoing discussions with consumers regarding associated risks, and mitigation strategies to minimise these risks. Consumers said they are supported to engage in risky activities if they wish, to enable them to live the best life they can.

Management said they communicate with consumers who have cognitive or hearing impairments with communication cards, written words, and the assistance of representatives. Observations showed up-to-date information is available throughout the service and accessible to consumers. Consumers and representatives said consumers are provided with information that is current, and provided in a way that is easy to understand and promotes choice.

Staff are guided by policies and procedures regarding privacy and confidentiality. Observations showed staff consistently respecting consumers' privacy through actions such as knocking on doors before entering bedrooms, and avoiding discussing consumers’ personal information in communal areas. Consumers and representatives said consumers' privacy is respected by all staff, and personal information related to their care and services is kept confidential.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore, the Quality Standard 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

Assessment and planning, including consideration of risks to consumers’ health and well-being, informs the delivery of safe and effective care and services. Consumers undertake assessments on entry which include consumers’ needs, goals and preferences. Staff confirmed consumers risks are identified during the admission process with appropriate assessments completed when risks are identified. Consumers and representatives confirmed they were involved in the assessment process when consumers first entered the service, and on an ongoing basis.

Detailed assessments provide individualised strategies, goals, needs and preferences. Consumers’ advance care directives are discussed when consumers first enter the service and are captured in documentation. Consumers and representatives confirmed assessment and planning identifies and addresses consumers’ current needs, goals, and preferences.

Representatives are informed of all changes to consumers' needs, including following incidents, medication changes or changes to their health. Staff described how referrals are made and how other health professionals provide care to consumers. Consumers confirmed they are asked who they would like to include in discussions regarding their care and services, and what information they would like shared.

Outcomes of assessment and planning are effectively communicated to consumers and documented in care plan evaluation assessments and progress notes. A copy of consumers’ care plans is provided and stored in consumers’ rooms. Consumers and representatives are informed of changes to assessments and care plans following care plan reviews, incidents, or any changes to consumers’ care needs. Consumers and representatives said staff talk to consumers about their care and services and know what they need.

Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact the needs, goals, or preferences of consumers. Consumers and representatives said they are notified of incidents and outcomes promptly. Clinical staff were familiar with reviewing care plans on an ongoing basis and in response to changes in consumers’ health and following incidents. Consumers said staff talk to them about their care and services and representatives interviewed confirmed staff do call them in relation to care plans.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore, the Quality Standard 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. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not 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

The Quality Standard is non-compliant as 2 of the 7 requirements assessed have been found non-compliant.

**Requirement (3)(a)**

Consumers and representatives confirmed consumers’ care is personalised, tailored to their needs, and said staff are attentive, kind, and caring. Staff demonstrated sound knowledge in consumer needs and preferences. The service demonstrated appropriate clinical care for wound management and weight management. However, the assessment team recommended requirement (3)(a) not met as documentation did not show clinical care is reflective of best practice in relation to diabetic or falls management. The assessment team’s report provided the following evidence relevant to my finding:

* Consumers’ diabetic management did not show blood glucose levels were being monitored and recorded in line with Medical Officer’s directives, or actions are taken when consumers blood glucose levels are outside of the recommended range.
* Vital charting did not demonstrate consumers are monitored post falls, specifically relating to vital and neurological monitoring in line with the protocol and when consumers observations were outside of their reportable range. Charting did not show staff responded appropriately, including additional monitoring of the consumers or contacting the Medical Officer.

The provider submitted a plan for continuous improvement in their response detailing actions planned/implemented to rectify the deficits identified in the assessment team’s report. This included, but was not limited to, training for all staff, development of an observation audit tool, and prompt sheets to ensure follow up of out of range observations have been adequately documented.

I acknowledge the provider’s response and the evidence in the assessment team’s report. Whilst the evidence provided in the assessment team’s report demonstrates wounds are effectively managed and weights are monitored, the service did not demonstrate effective diabetic and post falls management. Two consumers had blood glucose levels out of range with no additional monitoring or checks and it was not demonstrated that another two consumers were monitored in line with the falls protocol and when consumers observations were outside of their reportable range. The actions included in the plan for continuous improvement address the issues identified, however, I consider time is required to embed and monitor the improvements planned to ensure they are effective.

For the reasons detailed above, I find requirement (3)(a) in Standard 3 Personal care and clinical care non-compliant.

**Requirement (3)(b)**

The assessment team recommended requirement (3)(b) not met as effective management of high-impact or high-prevalence risks was not demonstrated, specifically in relation to non-pharmacological interventions not being trialled before the administration of chemical restraint, and mechanical restraint being used without consent. One consumer was administered as required chemical restraint on several occasions over a short period of time with progress notes not detailing any non-pharmacological interventions being trialled before administration and had mechanical restraint applied without consent.

The provider submitted a plan for continuous improvement in their response detailing actions planned/implemented to rectify the deficits identified in the assessment team’s report. This included, but was not limited to, face to face restrictive practices and serious incident response training for all staff, and mentoring and training for site management to increase vigilance when carrying out documentation and clinical care monitoring processes.

I acknowledge the provider’s response and the evidence in the assessment team’s report. However, I find the service did not effectively manage restrictive practices for one consumer. Documentation did not reflect care requirements for the consumer and medication was incorrectly recorded. The use of mechanical restraint was also administered without consent. I find the actions included in the plan for continuous improvement address the issues identified in relation to reviewing care and services, however, I consider time is required to embed and monitor the improvements planned to ensure they are effective.

For the reasons detailed above, I find requirement (3)(b) in Standard 3 Personal care and clinical care non-compliant.

**In relation to all other requirements in this Standard**, consumers’ end of life needs and preferences are monitored and supported through assessment of pain, agitation, discomfort and emotional support. Representatives confirmed they felt staff would provide adequate care during the end of life phase and would support consumers and themselves during this time.

Documentation showed changes or deterioration in consumers’ health or condition are identified, and actions are taken, such as referrals to health professionals and reviewing the consumers clinical and care needs. Staff described processes to report and respond to changes related to consumers. Consumers felt confident staff would notice if their personal or clinical needs changed and would respond appropriately.

Documentation showed entries from health professionals and summaries of specialist reports were communicated effectively within the organisation and with external providers where appropriate. Staff described the range of methods in which they receive updates, including through the handover process, verbally, or huddles. Consumers and representatives said staff were familiar with consumers’ preferences and needs, and representatives said they received updates following reviews, changes, or incidents.

Staff initiate timely and appropriate referrals to individuals and other organisations when needed. Staff described referral processes involved in the delivery of care and services, both internally and externally. Documentation shows external and internal services are involved in the care and services for consumers. Consumers and representatives said other organisations are involved in care and this occurs promptly.

Standard and transmission-based precautions are used to minimise and control infection related risks. Staff described processes in place for minimising risks of infection which included policies, procedures, education, and an infection management plan. Monitoring of antibiotic prescription is undertaken through monthly clinical trending. Consumers and representatives advised that staff keep them safe through the use of personal protective equipment, cleaning and COVID-19 testing.

Based on the assessment team’s report, I find requirements (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3 Personal care and clinical care 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

Staff described how they actively promote consumers’ independence and quality of life through high-quality care and services guided by established policies and procedures. Documentation showed the existence of a consumer-driven lifestyle program that is regularly reviewed to ensure it meets individual needs and preferences. Observations confirmed consumers' daily participation and engagement in a variety of programs which they confirmed are tailored to their specific needs and goals. Consumers and representatives said services and supports for daily living provided are in line with their goals, needs, and preferences.

Staff provide kind, caring, and thoughtful emotional, spiritual, and psychological support as needed. Documentation showed established processes for ensuring consumers’ emotional, spiritual and psychological well-being is prioritised. Consumers and representatives confirmed services and supports provided for daily living promote emotional, spiritual, and psychological well-being.

Lifestyle documentation included an activities program aligned with documented personal interests, as confirmed by consumers, which reflects the supports provided to help consumers participate in their community, maintain relationships, and pursue their interests. Observations showed consumers participating in individual and group activities, leaving the facility for appointments, and visiting with friends and family. Consumers and representatives said services and supports for daily living provided assist consumers to participate in their community within and outside the organisation’s environment.

Care documentation for consumers was found to be clear and regularly reviewed. Staff confirmed care plans are readily accessible and easy to understand, and daily updates are communicated through handover processes. Consumers and representatives said information about consumers’ condition, needs, and preferences is communicated within the organisation and with others where responsibility is shared.

Consumers receive timely and appropriate referrals to individuals, other organisations, and care providers when needed. Documentation showed care planning interventions are informed by specialist recommendations, and regular support from volunteers or external organisations. Staff said referrals are made in consultation with consumers and their representatives when necessary.

Staff were knowledgeable about consumers’ needs and preferences and described how they seek feedback regarding menu changes. Documentation recorded consumers’ dietary needs and preferences, including allergies, likes, and dislikes, which were included in care plans and monitored by kitchen staff. Consumers and representatives said meals provided, are of varied and of suitable quality and quantity.

Staff described processes for maintaining equipment cleanliness and readiness. Care documentation for reviewed consumers included information on equipment needed for daily activities such as wheelchairs, walking frames, and hearing aids. Equipment was observed to be safe, clean, and well-maintained. Consumers and representatives said consumers are provided with equipment that is safe, suitable, clean, and well-maintained.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant, therefore, the Quality Standard 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

The service environment was observed to be welcoming, homely, and easy to navigate. Soft and hard furnishings, artworks, and ornaments are displayed throughout common areas, and consumers’ rooms are personalised. Consumers and representatives said the service environment is welcoming, easy to understand, and optimises each consumer’s sense of belonging, independence, interaction, and function.

Staff demonstrated a clear understanding of maintenance protocols and hazard reporting processes. Preventative and reactive maintenance, cleaning processes, and regular internal audits ensure the prevention, identification, and resolution of potential hazards. Observations showed consumers moving around the internal and external spaces of the service with ease. Consumers and representatives said the service environment is safe, well maintained, and they can move freely both indoors and outdoors.

A preventative maintenance schedule is established, incorporating monthly, biannual, and yearly tasks. Observations confirmed the regular cleaning and servicing of furniture, fittings, and equipment. Consumers and representatives said furniture, fittings, and equipment are safe, clean, well maintained, and suitable for consumers’ use.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant, therefore, the Quality Standard 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

Staff described how they support consumers and representatives to provide feedback. Complaints management systems and processes are in place and management said feedback and complaints are encouraged at resident meetings and are a standing agenda item. Various methods are available to consumers to provide feedback or make complaints. Consumers and representatives reported they are provided with information in relation to feedback and complaints processes and attend meetings where issues are discussed.

Staff were aware of consumers’ communication barriers and described how these are overcome. Management described systems to support consumers to access advocacy and language services which was evidenced in documentation. Consumers and representatives said they were aware of external services for raising and resolving complaints.

The organisation has a complaint handling process and open disclosure policy which consumers and representatives confirmed is practiced. Consumers and representatives said appropriate action is taken in response to complaints and they are notified of adverse events. Actions taken to resolve complaints was found to be documented.

Systems and processes are in place to ensure feedback and complaints are reviewed and used to improve the quality of care and services. Staff and management described improvements and items on the complaints register are actioned and finalised and are linked to the Plan for Continuous Improvement where trends are identified. Consumers and representatives confirmed action to improve care and services had been instigated.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant, therefore, the Quality Standard 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

The service demonstrated the number and mix of members of the workforce was sufficiently planned to enable the delivery and management of safe quality care and services. The organisation has systems in place for managing role vacancies and unfilled shifts. Consumers and representatives said the number of clinical and care staff is sufficient to meet consumers' needs.

Staff interactions with consumers are kind and respectful. Staff were knowledgeable about consumers’ needs and preferences and were aware of where they could find additional information if required. Management said the organisation has a ‘catch and call’ workplace culture to empower staff in reporting poor behaviours, and consumer feedback is used to gauge behaviours of the workforce. Consumers and representatives spoke positively of staff and observations showed staff are kind, caring and respectful when interacting with consumers.

All staff felt they were supported by management and have had sufficient training to undertake their roles. The organisation has policies and procedures in place to ensure all staff have the appropriate qualifications and registrations required for their role. Consumers and representatives felt staff are competent and understand the needs of consumers in their care.

Pre-employment processes verify qualifications and systems are in place to monitor staff competencies. Staff reported they undertake mandatory training, and additional training is provided if gaps or needs are identified. Consumers and representatives reported staff were competent and had skills necessary to perform their roles.

Regular assessment and review of staff performance is undertaken on each member of the workforce. Management monitor staff performance through observations, consumer and representative feedback, peer feedback, and review of incidents. Staff interviewed confirmed they undertake regular performance reviews where they can identify their strengths and areas for improvement as well as seek professional development opportunities.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant, therefore, the Quality Standard 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**

Resident meetings take place regularly and provide another opportunity for consumers to get involved. Systems are in place to capture consumer feedback and the Plan for Continuous Improvement showed items which occurred directly as a result of feedback. Consumers and representatives described involvement in the delivery and evaluation of care and services at care plan reviews, one-on-one conversations, surveys, and resident meetings.

Policies, procedures and frameworks are in place which describe the responsibilities and expectations of all individuals within the organisation. The organisation has a range of reporting mechanisms to ensure the governing body is aware of and accountable for the delivery of care and services provided. Consumers said they feel they are safe at the service and feel it is well run.

Information management systems are in place to ensure staff have access to relevant information to perform their roles effectively. Management described the process for both in and out of budget expenditures. Consumers and representatives sampled confirmed they are encouraged to participate in providing feedback and completing surveys which are used to drive continuous improvement. The organisation monitors legislation changes and ensures the service is meeting its obligations. Processes are in place to ensure staff are selected and trained to meet the job requirements and understand organisation values.

Processes are in place to support the safety of, and quality of services when identifying risks and providing care. Incidents of abuse and neglect are managed and documented through the service’s incident log, with strategies implemented to prevent incidents recurring. The service has clinical incident management procedures, policies and risk registers in place to guide staff practice. Consumers are supported and encouraged to take risks and confirmed risks and mitigations strategies are discussed with them to enable them to live the best life they can.

A clinical governance framework is in place with a suite of policies and procedures to guide staff in the delivery of clinical care, including antimicrobial stewardship, open disclosure and minimising the use of restraint. The service demonstrated effective use of open disclosure and provided documentation to support the trending of antimicrobial use. The organisation has a clinical governance framework and states it is built on governance leadership, culture, patient safety, quality improvement systems, effective clinical performance, and safe environments for the delivery of care.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant, therefore, the Quality Standard is compliant.

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