Performance

Report

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| Name of service: | Lutheran Services – Tabeel |
| Service address: | 27 Ambrose Street LAIDLEY QLD 4341 |
| Commission ID: | 5127 |
| Approved provider: | Lutheran Church of Australia - Queensland District |
| Activity type: | Site Audit |
| Activity date: | 11 April 2023 to 14 April 2023 |
| Performance report date: | 16 May 2023 |

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 – Tabeel (**the service**) has been prepared by J Earnshaw, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 9 May 2023
* other information and intelligence held by the Commission in relation to the service

# 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 said staff value consumers identity, culture, and diversity and staff were able to demonstrate an understanding of what is important to each consumer and how they treat consumers with respect. However, the Site Audit report brought forward information that the service was unable to demonstrate consumers are treated with dignity and respect, specifically in relation to assistance with and privacy of toileting and continence needs. Some consumers said they are not assisted to use the shared bathrooms but are provided commodes for toileting needs, which in shared rooms are shared with 2 or 3 other consumers.

One named consumer, with mobility issues, is at a high risk of falling, requires 2 staff to assist for transfer and access to mobility aids stored in another room, advised they self-mobilise to use a commode as the wait for staff assistance is too long. However, this consumer is unable to mobilise to close the door to maintain their privacy.

Another named consumer reported their emotional needs are not met and staff advised there is insufficient staff to provide emotional support to consumers.

The Site Audit report advised Management acknowledged the shared room environment impacts staff’s ability to provide assistance to consumers to use the shared bathroom and most of the 32 consumers in an area of the service use commodes.

Staff said most consumers in the shared rooms use commodes as time constraints do not allow them to transfer consumers from their room to the bathroom and back to their room.

Care planning documentation identifies consumers’ cultural needs and preferences, who is involved in their care and how the service supports them to maintain relationships of importance to them.

Consumers and representatives confirmed that consumers are supported to maintain their identity, make informed choices about their care and services, and live the life they choose. Consumers and representatives interviewed reported consumers are encouraged to maintain their independence, supported to take risks and that staff know what is important to individual consumers. Consumers reported their social connections are supported both inside and outside the service.

Consumers said they have the information they need to make informed choices, including what they want to eat, activities they wish to attend, and were confident their information is kept confidential.

The service was able to demonstrate information surrounding care and services provided to consumers and representatives is clear, easy to understand, is in a timely manner and allows them to make informed choices.

Staff interviewed were aware of consumers’ preferences, culture, values, and beliefs and were able to explain how those preferences influence how care is delivered, including supporting consumers to make choices which may involve risks; and staff were observed to interact with consumers respectfully.

The organisation has policies and procedures relevant to this Quality Standard.

Staff were observed to respect consumer privacy, for example staff knocking before entering rooms and closing curtains when providing care in shared rooms.

The Approved Provider, in its response provided information demonstrating immediate actions taken following the Site Audit of 11 April 2023 to 14 April 2023. Which included undertaking a review of consumer preferences related to personal hygiene needs. The Approved Provider informs that 29 consumers (36% of consumers) currently have access to bedside commodes and all, but one consumer chooses to continue to have bedside access to a commode.

The response advised one named consumer now has reduced mobility and updated needs and preferences where access to mobility equipment and a commode is no longer required. Additional information was provided confirming emotional support and ongoing care is provided to another named consumer, ensuring their emotional care needs are attended to.

The response advised that the service has not, in the preceding 12-month period; received any complaints from residents or representatives relating to the use of a commode by the bedside or privacy and dignity not respected.

Information pertinent to staffing levels was demonstrated in the response and I acknowledge the Service was subjected to a Gastroenteritis outbreak just prior to the Site Audit and the reported impact to staff managing consumer and staff illness.

The response included consumer care details, call bell response times and training provided to staff by the Service’s Nurse Practitioner related to treating consumers with dignity and respect. I am satisfied that the Approved Provider has demonstrated consideration and review of the deficiencies raised by the Assessment Team and adequate actions have been taken to ensure consumers are provided care in accordance with their preferences and treated with dignity and respect.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers response. Therefore, it is my decision that each requirement and the overall quality standard are 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

The service demonstrated a consistent approach to assessment and care planning which is undertaken with consideration of risks such as pain management, diabetes management, wound care, cognitive decline and falls.

Consumers and representatives considered consumers are partners in the ongoing assessment and planning of consumers care and services, including consideration of consumer’s wishes for end of life care and how other providers of care are involved in the consumers’ care. Consumers and representatives are informed about the outcomes of assessment and care planning by staff at the service and with external health care providers.

Staff described assessment and care planning processes and said consultation occurs with the consumer and representative and other health professionals to inform the development of an individualised plan. Care planning documentation evidenced the involvement of the consumer, those the consumer wishes to be involved, medical officers, physiotherapists, podiatrists and dietitian services regarding consumers’ care.

The organisation had policies and procedures available in regard to assessment and planning to guide staff practice.

Consumers and representatives said staff discuss consumers’ care needs or preferences with them and are responsive when changes occur.

Review of consumer care planning documentation identified assessment and planning included the consideration of individual consumers’ risk and reflected the consumer’s current needs, goals and preferences, including advance care planning.

Staff reported care planning information is communicated through the electronic care management system and case conferences. The service demonstrated care plans are reviewed every 3 months, when circumstances change or following an incident.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers response. Therefore, it is my decision that each requirement and the overall quality standard are 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 considered consumers received personal care and clinical care that is safe, right for them and in accordance with the consumers’ individual needs and preferences.

Consumers and representatives expressed satisfaction that consumers’ needs, and preferences were effectively communicated between staff.

Care planning documentation for consumers demonstrated effective assessment, management and evaluation of restrictive practices, skin integrity and pain.

Where restrictive practices are used, assessments, authorisation, consent and monitoring were demonstrated.

Behaviour support plans are in place for consumers who are subject to restrictive practices and the service maintains a psychotropic medication register identifying the type of psychotropic, diagnosis, and consumers who have had their medications reduced or ceased.

Review of documentation confirms consumers’ medication is reviewed regularly by the Medical Officer.

The service was able to demonstrate consumers experiencing chronic pain receive regular pain assessments identifying the site, type and severity of pain identified. Validated assessment tools are used, with both pharmacological and non-pharmacological interventions included in care planning documentation, with pain relief medication reviewed for effectiveness.

Wound care is completed as prescribed. Consumers with wound care needs are consistently attended to in accordance with the wound management plan.

The service was able to demonstrate effective processes to manage high impact or high prevalence risks associated with the care of each consumer. Care documentation identified consumers at risk, and staff were able to describe risks to the consumers including falls, skin integrity, pain management, falls, and challenging behaviours and the risk mitigation strategies that are used for these.

Staff were able to describe the ways they recognise and respond to deterioration or change in the consumer’s condition and clinical pathways are available to guide staff in identifying and responding to a change or deterioration in consumers’ conditions.

Staff described the ways in which information was shared amongst staff, which included within the electronic care management system, handover and staff meetings.

The service was able to demonstrate the minimising of infection-related risks through antimicrobial stewardship, the implementation of screening processes, staff education and through standard transmission-based precautions to prevent and control infection.

The service has documented policies, procedures and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and management of COVID-19 outbreaks. The service has a vaccination program for staff and consumers and is supported by an infection prevention and control lead. Staff were able to describe practices to prevent and control infections such as hand hygiene, use of personal protective equipment, encouraging fluids and obtaining pathology results prior to commencing antibiotics.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers response. Therefore, it is my decision that each requirement and the overall quality standard are 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 said consumers are engaged in a variety of leisure and lifestyle activities based on consumers individual needs and interests. Services and supports for daily living optimise consumers’ emotional, spiritual and psychological well-being.

Consumer care documentation demonstrated assessment processes capture those important to individual consumers, those involved in providing care and the activities of interest to the consumer.

Staff demonstrated knowledge of consumers’ needs and preferences and the support they require in their daily living to remain independent, participate in activities and individual interests. Staff were able to describe individual consumer social, emotional, cultural, and spiritual needs.

Staff described how changes in consumers’ care and services needs or preferences are communicated within the service, and with other health care providers as required.

The service was able to demonstrate timely and appropriate referrals occurred for consumers, to individuals, other organisations and providers of other care and services. Lifestyle staff described, and care planning documentation confirmed, how the service works in conjunction with external parties and organisations to supplement the services and supports for daily living offered to consumers.

The Assessment Team observed consumers participating in activities during the site audit.

Consumers expressed satisfaction with the quality and variety of meals provided and said they are now offered a range of meal choices since a new Chef recently commenced at the service. Consumers dietary requirements and preferences are accommodated and used to inform meal delivery. Staff demonstrated an awareness of consumers’ nutrition and hydration needs and preferences which are available in food service areas and recorded within the electronic care management system.

Consumers reported satisfaction with the equipment provided and knew how to report any concerns they may have about the safety of the equipment. The service was able to demonstrate equipment is safe, suitable, clean and when issues are identified, repairs are managed by maintenance in a timely manner.

Staff were able to describe how they identify and report any equipment that may not be fit for use and antibacterial wipes were observed to be available to wipe down all equipment after each use.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers response. Therefore, it is my decision that each requirement and the overall quality standard are 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 consists of tri/quad share rooms with shared bathrooms, single rooms with shared bathrooms and some single rooms with ensuites divided into 6 designated care areas. One area of the service consisting of shared rooms and 5 communal bathrooms, shared between 34 consumers was reported to have limited personal space for consumers and therefore containing minimal personal items.

Consumers spoke positively about the service environment and said they felt safe and comfortable at the service. However, some consumers cited issues with accessing personal items, including mobility aides due to the restrictions of the personal space available to them.

Consumers and representatives said consumers’ rooms and common areas are kept clean and well maintained. Staff were familiar with processes to maintain a clean and safe environment and a review of the service’s cleaning schedule confirmed, consumers rooms and furniture in common areas are cleaned according to cleaning schedules. Cleaning of consumer rooms and communal areas was observed by the Assessment Team occurring during the site audit.

Consumers said that staff were competent when using equipment and that they felt safe when staff used equipment to provide care and services. Staff could describe the processes for reporting faulty equipment and hazards.

Three consumers were observed by the Assessment Team to be smoking outside the designated smoking area on day on of the Site Audit. Management issued a staff memorandum and a letter to consumers and representatives to advise them of Queensland smoking legislation. The Assessment Team did not observe any further reoccurrences of consumers smoking in non-designated smoking areas during the Site Audit.

Maintenance staff said the service environment and maintenance register is reviewed daily and requests are prioritised as required. A review of the maintenance register demonstrated that maintenance needs are monitored and actioned in a timely manner.

The response from the Approved Provider described how consumers make their own choices around the amount of personal effects or decorations in their room and provided photographic evidence of rooms with personal belongings, photographs and items of importance to them.

The response advised one named consumer has decreased mobility and therefore on longer requires a mobility aide to be within reach and ongoing refurbishments to the service environment include sliding wardrobe doors and increasing of room size.

The service has implemented continuous improvement measures to address noise concerns including reduced volume nurse call annunciators in the evening and encouraging consumers to dim lighting and use of headphones to minimise disturbance in shared rooms.

The Assessment Team observed consumers moving freely between indoor and outdoor areas. Outdoor areas had wide concrete pathways and handrails in place, call bells were operational and were placed within consumers’ reach, and walkways and exits were free of hazards. Consumers personal mobility aids, including walking frames and wheelchairs, appeared to be clean and well maintained.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers response. Therefore, it is my decision that each requirement and the overall quality standard are 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, representatives, and staff advised they are encouraged and supported to provide feedback and make complaints, and that appropriate action is taken by management following the raising of concerns.

Staff demonstrated a shared understanding of the internal and external complaints/feedback avenues, and advocacy services available to consumers and representatives.

The service’s newsletter and consumer meeting minutes demonstrate the service supports and encourages consumers and representatives to provide feedback and make complaints.

Management and staff demonstrated an understanding of open disclosure and was able to give examples of how they work with the consumer or representative to resolve the issues to the consumer’s satisfaction and described changes that have been made at the service as a result of feedback received.

Feedback, complaints, and suggestions from consumers and representatives are sought through meetings, written feedback forms and informal ways including speaking to staff or management. Information on access to external complaints options and/or advocacy services were observed to be available to consumers and representatives.

The service trends and analyses complaints, feedback, and concerns raised by consumers or representatives and uses this information to inform continuous improvement activities across the service which are documented under the Plan for continuous improvement.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers response. Therefore, it is my decision that each requirement and the overall quality standard are 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 consider they received quality care and services when they need them from people who were knowledgeable, capable, kind and caring. However, the Ste Audit report described the service being unable to demonstrate the workforce is planned and adequate in number to enable the delivery of safe and quality care.

Some consumers reported being impacted by delays in staff response times to call bells, and as a result consumers’ requests for assistance are not being met in a timely manner. For example, one named consumer reported experiencing pain form the delay to be assisted with toileting needs.

Staff said time pressures do not allow them to assist consumers to the shared bathrooms and instead consumers use commodes in their shared rooms.

The Assessment Team observed staff interactions with consumers to be kind and respectful and care planning documentation reflected respectful language.

Consumers and representatives said staff are kind and caring, are qualified and have the knowledge and skills to provide safe and quality care and services that meet consumers’ needs and preferences.

Staff had a shared understanding in relation to what was important to consumers and how they could support consumers to live their best life.

The service uses consumer and representative feedback, complaints and incident reporting to monitor staff behaviour and to ensure interactions between staff and consumers meet the organisations and consumer expectations. The service demonstrated where incidents had occurred involving staff behaviour, the incidents were investigated, and actions taken including staff members who were involved in the use of inappropriate force and inappropriate use of restrictive practice were terminated.

Staff were able to describe the training, support, professional development and supervision they receive during orientation and on an ongoing basis. Staff confirmed they can raise requests for further training and education which is supported by management. Mandatory and role specific training was completed by staff and monitored by the service.

The service was able to demonstrate they have processes in place to monitor and regularly review staff performance.

The Approved Provider, in their response provided information demonstrating recruitment initiatives, staff numbers recruited (37) in the previous 6-month period, changes to staff break times to ensure availability of staff to assist consumers and improved agency induction processes.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers response. Therefore, it is my decision that each requirement and the overall quality standard are 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

Whilst the service demonstrated the service has a complaints management system, actions have been taken and consumers have confirmed improvements have occurred; consumers consistently expressed dissatisfaction with the lack of engagement by the service and the view they were not being engaged.

Management described various ways the Organisation involves consumers in the development, delivery and evaluation of care and services, including regular consumer meetings, case conferencing, and feedback avenues. However, Management acknowledged a lack of engagement with consumers and committed to improved communications regarding consumer meetings, changes at the service and consumer representation at bi-monthly food focused meetings.

Management described the various ways in which the organisation communicates with consumers and representatives and staff regarding updates on policies, procedures or changes to legislation.

The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and was accountable for their delivery. The Board satisfies itself that the Quality Standards are being met within the service through internal audits, consumer surveys, clinical indicators and clinical governance reports. The organisation’s governance framework identifies a leadership structure with the governing body holding overall accountability for the delivery of, and promotes a culture of safe, inclusive, and quality care and services for consumers.

The organisation’s documented clinical governance framework and policies in relation to antimicrobial stewardship, minimising the use of restrictive practices, complaints management and open disclosure were applied by staff in the delivery of clinical care. Staff had received training in relation to the framework and policies and provided examples of how they were applied to their practice.

Staff advised feedback and the analysis of clinical indicators was used to inform continuous improvement activities. Staff advised they were able to access the information they needed to perform their roles. Staff demonstrated an understanding of consumers with high impact or high prevalence risks; these included falls, behavioural incidents, infections, and weight loss and demonstrated how they implement the service’s policies in alignment with best practice.

The service was able to demonstrate established governance frameworks, policies and procedures that supports the management of risk associated with the care of consumers.

The service demonstrated systems are in place to monitor workforce competency and ensure the workforce is appropriately planned to facilitate the delivery of safe and effective consumer care.

The service demonstrated systems are in place to encourage the provision of consumer feedback and complaints and ensure appropriate and proportionate action is taken. Evidence of open disclosure was observed within staff practices and how consumer feedback and complaints positively contribute to improvement initiatives and outcomes.

The service has policies and procedures in relation to incident reporting, including reportable incidents and reporting timeframes. The service was able to demonstrate consumers are supported to take risks and participate in activities to enable them to live the best life they can.

Management and staff described, and the incident management system and reportable incidents register demonstrated, incidents are managed through an electronic Incident management system, and, how the service identifies, responds to, and reports incidents, including serious incident reporting.

The service has a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices and open disclosure. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented within their daily tasks.

The Approved Provider’s response demonstrated the measures taken to engage with consumers and how consumers can influence how care and services are developed and delivered. This is evidenced by consumer representation at Food and Dinning meetings, and the survey/feedback information sought from consumers and representatives in response to the Site Audit report.

I am satisfied the Service is engaging consumers in the development, delivery and evaluation of care and services.

In coming to my decision of compliance with this Standard, I have considered the information included in the Site Audit report under this and other standards alongside the Approved Providers’ response. Therefore, it is my decision that each requirement and the overall quality standard are 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)