Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Maroba Nursing Home |
| Service address: | 58 Edith Street WARATAH NSW 2298 |
| Commission ID: | 2225 |
| Approved provider: | Maroba |
| Activity type: | Site Audit |
| Activity date: | 6 December 2022 to 8 December 2022 |
| Performance report date: | 10 January 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 Maroba Nursing Home (**the service**) has been prepared by E Woodley, 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 4 January 2023.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Non-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 | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 3(3)(a) – The approved provider must demonstrate the personal and clinical care provided to consumers is consistently best practice, tailored to their needs and optimising their health and well-being. This includes in relation to restrictive practices, skin integrity, wound management and pain management.
* Requirement 3(3)(b) – The approved provider must demonstrate the effective management of the high impact and high prevalence risks associated with the care of consumers. This includes in relation to medical management, unplanned weight loss, and falls management. Incidents are investigated to assist in identifying interventions to minimise risk of reoccurrence and to support safe care.
* Requirement 8(3)(d) – The approved provider must demonstrate risk management systems and practices are effective in the management of high impact and high prevalence risks, and prevention and management of incidents.
* Requirement 8(3)(e) – The approved provider must demonstrate clinical governance systems are effective regarding the appropriate identification, review, and consent for the use of restrictive practices, and the minimisation of the use of restrictive practices where appropriate.
* The service has implemented all continuous improvement actions identified in their response to the Site Audit report.

# Standard 1

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Interviews with consumers and representatives, observations, and documentation reviewed by the Assessment Team demonstrated each consumer is treated with dignity and respect by staff at the service, and the care provided to consumers is culturally safe. The service demonstrated consumers are supported to make choices and have independence in how their care and services are delivered. The service supports consumers to maintain connections with those who are important to them.

The service supports consumers to take risks to enable them to live the best life they can. These procedures are underpinned by a dignity of risk policy which encompasses providing education to a consumer on the impact of the risk, supporting the consumer to take the risk and ensuring a dignity of risk form is signed.

The service demonstrated the 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. This includes information to assist consumers to make decisions regarding activities at the service, outings, visitors, and meals provided.

Consumers interviewed said staff respect their privacy when attending to their personal care needs. The Assessment Team observed that, overall, staff interactions were respectful of consumers and their personal information.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The Assessment Team found the service has effective assessment and planning processes, including an admission schedule for all new consumers admitted to the service. Risks to consumer’s health and well-being are identified through clinical assessments and are incorporated into the consumer’s care plan to inform safe and effective care delivery. The service demonstrated assessment and planning identifies most consumer’s current needs, goals and preferences in relation to personal care. While sampled consumer’s behaviour support plans did not include all the key elements that are set out in the Quality of Care Principles, the Assessment Team did not identify any significant impact from the lack of detail. Sampled consumers had advanced care planning and end of life wishes documented.

Consumers and representatives interviewed by the Assessment Team said they felt their care and services were provided in partnership with staff at the service on a day-to-day basis. Consumers said they are well informed about the outcomes of assessments relating to their health and said they were always informed of changes to their care. While many consumers could not recall formal case conference meetings, a review of consumer files demonstrated some case conferences and conversation forms for sampled consumers. The service demonstrated other organisations and providers of care are involved in the planning of care for consumers. All sampled consumers had care plans that are readily available to the consumer, representative, staff, and other practitioners involved in the care of the consumer.

Care and services for consumers were reviewed when there was a change in condition, or an incident occurred. Sampled consumer files showed reassessment post falls for most consumers, following changes in skin integrity or identification of wounds, and when a change in their condition is identified.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

The Assessment Team identified that consumers are not consistently receiving best practice care that is tailored to their needs and optimising their health and well-being. The Assessment Team identified gaps in the service’s processes regarding restrictive practices including the identification of restrictive practices, informed consent, minimisation of use, and documentation of the restrictive practice including the requirement for behaviour support plans. For two consumers, maintenance of skin integrity and/or wound management was not consistently completed in line with best practice. The Assessment Team identified gaps in the assessment and management of three consumer’s pain, including lack of assessment and escalation where pain is indicated and consumer’s not receiving required pain management interventions.

The approved provider’s response to the Site Audit report identified continuous improvement actions commenced since the Site Audit to improve the personal and clinical care provided to consumers. This includes review of restrictive practice processes and of consumers receiving psychotropic medications, staff education and training, increased monitoring of wound and pain management, and review of consumer’s care plans.

While the approved provider has implemented action to address the issues identified at the Site Audit, this has not yet been demonstrated to be effective in ensuring personal and clinical care provided to consumers is consistently best practice care, tailored to their needs and optimising their health and well-being.

The Assessment Team identified deficits in the management of high impact or high prevalence risks associated with the care of consumers. The Assessment Team identified issues with medication management including the administration of Schedule 8 pain patches, missed doses, or wrong doses of medication administered to consumers. The cause and trends of these medication incidents were not consistently investigated. However, regarding the Schedule 8 pain patches, the service had identified this issue and was working to a solution prior to the Site Audit. The Assessment Team found the service does not have effective systems and processes in place to manage consumer’s unplanned weight loss. For consumers who had experienced unplanned weight loss, there was a lack of interventions to effectively manage the risk of further weight loss, or consumers were not consistently weighed to ensure effective monitoring. The Assessment Team identified gaps in the direction and management of one consumer’s diabetes and blood glucose level monitoring, and for another consumer, post-falls management was not in line with the service’s policy to manage risk of further falls or associated injury.

The approved provider’s response identified continuous improvement actions commenced prior to, and since the Site Audit, to ensure the effective management of high impact and high prevalence risks. This includes liaising with the pharmacy and medical officers to improve medication processes, audit of consumer’s medications, additional monitoring and auditing, staff education and training, revised process to manage unplanned weight loss, review of consumer’s weights, and escalation including referral to specialists where required for consumers who had lost weight.

While the approved provider has implemented action to address the issues identified at the Site Audit, this has not yet been demonstrated to be effective in ensuring the consistent and effective management of high impact and high prevalence risks associated with consumer’s care.

I find the following Requirements are Non-compliant:

* Requirement 3(3)(a)
* Requirement 3(3)(b)

The Assessment Team found the needs goals and preferences for consumers nearing the end of their life are recognised and addressed, with their dignity preserved and comfort maximised. Clinical and care staff were able to demonstrate they understood the care that was required for consumers at end of life, including for consumers at the service on a palliative care trajectory, and for those who had passed away at the service. For consumers sampled, their care planning documentation reflected the timely identification of, and response to, deterioration or changes in function, capacity or condition.

The service demonstrated there is an effective process to ensure consumer’s information is reflective of their current care needs and preferences, documented accurately, and communicated within the organisation. Care planning documentation evidenced the input of others involved in the care of the consumer such as allied health professionals and specialists.

The service has organisational policies and procedures on infection prevention and appropriate antibiotic use, and demonstrated the effective management of standard and transmission-based precautions to prevent and control infections. Staff interviewed described how they prevent and control infection in the service and demonstrated an understanding of how they minimise the use of antibiotics and ensure they are used appropriately.

I find the following Requirements are Compliant:

* Requirement 3(3)(c)
* Requirement 3(3)(d)
* Requirement 3(3)(e)
* Requirement 3(3)(f)
* Requirement 3(3)(g)

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The Assessment Team found the services and supports for daily living provided at the service meet consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. Consumers are supported to participate in activities of interest, and in outside organisations where they are able to maintain social and personal relationships. Consumers and representatives interviewed provided positive feedback about the laundry services, hairdressing services, spa bath, onsite library, and activities provided at the service.

The service has a dedicated spiritual team onsite and offers denominational church services once a week while working with other organisations to provide consumers with services of their faith. However, one consumer who was wanting holy communion was not receiving this spiritual support at the time of the Site Audit. When this was raised by the Assessment Team, the service advised they were trying to organise a Priest to offer this.

Consumer’s needs and preferences are recorded and available to for staff in the electronic management system as well through handovers with hardcopy updates for staff to review. Referrals are arranged for consumers to other organisations to supplement their lifestyle services and supports.

Meals are cooked in-house by an external contractor who works closely with the service to meet consumer’s dietary requirements and to ensure the meals are of suitable quality and quantity. This is achieved by running food focus meetings with consumers where they can review and provide feedback on the current and future menus and conduct their own surveys on their dining experience. Feedback from most consumers regarding the meals provided at the service was positive.

Lifestyle equipment was observed during the Site Audit to be safe, clean and well maintained. Staff demonstrated they maintain and keep the equipment clean.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The Assessment Team found, overall, the service environment was welcoming and optimised consumer’s belonging, independence, interaction and function. The service was undergoing renovation during the Site Audit in line with dementia enabling design principles. Consumer rooms were observed to be personalised to give each consumer a sense of belonging. There is a common dining area for each wing, a separate lounge area, and a common area for all consumers to use with a café and a communal activities space.

Overall, furniture, fittings and equipment were observed by the Assessment Team to be clean, safe, and suitable for consumers. However, some preventative testing, tagging and registration of equipment and the service’s lift was out of date. The service actioned testing and tagging of equipment, and renewal of the lift’s registration during the Site Audit. The approved provider’s response identifies the service’s processes regarding renewal of registrations has been tightened. Staff were aware of how to tag and notify maintenance of any issues with equipment, and equipment is checked and recorded within the service’s preventative and reactive maintenance schedules.

The Assessment Team found the service did not demonstrate an effective system for identifying and actioning maintenance issues in a timely manner and ensuring consumers can move freely indoors and outdoors. One consumer had damage to the wall in their bedroom and stated this had been the case since they moved into the service. When this was raised by the Assessment Team, a work order for the repair was created. On day one of the Site Audit, doors to the outdoor areas were locked and did not enable consumers to move freely outdoors. When this was raised by the Assessment Team, the service advised the doors should be unlocked during the day. Staff were reminded during the Site Audit to ensure doors were unlocked during the day and on the following days of the Site Audit, most doors to outdoor areas were unlocked.

The approved provider’s response provides additional information about the reporting of the consumer’s damaged wall, and demonstrates this has been repaired. The approved provider’s response includes additional and clarifying information regarding consumer’s access to the outdoor areas during the Site Audit.

Overall, I am satisfised the service’s environment is safe, clean, well maintained, and enables consumers to move freely indoors and outdoors.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

All consumers and representatives interviewed by the Assessment Team said they are encouraged and supported to provide feedback and make complaints. Staff interviewed described mechanisms and complaints handling options and how they would support consumers to raise a complaint. Minutes of consumer meetings, the feedback and complaints register and supporting documentation demonstrated consumers are encouraged and supported to give feedback and raise issues and concerns about their care and services. The Assessment Team observed brochures and posters displayed around the service which provide information on external complaints mechanisms and advocates.

Staff interviewed demonstrated an understanding of the principles of open disclosure which were consistent with the service’s open disclosure policy. Interviews with consumers and representatives and documentation reviewed demonstrated appropriate action is taken in response to complaints and feedback. The service demonstrated processes for trending and reviewed of feedback and complaints, and these are used to improve the quality of care and services. For example, following feedback the service introduced new beverage trolleys.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service demonstrated the workforce is planned and enables the delivery and management of safe and quality care and services. Most consumers and representatives interviewed by the Assessment Team said staffing is sufficient to meet consumer needs in a timely manner. Call bell response data showed timely response by staff to consumer call bells. While the Assessment Team found the service had some difficulties filling vacant shifts and recruiting staff, overall, the workforce was found to work together to ensure the delivery of care is safe for consumers and their needs are met.

All consumers and representatives interviewed said staff are kind, caring and gentle when providing care, and staff treat them with dignity and respect. Staff were observed by the Assessment Team interacting with consumers in a kind, caring and patient manner.

The Assessment Team found members of the workforce have the appropriate qualifications and registrations in relation to their roles, and complete mandatory competency assessments to ensure they competent in their role. The service has processes for the recruitment, induction, training and support for staff in line with the Quality Standards.

All members of the workforce have a regular performance review and there is a formal process in place to manage this. Feedback from consumers, representatives and other staff members, and their own observations and supervision of staff practice assists in identifying staff performance issues.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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. | Non-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. | Non-compliant |

Findings

The Quality Standard is assessed as Non-complaint as two of the five specific requirements have been assessed as Non-compliant.

The Assessment Team found the service does not have effective risk management systems in place to ensure the management of high impact and high prevalence risks, and manage and prevent incidents with an effective incident management system. Processes and policies to identify and manage risks did not consistently provide effective guidance. For example, consumers who have diabetes have a care plan that directs the registered nurse to ‘take action’ in the event of a hyperglycaemic or hypoglycaemic event but the care plan does not specify what actions the registered nurse must take for individual consumers. The service’s weight loss policy stated that if a consumer lost over 3 kilograms in one month, that the registered nurse was required to ‘take action’. However, there was no clear instruction of what actions the registered nurse was expected to take to manage the consumer’s weight loss. The Assessment Team found for consumers who had experienced unplanned weight loss, there was a lack of interventions to effectively manage the risk of further weight loss, or consumers were not consistently weighed to ensure effective monitoring.

The Assessment Team found the service takes steps to prevent, identify and respond to the abuse and neglect of consumers and incidents through regular education and training. However, some incidents were not assessed to identify if they were reportable, and not all incidents are investigated to assist in identifying interventions to minimise risk of reoccurrence and to support safe care. This included in relation to medication incidents and following several falls for one consumer.

The approved provider’s response identified continuous improvement actions commenced following the Site Audit to improve the risk management systems and practices implemented at the service. This includes a review of the service’s risk management policies and procedures including for medications, weight loss, diabetes, falls and incident management, staff education and training, and increased clinical governance oversight and reporting of high prevalence risks.

While the approved provider has implemented action to address the issues identified at the Site Audit, this has not yet been demonstrated to be effective in ensuring the consistent and effective management of high impact and high prevalence risks, and prevention and management of incidents.

The service has a clinical governance framework that outlines the responsibilities, structures and expectations regarding the provision of quality clinical care to ensure the safety, health and well-being of consumers. This was generally demonstrated to be effective regarding antimicrobial stewardship and the use of open disclosure. However, the Assessment Team identified gaps in the service’s processes regarding restrictive practices including the identification of restrictive practices, informed consent, minimisation of use, and documentation of the restrictive practice including the requirement for behaviour support plans.

The approved provider’s response to the Site Audit report identified continuous improvement actions commenced since the Site Audit to improve the service’s processes regarding restrictive practices, including to minimise the use where appropriate. This includes review of restrictive practice processes and of consumers receiving psychotropic medications, staff education and training, and increased clinical governance oversight and reporting.

While the approved provider has implemented action to improve the service’s processes regarding restrictive practices, this has not yet been demonstrated to be effective in minimising the use of restrictive practices, and ensuring appropriate identification, review, and consent for the use.

I find the following Requirements are Non-compliant:

* Requirement 8(3)(d)
* Requirement 8(3)(e)

The service demonstrated it supports consumers and representatives to be involved in the development, delivery and evaluation of care and services. Management provided examples of different ways the service incorporates consumer feedback and suggestions into changes implemented to care and services at the service and organisational level. The organisation’s management team and board demonstrated the governing body promotes and is accountable for the delivery of safe, inclusive and quality care and services. The board satisfies itself that the Quality Standards are being met across the service through monthly reports which include clinical indicators, consumer feedback, complaints, incidents, and updates on continuous improvement projects.

The organisational governance systems implemented at the service were effective in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

I find the following Requirements are Compliant:

* Requirement 8(3)(a)
* Requirement 8(3)(b)
* Requirement 8(3)(c)

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)