Performance

Report

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| Name of service: | Maculata Place |
| Service address: | 124 Maculata Drive SHEPPARTON VIC 3630 |
| Commission ID: | 3349 |
| Approved provider: | Shepparton Retirement Villages Inc |
| Activity type: | Site Audit |
| Activity date: | 13 June 2023 to 15 June 2023 |
| Performance report date: | 4 August 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 Maculata Place (**the service**) has been prepared by N Eastwood, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 21 July 2023.

# 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 confirmed they are treated with dignity and respect and their culture and diversity is valued and respected. The Assessment Team observed this in practise with staff using preferred names and engaging with consumers respectfully. Resources such as cue cards and electronic interpreter devices were available to assist with non-English speaking consumer communication. Staff described how they have access to an interpreter service and picture cards are used in the memory support unit.

Consumers and representatives indicated the care provided by the service is culturally safe. Staff demonstrated an understanding of the needs of consumers with diverse cultural spiritual and linguistic backgrounds. A review of care planning documentation demonstrated the service has personalised information as it relates to consumers religious, spiritual, and cultural needs which is gathered through assessments and information gathered from consumers and representatives. The Assessment Team noted that while recent access to a visiting Italian group would be ceasing the service was exploring further Italian volunteer arrangements.

Consumers and representatives confirmed consumers are supported to exercise choice and independence regarding how their care and services are delivered and to maintain connections and relationships. Staff described ways in which each sampled consumer is supported to maintain relationships of choice and a review of care documentation supported individualised consumer choices for care and services and supports for maintaining independence. The Assessment Team observed a whiteboard inside each consumer’s room which includes care preferences and noted the individualised arrangements in place for consumers. The Approved Provider response is acknowledged and accepted in the context of restrictions in place for visitor’s given recent risk and experience related to outbreaks and ongoing management.

Consumers and representatives confirmed they were satisfied the service supports consumers to do the activities they want to do, including where the activities involve risk. A review of care files reflected risks are documented within care plans and relevant assessments with appropriate measures taken to ensure consumers are provided with the knowledge and information to make informed decisions. The Assessment Team noted the specific arrangements and assessments in place for use of motorised scooters, consumers to access the community independently, smoking related activities and where consumers choose to act contrary to clinical recommendations.

Consumers and representatives confirm they are kept well informed of events, activities and meals by notices placed around the service, electronic communication platforms and public address announcements. Staff explained they remind consumers of upcoming activities and the Assessment Team observed noticeboards with activity calendars at various locations, as well as staff updating the daily menus.

Where consumer information is displayed it is locked in cupboards, computers are password protected and locked when not in use. This was supported by the Assessment Teams observations as well as consumer and representative confirmation they are satisfied their confidentiality is protected.

# Standard 2

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

Findings

Consumers and representatives report being satisfied with the care and services they receive from staff. They also confirmed they are confident that staff can identify and minimise risks to promote their independence and safe care. Staff described how assessment outcomes are documented in care plans and discussed with staff verbally at meetings and handovers, which guide them in the safe and effective care of consumers. A review of care documentation identified high impact and high prevalence risks such as skin integrity and pressure injuries, behaviour management and falls management. The Assessment Team noted communication of relevant changes to consumer care needs at handover process as well recent care plan changes and reviews relevant to resident of the day.

A review of care documentation demonstrated how current consumer care needs, goals and preferences are used consistently throughout assessments. Care plans reflected end of life care wishes and advance care directives and staff were able to describe what is important to consumers in terms of how their care is delivered.

Consumers and representatives confirm they are provided with the opportunity to be involved in care planning and assessment processes. A review of care files also reflects a consistent approach is in place to engage the consumers and others involved in care decision-making in the assessment, planning, and review of care. Referrals and reports indicated that specialist and allied health recommendations and directives are discussed with the consumer or their nominated decision maker, documented, and communicated to staff.

Consumers and representatives confirmed changes to care needs are communicated, as well as having access to care planning documentation. A review of care file documentation demonstrated allied health and specialist input as well as outcomes of assessments in consideration of care planning which are also discussed with the consumer and representative. The Assessment Team noted resident of the day review notes which indicate verbal care plan discussions although these are not recorded on the care plan, management confirmed that in future a hard copy of the care plan will be available to be provided.

Where there are changes to care needs, consumers and representatives confirm they are satisfied with how the service reviews care and services. A review of care file documentation demonstrated that regular care reviews occur and where health needs or preferences change, incidents or deterioration are noted, updates to care plans occur. Staff described how they report and record incidents in the Electronic Care Management System (ECMS) and how they update care planning documents. Management advised that clinical incidents are reviewed monthly at a service and organisational level to identify strategies to minimise risk of reoccurrence and to identify improvements that can be implemented to improve outcomes for consumers. The Assessment Team reviewed organisational policies and procedures in relation to incident management and management of care plans including through regular 3 monthly review and when circumstances change.

# 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 report being satisfied with clinical and personal care. This was confirmed by a review of care file documentation which demonstrated the service identifies and manages and tailors care to consumer needs. The Assessment Team noted evidence of adequate response to reports of pain, regular monitoring and pian assessment as well as appropriate use and consent documentation related to psychotropic medication. The assessment team noted consistent wound care documentation including access to wound care consultants and appropriate escalation of care. The organisation has policies, procedures, and flowcharts to support the delivery of care provided, such as wound management, restrictive practices, pain management, skin integrity, and pressure injury prevention.

High impact and high prevalence risks are identified through the services assessment processes. The Assessment Team noted that the service identified risks for each consumer including, stoma care, medication management and self-administration of medication as well as behaviour management. Management confirmed that complex care plans are reviewed 3 monthly and updated annually. A review of care documentation demonstrated effective strategies to manage identified risks and education related to medication incidents.

The service demonstrated care planning and regular consultation with consumers and representatives identifying consumer end of life preferences. End of life care plans, and advance care plans according to consumer wishes were noted in consumer care files. Staff discussed end-of-life pathways and how they can provide care and comfort for consumers nearing the end of life.

Consumers and representatives confirmed their satisfaction with the service’s early identification and management of deterioration or changes in consumer condition. Staff described how they manage consumers presenting with signs of deterioration or change with timely referrals and use of the ‘stop and watch’ system. A review of care files demonstrated timely identification, assessment, monitoring, and management of deterioration of health, capacity, and function. The Assessment Team noted procedures on deterioration and change are accessible on organisational flowcharts, laminated and on display in the nurse’s station.

The service demonstrated that information regarding consumer health, needs and preferences are documented and communicated both internally and with others involved with consumer care. A review of care files demonstrated that assessments, care plans and progress notes identified adequate and accurate information to support effective and safe sharing of consumer care needs. The Assessment Team observed staff handing over care needs in line with documented care interventions including relevant changes.

Consumers and representatives confirm that referrals to medical officers, specialists and public health services occur. A review of care files demonstrate referral’s to allied health practitioners, general practitioners, and specialists. Staff described the process for referring consumers to health professionals and allied health services. The Assessment Team noted organisational procedures regarding referral processes to health professionals internally and externally.

The service has infection control and outbreak management policies and procedures. There is a current outbreak management plan as well as ongoing updates to guide infection control practices at the service. Additional resources are available through organisation wide policies related to antimicrobial stewardship, infection control guidelines, outbreak management and handwashing and Personal Protective Equipment (PPE). Staff demonstrated an understanding of minimising the need for antibiotics as well as how low infection rates are supported by effective standard infection control. The Assessment Team noted ongoing monthly infection control audits are completed, including appropriate use of PPE and hand hygiene requiring 100% compliance for training. The Assessment Team observed appropriate use of PPE, practicing hand hygiene, and effectively sanitising equipment prior to and after use.

# 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 confirmed the care and services provided meet their needs and support their independence, well-being, and quality of life. Staff described how they support consumer independence, as well as individualised strategies to allow for consumer engagement. A review of care planning documentation demonstrated assessments which support consumer’s individual needs and preferences which are included in care plans and dietary lists at each servery. The Assessment Team observed a physiotherapy run exercise group which occur in all areas of the service several days per week with 3 days in the memory support unit, however noted a suggestion that additional activities could be provided to consumers in the memory support unit. The Approved Provider response is acknowledged and noted with consideration of the additional strategies and individualised activities to support consumers.

Consumers and representatives were satisfied that staff do or would provide emotional support if needed. Staff described the provision of emotional support when consumers are distressed, and how they support specific spiritual needs. A review of care planning documents included spiritual and emotional needs where relevant, and staff were observed interacting in one-on-one tactile activities.

The service supports consumers to engage in activities of interest to them, maintain contact with the local community, and keep in contact with their friends and families. This was confirmed by consumer and representative accounts. A review of care planning documentation reflects activities of interest to each consumer, support for consumers to participate in activities in the community and within the service. The Assessment Team observed an ‘intergenerational park’ currently being constructed for families and consumers from the service to utilise during visits with loved ones. The Assessment Team noted the additional strategies in place to support consumers while visitors were restricted to the service.

Consumers and representatives were satisfied that information regarding consumer needs and preferences is communicated internally, and with family who are involved in care. Staff were able to detail the process for communicating internally and externally to others where responsibility for care is shared as well as where dietary reviews are required and the process to ensure changes are adapted while awaiting formal recommendations. The Assessment Team observed documentation from external services scanned into consumer’s electric care files.

The Assessment Team noted timely and appropriate referrals to individuals, other organisations and providers of other care and services, including access to a visitation service. Staff described how they had made previous referrals to external services which was confirmed by the Assessment Team review of documentation. The Assessment Team observed brochures at reception situated at the front entrance of the service which included advocacy services, the CVS, a little yarn goes a long way. Additional material was also noted to be available on how to make a complaint in English, Italian, Croatian and Dutch/ Netherlands languages.

Consumers and representatives provided positive feedback regarding meals at the service. Consumers confirm they receive sufficient food, and that their needs and preferences are catered to. Staff described how they meet individual consumer dietary needs and preferences and ensure food safety requirements are met. The service has a food, nutrition and dining experience committee which has assisted in the implementation of a new menu following review of surveys and feedback provided. The Assessment Team observed the dining experience with consumers conversing with each other and friendly interactions with staff.

The Assessment Team observed equipment in use to be well maintained and clean. Staff reported awareness of how to report any maintenance issues and that they are attended to promptly by maintenance staff. The Assessment Team reviewed maintenance documentation which demonstrated preventative and corrective maintenance schedules. The organisation has documented policies in place on maintenance of equipment, stock management and cleaning services. The Assessment Team observed equipment used for consumer needs is clean, well maintained, and suitable for use.

# 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 their representatives report the service is easy to navigate, clean and comfortable. Staff described how consumers are encouraged to decorate and personalise their rooms with photos, memorabilia, personal furniture, and personal items. The Assessment Team noted the current visitor restrictions have impacted accessibility to the service. The lounges and sitting areas of the service were welcoming with comfortable furnishings.

Consumers and representatives confirmed they are satisfied with the cleanliness and maintenance of the service. Staff outlined regular cleaning and preventative maintenance schedules and how they can request repairs through maintenance. Management described and provided the Assessment Team records of corrective maintenance and how scheduled maintenance is attended to throughout the year. The service environment was observed to be clean and well-maintained with outdoor areas to be accessible for consumers to move freely both in and outdoors. The Assessment Team noted locked doors in the memory support unit, and the absence of a fire blanket in the smoking area which was addressed immediately by service management.

Consumers and their representatives said they felt safe using the equipment provided by the service and it is suitable for their needs. The Assessment Team observed equipment to be clean and well maintained, consumers and representatives confirmed that furniture, fittings, and equipment are safe, clean, and suitable for their needs.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives confirmed they are encouraged and supported to provide feedback and make complaints. Staff described ow they assist consumers to make a compliant or provide feedback. Management described the complaints and feedback processes which are provided to consumers in a handbook, consumers can attend the Resident and Relative Meetings, submit verbally, or use hardcopy forms. The Assessment Team noted some discrepancy in the complaints register which is transitioning to a centralised drive, to be accessible on the Electronic Care Management System (ECMS). The Assessment Team reviewed Resident and Relative Meeting minutes noting consumers were encouraged to provide feedback, make complaints and reminded about the ‘HYS’ forms.

The service has advocacy and language service information available, consumers and representatives confirmed they are aware of how to access external advocacy services. Staff described how they provide information on advocacy and complaints services when required.

Consumers and representatives confirmed that actions had been taken to resolve issues that were raised. Staff and management were able to describe utilising open disclosure principles in their handling of feedback and complaints. The Assessment Team observed policies and procedures in place for complaints management and open disclosure to guide staff. The Assessment Team noted each documented complaint was actioned in a timely manner according to the service’s complaint management processes.

Consumers and representatives confirmed they are kept informed of changes at the service through Resident and Relative Meetings. Management described how concerns are acknowledged and the service’s complaints process is used to inform its plan for continuous improvement. The Assessment Team reviewed feedback and complaints documentation, meeting minutes and the Plan for Continuous Improvement (PCI), however there was no formalised process to ensure trends and analysis were transferred to the PCI to inform further improvement.

# 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 how it effectively plans its workforce to enable the delivery of safe and quality care and services. Consumers and representatives confirmed they do not feel rushed with aspects of their care, call bells are answered in a timely fashion and staff give them safe and good quality care. Management provided evidence of strategies for any impacts on staff availability. The Assessment Team noted and observed the service has systems and processes in place to ensure there are enough staff to provide safe and quality care.

Consumers and representatives confirmed staff are kind and caring and have an awareness of what is important to each consumer. Staff were able to describe consumer backgrounds, diversity and preferences which enabled them to tailor consumer care to individual needs. Management provided examples of how workforce interactions are monitored through observation and consumer or representative feedback. The Assessment Team observed staff engaging with consumers and representatives in a kind and respectful manner. The Assessment Team reviewed the organisation’s documented behaviours expected of staff in the code of conduct and in the role specific position descriptions.

Consumers and representatives confirmed they were confident the staff were competent and well trained to meet their clinical and care needs. Staff described completing practical competency assessments including topics of infection prevention control such as hand hygiene and donning and doffing of Personal Protective Equipment, medication administration safety and ‘No Lift’ manual handling. The Assessment Team reviewed position descriptions evidence of staff qualifications, policies and processes of key qualifications and knowledge required for the service’s workforce.

Consumers and representatives indicated staff were capable, knew what they were doing in their job and were happy with the care and services they received. Staff confirmed they complete annual mandatory training, have the right equipment, and receive support from management to provide care and services to consumers. The Assessment Team noted the service has systems in place to ensure the workforce are recruited, trained, equipped, and supported to deliver care and services in line with the Quality Standards. The Assessment Team reviewed policies on staff orientation, human resources management, education and staff development and the induction checklist used for orientating new staff.

The service has formal and informal processes for monitoring and review of staff performance, there is ongoing performance monitoring, and a formal documented periodic performance appraisal. Staff confirmed the process to complete the annual performance appraisal including goal setting, education, and training improvements. Management explained there is an initial probationary period of employment for staff of 6 months with an appraisal undertaken then and completed annually thereafter. The Assessment Team reviewed staff files which confirmed their completion and no outstanding appraisals due.

# 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 are supported to actively participate in the development, delivery and evaluation of care and services. Management also confirmed that consumers and representatives contribute through their participation in consumer meetings and surveys. The Assessment Team observed the service has effective systems in place to engage and support consumers in the development, delivery and evaluation of care.

Consumers and representatives confirm they feel safe and quality care and services are provided to consumers. The governing body had a strategic plan of monitoring the quality of care through reporting, direction, and improvement of the service. Management and staff were able to describe how the governing body promoted a culture of delivering safe and inclusive quality care and services. The Assessment Team reviewed documentation of the governing body’s involvement by way of monthly Key Performance Indicators (KPI) reports that are discussed at executive levels and completed audits and surveys from the service.

Consumers and their representatives indicated they feel comfortable in providing feedback and complaints and are well informed of changes and improvements at the service. Management described the mechanisms and processes for effective governance systems relating to continuous improvement, workforce governance. and feedback and complaints. The service’s information management system was demonstrated to be effective and fit for purpose, with staff confirming access and knowledge of its use. Improvement activities are identified through meetings, audits, surveys, consumer feedback, incidents and clinical indicator data which was used to drive continuous improvement. The service has its own budget managed by the governing body through a financial executive committee in conjunction with the service manager. There is an instrument of delegation to guide financial purchases and management described it’s use in the recent purchase of bariatric equipment and upgrades to the garden areas. To ensure the governing body and management are meeting the Quality Standards, clinical and key performance indicator data is collected and reviewed by the organisation’s quality department with the reports being sighted by the Assessment Team. The Assessment Team reviewed up to date policies and procedures in relation to each governance system that are used to guide staff practices.

The service has risk management systems in place which are supported by a clinical governance framework, policies, and procedures, and reporting mechanisms. Staff were able to describe the process of reporting incidents to a team leader or the service manager who then would complete an incident report. Staff described training related to identifying and responding to elder abuse forms part of the service’s mandatory training schedule which was confirmed by the Assessment Team review of records. The services Serious Incident Response Scheme (SIRS) register was reviewed by the Assessment Team demonstrating recent registration of incidents. Incidents were recorded on the Electronic Care Management System (ECMS) and management of these followed legislative requirements, and the service’s own policies and procedures. Staff support consumers to maintain contact with people important to them and encourage engagement in individual and group activities.

The service has an effective clinical governance framework, guidance documentation for practicing antimicrobial stewardship, policies, and procedures relevant restrictive practices and open disclosure. There is a current outbreak management plan in place and staff were able to describe measures taken to reduce risk of infection and use of antibiotics. The service demonstrated its use of non-pharmacological intervention, such as behavioural management practices and therapies, to minimise the use of chemical restrictive practices. Clinical staff demonstrated knowledge of open disclosure principles and training to support staff awareness and use when adverse events occur.

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)