Performance

Report

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| Name: | Lutheran Services - Cooinda Aged Care Centre |
| Commission ID: | 5134 |
| Address: | 2 Cooinda Street, GYMPIE, Queensland, 4570 |
| Activity type: | Site Audit |
| Activity date: | 20 August 2024 to 23 August 2024 |
| Performance report date: | 13 September 2024 |
| Service included in this assessment: | Provider: 393 Lutheran Church of Australia - Queensland District  Service: 3491 Lutheran Services - Cooinda Aged Care Centre |

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 Lutheran Services - Cooinda Aged Care Centre (**the service**) has been prepared by Danielle Utting, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

The provider sent an email on 11 September 2024 advising acceptance of the assessment team’s report.

# 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 how staff treat them and make them feel respected and valued as an individual. Staff interviewed spoke of consumers respectfully and understood their individual choices and preferences. Staff described how they take time to understand consumers background and life history. Care planning documentation detailed information about consumer backgrounds and preferences and was consistent with information received from consumer and staff interviews. The service has policies and mandatory training on diversity, respect and dignity to guide staff practice.

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

Consumers and representatives said the service supported the consumers to exercise choice and decision-making about how care and services are delivered. Consumers explained how the service supports them to keep connected with their families. Management and staff described how each consumer is supported to make informed choices about their care and services, and how they support consumers to maintain relationships of choice. Care planning documentation identified consumers’ individual choices around how care is delivered, who is involved in their care and how the service supports them in maintaining relationships.

Consumers and representatives said their choices and preferences relating to risks are respected. Management and staff demonstrated knowledge of the risks taken by consumers and outlined how they support consumers who make choices that involve risk, by informing them of the potential risks and how these risks could be minimised. Care planning documentation reflected how consumers are supported to take risks and included risk assessments completed in consultation with consumers/representatives. The service has a dignity of risk policy to guide practice.

Consumers and representatives were satisfied that they receive accurate and timely information from the service. Consumers spoke of being informed of the meal choices and activities and that staff were available to explain information when they were unsure. Staff described how they communicate with consumers in a way that is easy for them to understand, and processes are in place to communicate with consumers who are living with vision and hearing impairment. The Assessment Team observed lifestyle calendar and menus on display throughout the service and in consumers rooms.

Consumers confirmed their privacy is respected and were satisfied the staff maintained confidentiality of their personal information. Management and staff described practical measures taken to respect consumer privacy and ensure personal information is kept confidential. The Assessment Team observed staff following privacy and confidentiality measures, in line with the service’s privacy policy.

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

# 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 interviewed said they receive the care they require and outlined staff interviewed described the care planning process, including how they consider risks for individual consumers, and enables them to plan for the delivery of safe and effective care. Staff described the assessment and care planning process. Admission documentation and care planning documentation evidenced consideration of individual risks for consumers and mitigation strategies.

Consumers and representatives described the ways the service had involved them in the assessment and planning of care, including advance care planning. Clinical staff described how they involve consumers and representatives in the assessment and planning process at all stages including at EOL, to best identify their needs, goals, and preferences. Care planning documentation reviewed evidenced the inclusion of consumer’s current needs and preferences, including EOL planning. The service had effective systems in place to facilitate assessment and planning to capture the current needs of each consumer.

Consumers and representatives were satisfied with their involvement in the planning of care, and said they were able to provide input to ensure their needs were being met. Clinical staff described how they collaborate with consumers, representatives and other providers of care and services to plan consumer care. Care planning documentation evidenced regular care plan evaluations and review, in line with the service’s policies, and included input from a range of external providers such as MOs, physiotherapists, dietitians, and speech pathologists.

Consumers and representatives said staff regularly communicate changes relating to care and services with them. They said staff explain things to them if needed and have been offered a copy of their care plan. Clinical staff and allied health staff were able to describe how they effectively communicate outcomes of assessment and planning to consumers and their representatives. Care planning documentation evidenced recording of the outcomes of care planning.

Consumers and representatives were satisfied the service reviews care and services regularly and when changes occur. Staff were able to explain the process for scheduled review of care planning documentation. Care planning documentation evidenced regular reviews to ensure continued effectiveness, when circumstances changed, or when incidents occurred which impacted on the needs, goals, or preferences of the consumer. The Assessment Team observed care plans were reviewed at least 3-monthly, in line with the service’s policy.

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

# 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 advised they receive safe and effective personal and clinical care that meets their needs and optimises their well-being. Staff had knowledge of consumers individual assessed care needs which aligned with information contained in consumers care planning documentation. The service demonstrated that consumers subject to restrictive practices were assessed, they or their representative had provided informed consent and had tailored behaviour support plans (BSPs) in place. Management and staff interviewed demonstrated knowledge on the delivery of best practice principles in relation to the management of restrictive practices, skin integrity and pain management. Care planning documentation for consumers with wounds evidenced regular wound charting and images with a single use ruler, consistent with the service’s policy.

Consumers and representatives were satisfied the service provided them with effective care to manage their clinical risks. Management and described the high-impact and high-prevalence risks. Clinical staff explained how they manage risks such as pressure injuries and falls risk. Care planning documentation evidenced consideration of risks to each individual and strategies to manage and minimise these risks.

Clinical staff explained how they would recognise when a consumer was nearing end-of-life and provide care to ensure their comfort. Care documentation evidenced regular care case conferences for palliating consumers to ensure consumers wishes and preferences were current. Staff described the holistic care provided to consumers nearing end-of-life such as aromatherapy, calming music, spiritual services, hygiene care, repositioning and administering as required medication. Staff had access to an end-of-life and palliative care procedure to guide practice.

Consumers and representatives said the service was responsive to consumer care needs and would inform them of any change to their health, along with planned management strategies. Consumers care planning documentation and progress notes evidenced the timely identification of, and response to, deterioration or changes in the condition. Staff described how they recognise deterioration or changes and respond. Staff explained how they work in partnership with allied health professionals, medical officers and relevant medical specialists to ensure appropriate management of deterioration. The service had policies and procedures, which provided guidance on how staff are to respond to deterioration or change in a consumer’s health is observed.

Consumers and representatives were satisfied with how information about them was communicated to different staff and other health professionals involved in their care. The service had systems and processes in place to ensure information is communicated within the organisation effectively. Clinical and care staff explained the ways information is shared within the service across staff at different levels such as through staff huddles, handover, and the electronic care management system. Consumers care planning documentation reviewed by the Assessment Team was observed to be readily accessible, comprehensive and tailored to each consumer and contained sufficient information to inform staff.

Consumers and representatives were satisfied with referrals made on their behalf to general practitioners, allied health, and other specialist health care providers. Management and clinical staff described how referrals were made to other organisations and providers of care and services to supplement the care delivered at the service and ensure quality outcomes for each consumer. Care planning documentation and progress notes reviewed evidenced the involvement of medical officers, allied health professionals and other providers of care.

Consumers and representatives expressed confidence in the minimisation of infection-related risks. The Assessment Team observed staff using the appropriate personal protective equipment (PPE) and practicing hand hygiene. Management and staff demonstrated understanding of precautions to prevent and control infection risk and the steps taken to minimise the need for antibiotics, such as awaiting pathology results prior to commencing antibiotics. The service had policies and procedures, including an outbreak management procedure to guide staff and the support of an infection prevention and control (IPC) lead. The Assessment Team observed the service has systems in place to ensure screening of all visitors, staff and returning consumers.

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

# 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 described how the service supported them to engage in activities that met their needs, goals, and preferences and further expressed satisfaction at how their quality of life was maximised. Lifestyle staff explained how they ensure the activities schedule reflects consumer preferences. They said they use information from consumers lifestyle care plans, consumer meetings and verbal feedback to create the monthly activities schedule. Staff could explain what is important to consumers and what they like to do, which aligned with information within the consumer’s care plan.

Consumers and representatives confirmed the service had supports in place to promote their emotional and psychological wellbeing. Staff described how they respond if they notice changes in a consumer’s well-being or mood. Care planning documentation for consumers noted their emotional and psychological needs, as well as their faith. Consumers have access to individual staff support sessions and a variety of religious services.

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

Consumers and representatives expressed satisfaction their needs and preferences were communicated effectively within the service and with other services. Staff said they communicate and document changes in the electronic care management system as well as during shift handovers. Systems were in place to facilitate communication, such clinical staff updating kitchen staff on changes to consumers’ dietary needs and preferences verbally and providing a copy of the consumer’s nutritional profile summary.

Consumers and representatives were satisfied with the timely referrals to individuals and other organisations. Care planning documentation identified referrals to other organisations, such as arranging one-to-one volunteer visitors for consumers. Staff were knowledgeable of external support services and specific consumers who utilise these services. Documentation showed consumers receive timely referrals and support from other providers of services and supports.

Most consumers and representatives expressed satisfaction with the quality, quantity and variety of meals provided at the service and said they can provide feedback and comments on the food. Staff described how they ensure consumer choices are supported and arrange alternatives if the consumer wishes. Hospitality staff described how they use feedback from consumers to develop and improve the service’s menu, which is changed each month. The Assessment Team observed current copies of the daily menu on display and staff observed to be supporting consumers with meals and adhering to food safety protocols.

The service demonstrated equipment provided to consumers is safe, suitable, clean and well maintained. Consumers reported having access to clean equipment, including personal equipment to assist them with their mobility needs. Staff described how the equipment is kept safe, clean and well maintained. The Assessment Team observed clean and well-maintained equipment throughout the service.

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

# 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 said the service is welcoming, easy to navigate and they are supported to personalise their rooms. Management and staff described how they ensure the service feels welcoming for consumers and their visitors, including encouraging consumers to personalise their rooms. The Assessment Team observed clear signage throughout the service to support navigation.

Consumers expressed satisfaction with the cleanliness of the service environment, said it is well maintained and can access outdoor areas. Staff described the cleaning regimes and management of hazards. Cleaning log documentation confirmed cleaning was taking place as scheduled. Maintenance staff described how reactive and preventive maintenance is managed. Documentation reviewed evidenced completion of monthly environmental audits to identify hazards and ensure the service environment is safe, clean, and well maintained. The service environment was observed by the Assessment Team to be clean and well maintained.

The service was able to demonstrate furniture, fittings and equipment were safe and well maintained. The Assessment Team observed, and consumers confirmed, equipment and fittings were cleaned regularly. Staff described their role and the processes for cleaning and maintaining personal equipment, furniture, and fittings in the service and how they were made suitable for each consumer. The preventative maintenance schedule evidenced various tasks completed, in line with staff feedback.

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

# 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 interviewed said they feel comfortable and safe to provide feedback and make a complaint, and described how they provide feedback or make a complaint. Management described how varied ways consumers can provide feedback such as verbally, feedback forms and consumer meetings. Staff described the feedback procedures and their role in resolving or escalating a complaint. Feedback forms and locked boxes to collect complaints were observed throughout the service.

The Assessment Team observed information about advocacy and external services on display at the service. Consumers and representatives were informed about how to raise concerns, provide feedback, access interpreters or advocacy services. Staff interviewed demonstrated knowledge of external advocacy and complaints services available to consumers.

Consumers and representatives were satisfied with the management of complaints and actions taken. Management and staff described the open disclosure process when handling complaints, including working collaboratively with consumers and representatives and apologising when necessary. The service had a feedback and complaints policy and open disclosure policy procedure to guide staff practice. Review of the services feedback and complaints register demonstrated the service to appropriate action in response to complaints, including practicing open disclosure.

The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback and complaints from consumers and representatives, and identifying continuous improvement opportunities via various sources. Consumers and representatives expressed satisfaction with the service’s feedback and complaints process, including how they are reviewed and used to improve the quality of care and services. Management described how feedback and complaints are collected and reviewed to assist in improving care and services. The services continuous improvement plan included improvement actions resulting from consumer and representative feedback.

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

# 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 interview said the service has enough staff to meet their care and service needs. Management and staff explained the processes for coverage of planned and unplanned leave. Management described how they complete analysis of consumers clinical care needs and care minute requirements to ensure adequate staffing levels. Documentation reviewed evidenced rostering of registered nurses 24/7, weekly investigation of call bells over a 20 minute wait time and most shifts covered in accordance with the master roster.

Consumers and representatives said staff are kind and caring, and always gentle when providing care and services. Management and staff demonstrated they were familiar with each consumer’s individual needs and identity. Staff were observed to be interacting with consumers in a positive, caring, and respectful manner. The service had various policies and procedures to guide staff practice and behaviour.

Consumers and representatives provided positive feedback regarding the skills and knowledge of staff employed at the service. Management described how they monitor staff competency through education, assessment, and monitoring, and how they support new starters and determine their competency. Staff said they were provided with regular education enabling them to keep their knowledge and skills up to date. The service demonstrated there was effective systems in place to ensure staff were competent and knowledgeable to perform their roles, such as using position descriptions to guide staff performance and monitoring mandatory registrations of staff.

Staff interviewed said the service provides mandatory and supplementary training to support them to provide quality care. Staff demonstrated understanding of topics including the SIRS reporting, open disclosure, and restrictive practices. Completion of mandatory training was monitored by management. Management described and provided evidence of ad hoc training facilitated following feedback from staff. The Assessment Team reviewed documentation that evidenced staff are trained and supported to deliver outcomes required by the Quality Standards.

The service demonstrated that the performance of staff is regularly assessed, monitored, and reviewed. Staff said they participate in regular performance appraisals and can discuss further training and development areas. Management tracked completion of performance appraisals. Management provided examples of performance management plans being initiated due to incidents or feedback received.

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

# 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 were satisfied with the ways they can provide feedback in the operations of the service and management provided practical examples of how this occurs. Management described, and documentation reviewed confirmed, the organisation-wide implementation of consumer advisory committees. The consumer advisory body enabled communication from consumers to the governing body on consumer experience and proposals for continuous improvement. Management and clinical staff explained the ways consumers and representatives are actively engaged in the development, delivery and evaluation of care such as monthly consumer and representative meetings, feedback forms and surveys.

Management described the organisational and governance structure to ensure the delivery of quality care and services and the systems in place to support this, including regular monitoring from the governing body through compliance reporting, internal and external audits, and consumer feedback. Documentation reviewed evidenced the governing body is kept informed and held accountable for the outcomes of care and services at the service.

Staff confirmed they can readily access information through the electronic care system. Information is available such as through the electronic care management system, incident management system and the intranet page. Management described how continuous improvement opportunities are identified through regular internal audits, feedback received, identifying trends and communication from the Commission. Management described how the service operated within a budget set at the start of the financial year and explained how they prepared monthly expense reports for monitoring and review by the governing body. Documentation reviewed evidenced the approval of larger expenses by the governing body.

The service demonstrated there are effective systems and practices to monitor the workforce compliance with training and qualifications. Management described how they meet with staff regularly to discuss performance. The service demonstrated that regulatory compliance was effectively managed and legislative changes or updates to policies and procedures were communicated to service management and staff. The service demonstrated that feedback and complaints are documented, actioned and analysed to identify improvement opportunities.

The service demonstrated there is a risk framework in place that identifies, manages, and reports risks and implements actions to minimise risks. The service had systems, policies and procedures in place to identify high-impact and high-prevalence risks such as falls, as well as other risks to consumers including elder abuse and neglect, minimising restrictive practice, and infection risk. The service had an electronic system to capture incidents and management outlined how critical incidents were escalated to the organisation’s quality team and governing body. Documentation reviewed demonstrated compliance with the legislative requirements for reportable incidents.

The service demonstrated there is a clinical governance framework in place to monitor the systems to deliver safe and quality clinical care. There were accessible policies and procedures in relation to antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff demonstrated how policies and procedures relating to these key areas were applied in the delivery of care and services.

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

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)