

**Performance Report**

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| Name: | Mark Donaldson VC House |
| Commission ID: | 0955 |
| Address: | 301 Galston Road, GALSTON, New South Wales, 2159 |
| Activity type: | Site Audit |
| Activity date: | 29 October 2024 to 31 October 2024 |
| Performance report date: | 18 December 2024 |
| Service included in this assessment: | Provider: 643 RSL LifeCare Limited  Service: 6955 Mark Donaldson VC House |

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 Mark Donaldson VC House (**the service**) has been prepared by L Glass, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

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

The service demonstrated each consumer is treated with dignity and respect and their identity, culture and diversity is valued. Consumers and representatives said staff are respectful of consumers individuality and culture. Staff treat consumers with dignity and respect and know what to do if they thought a consumer’s dignity was not being upheld. Care planning documentation reflected consumers’ cultural backgrounds, and individualised needs and preferences of consumers.

The service demonstrated care and services are culturally safe. Consumer’s cultural backgrounds and preferences were reflected in care plans, staff considered they delivered tailored culturally safe care. Care plans included information on consumers’ individual care and service preferences, cultural and religious beliefs.

The service confirmed each consumer is supported to make choices and maintain their independence. All sampled consumers and/or their representatives said they had been involved in developing the care plan and making decisions about care. Staff described how they encourage and support consumers’ choice and independence and assist them to maintain connections with people that matter to them.

The service demonstrated each consumer is supported to take risks to enable them to live their best life. Staff explained the dignity of risk process and how they apply it to care and service delivery. The service has a dignity of risk register that provides the details and status of all consumers with current dignity of risk agreements in place and confirms who was involved in the discussions and dignity of risk decisions. Care staff described how they support consumers to take risks to live their best life.

The service confirmed each consumer receives information that is current, accurate and timely, enabling them to understand and assisting them to make informed choices. Consumers and representatives interviewed confirmed they are regularly provided with accurate information by staff. Staff described how they use various resources to communicate with consumers who have cognitive decline or language barriers. Consumers can view a menu board in the dining area and menus are received in their rooms. An activity calendar is displayed around the service and provided to them. Consumers receive a service handbook on arrival at the service. All sampled consumers and/or their representatives confirmed consumers can understand the information and it is provided in a timely manner. The Assessment Team observed brochures on display in multiple languages at the service on a range of topics, such as aged care advocacy services and where and how consumers can make complaints.

The service demonstrated consumers’ privacy is protected and their personal information is kept confidential. Sampled consumers and representatives said they are satisfied with the way the service maintains consumer’s information and respects their privacy. Staff maintain consumers’ privacy and confidentiality. The service has policies on consumer privacy and confidentiality and the service’s electronic consumer management system (ECMS) is password protected, with staff given levels of access relevant to their roles.

# 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

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

The service demonstrated assessment, and planning includes the consideration of risks to the consumers health and wellbeing and informs the delivery of safe and effective care and services. Consumers and representatives, gave positive feedback about assessment and planning. The service has an assessment and care planning procedure for clinical staff to follow. The assessment process occurs over 21 days when a new consumer enters the service to ensure safe and effective care and services. Care staff are familiar with the risks to consumers’ health acuity.

The service demonstrated assessment, and planning identifies the consumers current needs, goals and preferences including advanced care and end of life planning. Care staff were aware of consumers preferences. End of life wishes, and advanced care planning is discussed at the entry to the service, during case conferences and through the ‘resident of the day’ program. Documentation review of a sample of consumer’s care plans showed the care plans have end of life wishes documented.

The service demonstrated assessment and planning, and the review of care and services occurs in partnership with the consumer and their representative. The information is collected and documented in the consumer file on entry to the service. Staff know the family members and friends who were involved in the consumers’ care and services. Consumers’ care files also indicate other organisations and practitioners who are to be involved in the consumer’s care.

The service demonstrated assessment and planning are effectively communicated to the consumer and documented in a care plan that is readily available. All consumers sampled, said they are offered copies of the consumer care plan, and the outcomes of all assessment and planning is communicated to them by staff. Assessments for consumers are completed and inform the consumer care plan. Documentary review indicated comprehensive care plans are in place for consumers. A case conference occurs 6 weeks, where a copy of the care plan is offered to the consumer and the representative.

The service demonstrated care, and services are reviewed regularly and effectively and when incidents impact, or circumstances, needs or preferences change. The ‘resident of the day’ process is a comprehensive reassessment of the consumer that occurs monthly where the consumer’s care plan is updated with any changes. There is a schedule for there to be a focus on one particular assessment for the consumer as well, at this time, each month.

A whole care plan review also occurs once a year at a minimum at a case conference with consumers and their families. Changes to the care plan are made to include recommendations from specialist services and allied health professionals when reports from assessments are received or when incidents or other changes occur. Document review of consumer incidents, show care plans are updated with risk mitigation strategies to prevent further risk and reoccurrence of incidents.

# 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

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

The service was able to demonstrate each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and wellbeing. Consumers and representatives interviewed said consumers were satisfied with the delivery of care and services. The service tailors care for individuals. Review of care and services documents for sampled consumer shows complex care is best practice and tailored to the consumers acuity and needs. Restrictive practices are managed according to legislative requirements and regularly reviewed. Skin integrity is managed effectively with systems and processes in place that documentation showed is being followed, and wounds are documented and healing. Medication administration is monitored, and any incidents are reported in a timely way. Fall management at the service is assessed and monitored through the electronic care system. Review of care documentation, interview with staff, consumers and representative indicates consumers are provided with safe and effective falls management.

Falls, behaviours and wounds are the main high impact high prevalence risks for consumers at the service. Consumer risks are identified when a consumer enters the service and when deterioration or incidents occur. Consumers and representatives were satisfied with how these risks were managed. Staff report all changes for consumers to the registered nurse on shift for assessment and described the main risks and strategies used to ensure the safety for the consumers. Care plan review demonstrated high impact high prevalence risks are documented with risk mitigation strategies for staff to follow. Case conferences showed conversations with consumers and their representatives about risks. The service has a robust incident management reporting system.

A review of incident reports and their investigation showed detailed information and appropriate timely responses with risk mitigation strategies implemented to prevent reoccurrence and management of high impact high prevalence risks for consumers.

The service demonstrated the needs, goals and preferences of consumers nearing end of life are recognised and addressed with their comfort ensured and dignity upheld. Consultant support staff in providing best practice end of life care.

The service confirmed deterioration in a consumer’s condition is recognised and responded to in a timely manner. Staff immediately escalate information when a consumer deteriorates. An assessment is conducted including taking vital signs, consulting with the consumer and family and medical officer and calling the ambulance when required. Case conferences are conducted to discuss changes in care when deterioration has occurred. The service has systems to ensure consumer acuity deterioration is addressed promptly and in accordance with consumers’ preferences.

The service was able to demonstrate information about the consumers condition, needs and preferences are documented and communicated within the organisation and with others where responsibility for care is shared. A documentation review confirmed the service actively maintains updated and accessible information each about consumer’s condition. Physiotherapists, dietitians and speech therapists access electronic consumer files and document assessments and recommendations for all staff to view and registered nurses update care plans. Reports from specialists such as behaviour specialists, a nurse practitioner and other medical specialists are populated into the consumer’s file and care plan.

The service demonstrated it undertakes timely and appropriate referrals to individuals and other practitioners of care and services where required. Timely referrals to allied health professionals, the medical officer, podiatry services and other specialist services. were reflected in consumer files.

Transmission based precautions and practices to promote appropriate antibiotic prescribing were in place. Immunisation records were kept at the service for consumers and staff. All consumers and representatives interviewed were satisfied with how the service manages infection control. Recent Medication advisory committee (MAC) meeting minutes provided to the Assessment Team indicated there is discussion at the service about psychotropics, chemical restraint, medication incidents, outbreaks, and infections as well as antibiotic prescriptions for consumers.

# 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

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

The service demonstrated consumers receive safe and effective services and supports for daily living. This was confirmed by feedback from consumers and representatives, observations by the Assessment Team and interviews with care and lifestyle staff. Consumers’ care plans contained individualised goals and preferences and clearly outlined their service and support needs. The lifestyle coordinator confirmed lifestyle staff and others such as volunteers, the chaplain and a music therapist provide one-on-one activities for consumers identified by staff as those who would benefit from or have personally requested them. This was reflected in the consumers’ care plans. The service has a comprehensive activities calendar with a range of group activities that were observed by Assessment Team to be well attended.

The service demonstrated services and supports for daily living support consumers’ emotional, spiritual, and psychological wellbeing. This was confirmed through feedback from consumers and representatives, interviews with staff, review of consumers’ care plans and observations made by the Assessment Team. Staff support consumers in various ways ensuring they promote psychological, emotional, and spiritual well-being.

The service demonstrated services and supports for daily living support consumers to participate in their community, maintain personal and social relationships, and do things they find interesting. This was confirmed by feedback from consumers and representatives, review of care plans, observations by the Assessment Team and interviews with care and lifestyle staff.

The service demonstrated information on consumers’ condition, needs and preferences is communicated within the organisation and with others who share their care. Consumers and their representatives advised staff at the service are aware of consumer’s needs and preferences, and staff described how they receive and access information to enable them to provide safe and effective care and services for consumers. Care planning documentation provided detailed information on consumers’ needs, preferences, and cultural background. Leisure and lifestyle care plans contained detailed information on consumers’ life story, culture, preferred activities and interests, care, and service preferences. The information was consistent with information provided by consumers and representatives to the Assessment Team in interviews. Care staff accurately described the interests and preferred activities of specific consumers when asked by the Assessment Team. Staff are kept informed when a consumer’s condition, needs, and/or preferences in relation to services and supports for daily living change, through handover, the care plan on the electronic care management system (ECMS) and the dietary form that the registered nurse completes if there are changes to dietary requirements.

Overall, the service demonstrated meals are varied and are of suitable quality and quantity. Consumers and representatives were mostly positive about the meals at the service. This was also confirmed by observations of food and the dining experience by the Assessment Team, interviews with the chef, and review of service menus.

The service demonstrated equipment is safe, suitable, clean, and well maintained. This was confirmed by feedback from consumers and representatives, observations by the Assessment Team and interviews with the maintenance team.

# 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

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

The service demonstrated it has a welcoming environment that is easy to navigate and fosters consumers’ sense of belonging, independence, interaction, and function. Consumers and representatives confirmed the environment is warm and welcoming. Hallways and rooms were well lit. There was clear signage throughout the service that included pictures to promote ease of navigation.

The service demonstrated it has an environment that is safe, clean, and well maintained and consumers were able to move freely both indoors and outdoors. This was confirmed by consumers and representatives and observations made by the Assessment Team.

Overall furniture, fittings and equipment across the service were observed to be clean, well maintained, and suitable for consumers. Consumers and representatives confirmed they were satisfied with the equipment, furniture, and fittings.

# 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

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

Overall consumers and representatives provided positive feedback about staff members and said management were approachable should they wish to provide feedback or make a complaint. They were satisfied with the actions and engagement they observed as the service managed and resolved concerns. Consumers were comfortable raising issues through the feedback forms and with staff. Staff demonstrated how they manage verbal and written complaints in accordance with the organisation’s feedback and complaints policy and procedure guidance. Review of the feedback register confirmed consumers’ feedback is recorded by staff and actioned in a timely manner.

A review of information provided to consumers and their representatives when the consumer enters the service showed the information contains details about providing feedback or making a complaint. Information about how to make a complaint internally and externally and information on advocacy options were observed throughout the service. The service’s newsletter and ‘resident/relative meeting’ minutes included information on how to make complaints and advocacy services. The service provides and promotes information regarding access to aged care advocates, language services and external methods of resolving complaints. Consumers were aware of the various ways they could make complaints and where to seek assistance regarding their rights as consumers. Consumers were aware of advocacy services that are available to them and felt confident using these services.

The service demonstrated appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. The service’s feedback and complaints policy included a section explaining open disclosure. Staff explained how they applied open disclosure when resolving complaints. Most consumers and representatives said the service had addressed concerns they raised about care and services and apologised when things went wrong. Consumers were satisfied with the way feedback is actioned and felt they are part of the process from beginning to end. The Assessment Team reviewed the complaints register and the continuous improvement plan (CIP). The complaints register outlines the complaints received by the service and as confirmed by the consumers sampled and showed the complaints are actioned and follow up in a timely manner. They demonstrate complaint resolutions are identified as improvement opportunities.

# 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

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

The service demonstrated staff deployment and skill mix are planned for the effective delivery of safe and quality care for consumers. Consumers and representatives said staff are meeting consumers’ care needs, and confirmed they are satisfied there are sufficient staff available. Consumers said when they use the call bell staff normally respond in a reasonable time. Staff said they are supported by management and feel there is enough staff rostered to enable them to complete their work.

Most consumers interviewed were satisfied with the promptness in response of staff when call bells are used. The care needs of consumers are monitored to determine the number and mix of staff to deliver the care required. Staffing levels and mix are regularly reviewed and overseen by the organisation.

The service’s workforce has a sound understanding of what it is to use a caring and respectful approach to care and services for consumers. Consumers said they were happy with staff and described them as kind and caring. Most consumers said they are treated with respect and staff know what is important to them. Management and staff confirmed they received education in dignity and respect and are encouraged to know the consumers they provide care and services for. Staff were able to provide details regarding consumers lives and history.

The service has systems in place to recruit and ensure staff are competent and have qualifications to deliver effective and safe quality care and services. Consumers were satisfied staff have the skills to meet their needs. Management monitors and reviews staff for competencies to carry out their roles. Staff were knowledgeable about what constitutes effective quality care for consumers. Staff described their onboarding experience when they commenced at the

service. They outlined the initial training, the buddy system, the continual monitoring, and education. All staff interviewed said they feel supported by management.

The service has policies and procedures in place to provide guidance and information to staff about delivering safe and effective care and services. Care planning and clinical care showed no deficits in staff practices and delivery of effective and safe care. Most consumers were satisfied staff have the skills to meet their needs and staff are assessed for competencies to carry out their roles. Review of the education records showed all staff, other than those on extended leave, have completed their mandatory education. Records of skill-based education indicate staff are provided with education through toolbox talks, formal written information, informal education, online sessions, and face-to-face sessions. Management identifies gaps in training for staff through the trending of quality indicators, feedback, and staff practices and observations. All incidents have a training component as part of their actions to ensure reoccurrence is mitigated.

The service has systems in place that ensure regular assessment, monitoring, and review of staff performance. Consumers are regularly involved in feedback about staff performance and are encouraged to report any misconduct. Management monitor staff practices and ensure corrective actions are undertaken promptly. Personnel files noted that performance assessment had been conducted for a sample of staff files reviewed.

Management advised they are continuously monitoring staff practices and identifying opportunities for improvement. Management said the facility manager, care manager and the quality manager undertake a walk around every day observing staff and providing on the spot training where required.

# 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**

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

Consumers and representatives interviewed said they have ongoing input into how consumers care, and services are delivered and that they felt the service encourages their participation when making decisions. The organisation has effective systems to engage and support consumers in the development, delivery and evaluation of care and services. Consumers and representatives interviewed said they feel confident the service is run well, and they are satisfied with the care and service received. Consumers and representatives felt management was responsive when concerns were raised, and they are supported to be involved and to participate in the evaluation of consumer car and services. There is opportunity for consumers to engage with the Board in the development, delivery, and evaluation of care and services at the local level through twice yearly Board visits to the service. During this time, the Board meet with consumers discussing issues consumers may have. Information is also provided through the 2 monthly resident meetings, food focus meetings, and leisure and lifestyle activities meetings. In addition, consumers can provide feedback, make suggestions, and raise complaints through the feedback mechanisms at the service.

Consumers and representatives expressed feeling safe at the service and living in an inclusive environment with access to quality care and services. The organisation has a strategic plan and monitors, the direction, and improvements of the organisation. Management and staff described how the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and its involvement in this delivery. The Board is accountable and satisfies itself that the Quality Standards are being met within the service through the reporting structures of the organisation. This involves the collection and analysis of data at a local and organisational level and includes key performance indicators, clinical data, feedback/complaints, incidents, high-impact/high-prevalence risks, recruitment, staffing/rostering, continuous improvements, quality indicators, auditing results, surveys, and education.

Management described the various ways in which the organisation communicates with consumers, representatives, and staff regarding updates on policies, procedures, or changes to legislation. These are generally communicated via staff meetings, emails, newsletters, and training when policies change.

The service demonstrated there are governance systems in place which consider all aspects of care and services to ensure best outcomes for consumers. The Board monitors and reviews routine reporting and analysis of data related to consumer experience. The Board then satisfies itself that systems and processes are in place to ensure the right care is being provided in accordance with the aged care quality standards.

The service has information systems to provide stakeholders with the information they need. Consumers receive information about the care and services provided when they first come to the service and on a continuing basis. There are communication processes for staff which include the electronic care management system, intranet, clinical shift to shift handovers, emails, newsletters, meeting schedules, and the education/training program.

Continuous improvement opportunities are identified through regular internal audits and communication from the Commission. The CIP reviewed by the Assessment Team included a detailed record of service improvements in response to trends in issues identified by management, which details the issues identified, planned actions to be taken, responsible person, planned completion date and outcomes.

The service’s finance department has oversight for the financial operation of the service and that the Board reviews annual budgets.

The service’s workforce is governed and managed to make sure the workforce is sufficient and skilled to provide safe and quality care and services such as through mandatory training requested. Staff have position descriptions and duties statements which are available to guide them in their work performance.

the organisation’s internal legal department ensures compliance with regulatory requirements through subscriptions to peak bodies, regulatory agencies, and external agencies.

The service has a robust risk management system which incorporates feedback and complaints. Information gathered in complaints is followed up and resolved by management. The organisation has oversight through their quality team about complaints and ensure issues raised are included in the continuous improvement plans where improvement to the care and service can be achieved for consumers.

The service demonstrated the incident management system is effective in managing, preventing, and responding to incidents. Staff interviewed were able to describe their role and responsibility in escalating incidents. Consumers and representatives expressed satisfaction with the way the service responded to critical incidents and the preventative strategies used to mitigate risk. All incidents are discussed at staff meetings, resident meetings in generic format and the quality meeting with the intent to escalate relevant information. If an incident is reportable, clinical staff are trained to escalate to management immediately who will investigate and report the incident to the Serious incident Response Scheme (SIRS).

The service provided documented policies and procedures relating to antimicrobial stewardship, restrictive practices, and open disclosure. Staff described elements of policies and procedures and demonstrated an understanding of concepts. The organisation had a clinical framework which provides clinical guidance and outlines the roles and expectation for the service to deliver safe and effective clinical and personal care. The Assessment Team observed clinical policies and procedures are congruent with best practice and meet the expectation of consumers.

The Assessment Team observed staff using infection control measures during medication administration and consumer care. Management provided examples relating to these policies including educating staff to question the use of antibiotics and discussing antibiotic use at medication advisory committee meetings, trying alternative interventions, and testing to confirm infections before the prescription of antibiotics.

The service has a restrictive practices policy which reflects current legislative requirements, including requirements relating to person-centred behaviour support plans. Staff receive training on restrictive practices and are encouraged to collaborate with representatives and lifestyle staff to understand individual consumers' needs and provide tailored non-pharmacological interventions.

Management and staff confirmed they have a sound understanding of what open disclosure means and how it is implemented in their daily work routine. The organisation has policies, procedure and sections in the incident management system which guide management and staff through complaints, incident management including the principles of open disclosure. Overall consumers were satisfied with the way the service implements open disclosure.

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)