Performance

Report

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| Name: | Mayfield Aged Care |
| Commission ID: | 2507 |
| Address: | 115 Crebert Street, MAYFIELD, New South Wales, 2304 |
| Activity type: | Site Audit |
| Activity date: | 18 September 2023 to 20 September 2023 |
| Performance report date: | 14 November 2023 |
| Service included in this assessment: | Provider: 432 M.N.H. Pty Ltd  Service: 884 Mayfield Aged Care |

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 Mayfield Aged Care (**the service**) has been prepared by P Golledge 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 and representatives and others.
* the Approved Provider’s response to the Assessment Team’s report, received on 27 October 2023.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

**Areas for improvement**

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

# Standard 1

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

Findings

Consumers say they are treated with dignity and respect. The staff know, respect and value consumers’ identity and cultural background and encourage their diversity. Care documentation includes details about consumers’ identity, backgrounds, and cultural diversity.

Consumers and representatives say the service recognises and respects their cultural backgrounds and provides care that is consistent with their cultural traditions and preferences. Care documentation identified the service collaborates with consumers and representatives to accurately reflect their cultural preferences to ensure care and services are delivered to meet their needs. Policies and procedures guide staff practice.

Consumers are supported to choose who they wish to involve in their care and how they would like their care and services delivered. Staff could describe details of how consumers wish to have their care delivered and had awareness of who consumers wish to have involved in their care and who they choose to maintain relationships with.

The service could demonstrate it supports consumers to make decisions and take risks. Staff are aware of the consumers who take risks, and they support their right to make choices enhancing their independence and well-being. Care documentation demonstrates risks are identified using risk assessments and appropriate measures are taken to ensure consumers are provided with the knowledge and information to make informed decisions.

The service was able to demonstrate that information is provided in a timely manner that is clear, easy to understand and enables consumers to exercise choice. Consumers and representatives say they are well informed, they receive the monthly newsletter and attend Resident Meetings organised by the service. Documents and posters in relation to the service and other aged care services were observed by the Assessment Team, these included the monthly lifestyle calendar, complaints mechanisms and information about advocacy services.

Consumers say their privacy is respected and personal information is kept confidential. Staff demonstrated practices to ensure consumer information and their relevant files are stored in the locked nurses’ station in closed cupboards and that a clinical handover is done in a private area.

# 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 advised consumers received safe and effective care and services in line with their care needs. Care documentation evidenced the assessment and planning process was utilised to identify and address each consumer’s needs and inform the delivery of safe and effective care. Management and staff outlined the assessment and planning process which included consideration to a variety of risks, including skin integrity, mobility and nutrition needs.

Consumers and representatives indicated the assessment and planning process identified and met their current needs, goals, and preferences, inclusive of advance care planning. Management and staff outlined how the service ensured assessments and care planning were reflective of consumers’ current needs, goals, and preferences. Care documentation identified and addressed the consumer’s current needs, goals, and preferences, including advance care planning and end of life (EOL) planning.

Consumers and representatives reported the service involved them in care planning discussions, in collaboration with other health professionals. Care documentation demonstrated the assessment and planning of care was completed in consultation with consumers, representatives and internal and external providers of care and services. Management and staff described how the service partnered with consumers, representatives, and other providers of care to ensure the needs, goals and preferences of consumers were being met.

Management and staff described how the service updated representatives regarding the consumer’s needs and how they kept them informed of any outcomes of assessments. Consumers and representatives mostly confirmed the outcomes of assessment and planning were communicated to them, and they could access consumer care plans upon request. Management advised that assessments and care documentation was readily available to staff via the service’s electronic care management system, and consumers and their representatives could request a copy of their care plan at any time.

Care documentation confirmed care plans were reviewed on a regular basis, when consumers’ circumstances changed, or when incidents occurred. Management and staff described the review process and advised care plans were reviewed every 4 months, when consumers’ circumstances changed, or incidents occurred. The Assessment Team noted the service had policies and procedures in place to guide staff practice in relation to the review of consumers’ care plans.

# 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 expressed satisfaction with the personal and clinical care provided by the service. Care documentation mostly evidenced consumers received safe and effective care that was best practice, tailored to their needs and optimised their health and well-being. Management and staff demonstrated an understanding of the needs and preferences of consumers, and outlined how they delivered care that was safe and tailored to the consumer’s needs.

Care documentation noted high impact or high prevalence risks were identified and effectively managed by the service. Management and staff described the high impact and high prevalence risks associated with the care of consumers at the service, and the strategies in place to mitigate these risks. Consumers and representatives were satisfied with the service’s management of high impact or high prevalence risks.

Management and staff outlined how the service supported consumers approaching EOL, and the measures taken to maximise consumers’ comfort, including providing eye care, oral care, and pain management. Care documentation identified consumers' EOL needs, goals and preferences were documented, and an advance care plan was in place. The Assessment Team noted the service had policies regarding advance care planning which supported staff to provide best practice care towards EOL care.

Consumers and representatives confirmed they were kept informed of any changes to the consumer’s condition, and the service responded to deterioration appropriately. Care documentation evidenced that deterioration or changes in consumers’ health was recognised and responded to in a timely manner.

Care documentation demonstrated information regarding the consumer’s condition, needs and preferences was documented and communicated to those involved in their care. Consumers and representatives mostly expressed the consumer’s care needs and preferences were effectively communicated between staff. Management and staff described the care needs and preferences of consumers, and how information was communicated within the service and with others where responsibility for care was shared.

Consumers and representatives outlined the various providers of care that were involved in delivering care and services to consumers, and confirmed referrals were made in a timely and appropriate manner. Care documentation demonstrated timely referrals to medical officers, allied health therapists and other providers of care and services. Management and staff described the referral process used when referring consumers for consultation within and outside of the organisation.

Consumers and representatives indicated they were satisfied with the service’s communication and management of infections occurring within the service. Management and staff demonstrated an understanding of antimicrobial stewardship and outlined the practices in place to prevent and manage infections outbreaks. The Assessment Team observed staff following all infection control procedures, including COVID-19 screening by those entering the service.

# 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

The Site Audit report contained information in relation to requirements 4(3)(d) and 4(3)(f), identifying the service did not demonstrate:

* information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.
* where meals are provided, they are varied and of suitable quality and quantity.

In relation to Requirement 4(3)(d) the Site Audit report identified 4 out of 21 consumers sampled said they had been served meals that did not meet their dietary needs and preferences and agency staff were unaware of their dietary needs and preferences. Management feedback at the time of the site advised the service had recently engaged administration staff to update consumer dietary needs and preferences on the services electronic care management system under the direction of clinical staff.

The approved provider in its response to the site audit report acknowledges the feedback provided and provided evidence of actions taken and planned to improve performance under this requirement. A plan for continuous improvement was submitted as an element of the response.

Actions include:

* consumers dietary needs and preferences updated on the services ECMS
* implementation of a meal audit system to ensure any changes to consumers condition, dietary needs, goals or preferences have been updated
* recruitment of a Catering manager who is responsible for completion spot checks of consumers’ meals prior to service.
* New dietary tags with consumers dietary needs and preferences have been placed on consumers meal trays.
* Review of orientation processes for hospitality agency staff to include guidance of location of information and checklist of consumers dietary needs and preferences.

In coming to my decision in relation to Requirement 4(3)(d), I have considered information brought forward under this and other requirements. I am satisfied that the service has taken immediate action and committed to further actions to address the findings identified in the Site Report. Therefore, it is my decision this Requirement is Compliant.

In relation to Requirement 4(3)(f) the Site Audit report identified the service did not demonstrate:

* all consumers had received meals according to their dietary requirements
* the temperature of the meals served was adequate

I have considered the actions by the Approved provider in relation to these deficiencies in Requirements 4(3)(d) and 6(3)(d).

The approved provider in its response to the site audit report acknowledges the feedback provided and provided evidence of actions taken and planned to improve performance under this requirement. A plan for continuous improvement was submitted as an element of the response.

Actions include:

* the service purchased heating boxes in response to complaints regarding the inadequate temperature of the meals and provided staff training on how to utilise the heating boxes.
* commencement of monthly food forums in September 2023
* recruitment of a Catering manager
* re-commencement of monthly consumer meetings with food a standing agenda item.
* implemented new processes for hospitality staff to support consumers with menu choices and preferred meal sizes

In coming to my decision in relation to Requirement 4(3)(f), I have considered information brought forward under this and other requirements. I was persuaded by the overall satisfaction by consumers and representatives in relation to the meals provided at the service. I am satisfied that the service has taken immediate action and committed to further actions to address the findings identified in the Site Report. Therefore, it is my decision this Requirement is Compliant.

Additionally, the service demonstrated compliance in requirements 4(3)(a), 4(3)(b), 4(3)(c) and 4(3)(e).

The Assessment Team provided information that consumers and representatives confirmed the lifestyle program was supporting their lifestyle needs and said staff assist them to be as independent as possible. Staff demonstrated knowledge of consumers’ needs, goals and preferences and the support they require to participate in activities or pursue individual interests. Consumers said they are provided emotional, spiritual, and psychological support when needed. Staff described the processes for providing emotional, spiritual, and psychological support to consumers. The service’s activity schedule was visible in common areas and described a range of activities available for consumers to attend.

Consumers and representatives said their services and supports are consistent and the staff were aware of their individual preferences and needs including engagement with other organisations involved in the consumer’s care and services. Staff demonstrated awareness of things of importance to consumers regarding maintaining their well-being. Consumers and representatives said the service support them to access external service providers including volunteer services and the local community if they wish to do things that are important or of interest to them.

Consumers reported having appropriate access to equipment, including mobility aids to assist them with their activities of daily living. Staff indicated they had access to equipment when they needed it, and described how equipment was kept safe, clean and well maintained. Equipment provided by the Service to support lifestyle services and to assist consumers with their independence was suitable, clean, well maintained and fit for purpose and meets the needs of consumers.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives said the service environment was safe, clean, and well maintained and they were able to move freely, both indoors and outdoors. Consumers said and were observed to be moving freely between both sites of the service and attending activities in the service’s main communal area. The service had sufficient lighting, handrails, and signage to aid navigation throughout the service. For example, one named consumer said they are visually impaired and can find their way around the service well.

The Assessment Team observed furniture, fittings and equipment were safe, clean, well maintained, and suitable for consumer use. Staff outlined their responsibilities and the service’s processes for cleaning and maintaining personal equipment, furniture, and fittings. Consumers advised the equipment they utilised was safe, clean, and well maintained.

# 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

The Site Audit report contained information in relation to requirement 6(3)(d), identifying the service did not demonstrate feedback and complaints are reviewed and used to improve the quality of care and services.

Four out of 21 consumers were not satisfied complaints raised had not led to improvements in relation to:

* consumers not receiving their dietary needs and preferences as agency staff were unaware of consumers dietary needs and preferences.
* the services menu was difficult to read and in small font
* the temperature of the meals delivered were inadequate

The Site report provided evidence that the service had undertaken some actions to improve its performance under this requirement. For example:

* the service purchased heating boxes and provided staff training on how to utilise the heating boxes.
* for one named consumer who had received incorrect meals containing gluten, communication was provided to catering staff in relation to the complaint, and the service reviewed its agency staff orientation processes regarding how to access information pertaining to consumers dietary needs and preferences.
* Recruitment of a Complaints officer 3 weeks prior to the Site Audit

The approved provider in its response to the site audit report acknowledges the feedback provided and provided evidence of actions taken and planned to improve performance under this requirement. A plan for continuous improvement was submitted as an element of the response.

Actions include:

* Additional staff support for consumers in relation to choosing meals from the services menu

In coming to my decision in relation to Requirement 6(3)(d), I have considered information brought forward under this and other requirements including 4(3)(d) and 4(3)(f) and I was persuaded by the feedback brought forward by consumers and representatives. Overall consumer and representatives expressed feedback and complaints raised had led to improvements in the care and services they receive. I am satisfied that the service has taken immediate action and committed to further actions to address the findings identified in the Site Report. Therefore, it is my decision this Requirement is Compliant.

Additionally, the service demonstrated compliance in requirements 6(3)(a), 6(3)(b), and 6(3)(c).

Consumers and representatives say they are encouraged and supported to provide feedback regarding care and services and would feel comfortable in raising concerns. Staff and management were able to describe the process available for consumers and representatives if they wanted to provide feedback or make a complaint. The service demonstrated it had a process in place to encourage and support consumers to provide feedback or make a complaint.

Consumers and representatives say consumers are aware of external bodies to help with advocacy, and other methods on how to make complaints. Management and staff demonstrated how to access interpreter and advocacy services for consumers if it is required. The Assessment Team observed posters displayed by the service advising consumers and representatives on how to contact the Aged Care Quality and Safety Commission, translation services, and advocacy services.

Consumers and representatives say management respond to complaints and incidents and takes appropriate action including using an open disclosure process for when things go wrong. The service has policies and procedures to guide staff practice, and electronic systems that automate escalation of complaints and incidents. Staff undergo training in relation to complaints, incidents and open disclosure and are trained to use reporting systems. Care documentation, complaints records, and incident reporting reflects that action is taken and open disclosure is practiced according to organisational policy.

# 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 Site Audit report provided information in relation to requirement 7(3)(e), identifying the service did not demonstrate regular assessment, monitoring and review of the performance of each member of the workforce.

The service was unable to provide records of staff completions of performance appraisals during the site audit. Management feedback at the time of the site audit described how staff are involved in informal mentoring and performance management is conducted in response to consumer feedback. The approved provider in its response to the site audit report acknowledges the feedback provided and provided evidence of actions taken and planned to improve performance under this requirement. A plan for continuous improvement and supporting documentation were submitted as an element of the response.

Actions include:

* sixty percent completion of staff performance appraisals
* completion of the remaining staff performance appraisals by 30 November 2023
* development of a schedule for future performance appraisal cycles.
* engagement of Human Resource staff to support its efforts to complete performance appraisals.

In coming to my decision in relation to Requirement 7(3)(e), I have considered information brought forward under this and other requirements. While staff interviews, and documentation provided by the service at the time of the Site Audit, identified performance reviews are not consistently completed in line with service processes, I was persuaded by the feedback brought forward by consumers and representatives. Consumer and representatives expressed satisfaction with staff knowledge and skills to provide safe and quality care and services that meets consumers’ needs and preferences. I am satisfied that the service has taken action and committed to further actions to address ensuring the assessment, monitoring and review of the performance of each member of the workforce is in alignment with the organisation’s processes. Therefore, it is my decision this Requirement is Compliant.

Additionally, the service demonstrated compliance in requirements 7(3)(a), 7(3)(b), 7(3)(c) and 7(3)(d).

Most consumers and representatives felt there were sufficient staff available to meet consumer’s needs, and they were satisfied with the overall skills, capability, and knowledge of staff. Most consumers described staff as respectful, kind and caring, and provided care that respected individual consumers diversity, culture, and preferences. The service had policies and procedures to guide staff in relation to consumer dignity and respect, and diversity and inclusion. Consumers say call bells are answered promptly and the observations by the Assessment Team indicated staff are available when consumers need them. Management demonstrated a sufficiently planned and varied skill mix of staff are available to meet consumer’s needs. The service has processes for both planned and unplanned leave.

Consumers and representatives say staff are kind, gentle and caring when providing care. Staff demonstrated they were familiar with each consumer's individual needs and identity. Management stated that the service has a suite of documented policies and procedures to guide staff practice, and outline that care and services are to be delivered in a respectful, kind and person-centred manner.

Consumers and representatives say they felt confident that staff are suitably skilled and competent to meet their care needs.

Management advised the service has documented policies in relation to key qualifications and knowledge requirements of each role employed by the service in their position descriptions. Documents demonstrated that staff have the relevant qualifications to perform their duties outlined in their position descriptions. Recruitment processes ensure regulatory requirements are met.

Consumers and representatives say they are confident in the current staff ability to deliver their care and services. The service provides training to staff to deliver the outcomes required within these standards.

# 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 and representatives considered the organisation was well run and they could partner in improving the delivery of care and services. Consumers and representatives reported they were involved and had opportunities to provide feedback and be involved in the development of care and services through consumer meetings, food forums, surveys, and feedback forms.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and was accountable for their delivery. The organisational frameworks, including the quality management and clinical governance frameworks identifies a leadership structure which outlines the roles and responsibilities of the governing body, governance committees, and service and regional management. These frameworks outline a shared responsibility and accountability for maintaining compliance with the Quality Standards, with the governing body having overall accountability for consumer safety, quality care delivery and organisation-wide governance.

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

The organisation implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers, including serious incident reporting through the Serious incident response scheme. Policies and procedures were available to all staff and guidelines and resources were available to support effective risk management systems and practices.

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)