Performance

Report

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| Name: | Meadowbank Grove Care Community |
| Commission ID: | 2134 |
| Address: | 8 Sherbrooke Road, WEST RYDE, New South Wales, 2114 |
| Activity type: | Site Audit |
| Activity date: | 16 January 2024 to 18 January 2024 |
| Performance report date: | 19 February 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 668 Meadowbank Grove Care Community |

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 Meadowbank Grove Care Community (**the service**) has been prepared by P. Wallner, 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, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 13 February 2024.
* other information 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said they were treated with dignity and respect and their identity, culture, and diversity was valued. Staff described the cultural backgrounds of consumers and explained how this influenced their care delivery. Care planning documents demonstrated respectful language and reflected consumers’ identity and diversity in line with the service’s cultural, safety, diversity and inclusion policy.

Consumers described how staff were aware of their cultural background and provided culturally safe care, consistent with their preferences. Staff described how consumers’ culture was acknowledged in their care delivery in accordance with the service’s cultural safety, diversity and inclusion policy. Care planning documents detailed consumers’ cultural needs and staff were observed to be respectful of their cultural backgrounds.

Consumers and representatives said they were supported to make their own choices, involve others in their care decisions, and maintain relationships of choice. Staff described how they supported consumers to make choices, maintain their independence and maintain relationships of their choosing. Care planning documents confirmed consumers’ independent choices around their care and service delivery and relationships of importance.

Consumers described ways the service supported them to take make choices involving risks to live the life they chose. Management and staff explained how they supported consumers who chose to take risks and put in place risk mitigation strategies. Care planning documents evidenced a risk assessment and management discussions prior to consumers’ commencing the activity.

Consumers and representatives confirmed they were kept informed through timely, clear, and easy to understand information that enabled them to make informed choices. Management and staff described a variety of ways in which information was provided to consumers and representatives in line with their needs and preferences. Information about activities and menu choices was clearly displayed on notice boards in communal areas and was being communicated to consumers with sensory impairment.

Consumers said the service respected their privacy and kept their personal information confidential. Management and staff described practical ways they ensured the personal privacy of consumers in accordance with documented protocols. Management explained that staff normally conduct shift handovers in the nurse’s station however, in one observed incident they were monitoring the safety of a high falls risk consumer.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they received the care they required and outlined how they were involved in the assessment and care planning process. Staff described the thorough assessment and care planning processes which informed the delivery of safe and effective care and services, including the assessment of risks to consumers. Care planning documents showed risks were identified and individual risks mitigation put in place.

Representatives said assessment and planning identified and addressed the consumer’s current needs, goals and preferences, and their end of life wishes. Staff described how assessment and care planning reflected consumers' current needs and preferences and how they approached conversations around end-of-life planning.

Management and staff explained how assessment and care planning was done in partnership with consumers, representatives, and others they wished to involve in their care. Consumers and representatives described how they were closely involved in the assessment and planning of their care, to ensure their needs and preferences were met. Care planning documents evidenced regular input from consumers, representatives and a range of external providers such as medical officers and allied health professionals.

Consumers and representatives said the service was proactive in clearly communicating the outcomes of assessments and any proposed changes to their care and services. Two representatives did not recall being offered a copy of their consumers’ care plan however, they were happy with the level of communication provided by the service. Management and clinical staff described how they effectively maintained care plans and communicated the outcomes of assessment and care planning to consumers and their representatives. The service had effective processes in place which ensured the outcomes of assessment and planning were routinely communicated to consumers and representatives.

Consumers and representatives confirmed their care and services were reviewed regularly, and when changes occurred. Consumers’ care plans showed evidence of review for effectiveness regularly, and when circumstances changed, or incidents impacted on the needs, goals, or preferences of the consumer. The service had documented policies setting out the processes for reviewing consumers’ care and services to ensure they remained effective.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement 3(3)(g) was Not Met. The Site Audit found while the service had documented infection prevention and control protocols in place, there was not an identified on-site infection prevention and control lead, and some staff were observed not wearing their masks appropriately. Evidence brought forward included:

* Management were unable to identify the current on-site infection prevention and control (IPC) lead. Management stated the previous IPC lead had transferred to another service and they had enrolled other staff to undertake the training and could access support from the organisation's national IPC lead.
* Management acknowledged the importance of an on-site infection prevention and control lead and enrolled one of their clinical staff into the relevant course on day 2 of the Site Audit.
* Instances of staff members not wearing their masks appropriately were observed on each day of the Site Audit. For example, multiple care and hospitality staff were witnessed not wearing their masks correctly while gathered in front of the nurses' station, with consumers present within 5 meters of the staff.
* Consumers and representatives expressed satisfaction with the service’s infection prevention and control measures. Care planning documentation evidenced that anti-viral medication was used in accordance with best practice.

The provider’s response received 13 February 2024, provided additional clarifying information and evidence in relation to the infection prevention and control lead and staff adherence to proper infection control practices. The provider advised:

* There was a suitably qualified infection prevention and control lead on the staff who has been formally appointed as the infection prevention and control lead.
* This service’s infection prevention and control measures were proven effective by managing the Covid-19 outbreak at the time of the Site Audit. There were no instances of transmission between consumers or staff.
* Refresher training for donning, doffing and personal protective equipment was delivered to all team members including at beginning of the shifts during the Site Audit. Some of this training was delivered to the team by the qualified IPC lead.
* Most incidents of poor mask wearing, was during interviews with the Assessment Team or in areas where the staff member was not close to consumers.

I consider there was uncertainty in whether an appropriately trained staff member had been formally appointed as the infection prevention and control lead however, I note the service moved immediately to clarify the situation and conduct additional staff training in infection prevention and control practices and the use of personal protective equipment. Given the provider’s improvement actions taken during and since the site audit, I am satisfied they understand the importance of having an onsite infection prevention and control lead clearly identified and ensuring staff use personal protective equipment correctly. Therefore, on the balance of the evidence before me, I find Requirement 3(3)(g) Compliant.

I am satisfied the remaining 6 Requirements in Standard 3 are Compliant.

Consumers advised they received safe and effective personal and clinical care tailored to their needs and that optimised their well-being. Management and staff demonstrated knowledge about the delivery of best practice personal and clinical care. Comprehensive care planning documents reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of each consumer. The service exhibited some uncertainty around their definition of consumers subject to environmental restrictive practice however, this was clarified prior to the completion of the site audit.

Representatives expressed satisfaction with how the service managed risks to consumers well-being, particularly falls risks. Management and staff explained the high impact, high prevalence risks at the service and their strategies for managing them. The Assessment Team identified 2 consumers who had a fall and had not been monitored in accordance with the service’s post fall procedures. However, the service demonstrated they had already identified the issue and initiated a continuous improvement action prior to the site audit.

Consumers and representatives confirmed the service had initiated end of life planning conversations with them and they expressed satisfaction with the end of life care provided by the service. Management and staff explained how the needs, goals, and preferences of consumers nearing the end of life were recognised and addressed, with their comfort maximised, and their dignity preserved. Consumers’ care plans confirmed advance care directives and palliative care discussion where held, where appropriate. The service had written policies to guide staff in advance care planning and providing palliative care.

Consumers and representatives said the service was responsive to changing care needs and they were informed about any deterioration in health and the proposed management strategies. Care planning documents showed deterioration or changes in condition were identified and responded to promptly. Clinical staff explained how a deterioration or changes in consumers’ condition was monitored and discussed during handovers, and referrals were made to other health professionals, when necessary.

Consumers and representatives said communication between staff and others involved in their care was effective, and they did not have to repeat themselves to different staff. Staff described how current information about consumers’ condition, needs and preferences was documented and communicated within the service, and to others involved in providing care. Care planning documents contained sufficient current information to support the delivery of safe and effective personal and clinical care.

Consumers and representatives described having access to a range of other organisations and health professionals and said referrals were timely and appropriate. Management and clinical staff described how other organisations and providers of care and services were utilised to supplement the care delivered at the service and ensure quality outcomes for each consumer. Care planning documents confirmed referrals to other organisations and individuals providing care and services were timely and appropriate.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers said they received the services and supports for daily living that enabled them to engage in activities of interest and live the life they chose. Management and staff described how they conducted lifestyle assessments to identify each consumer’s needs, goals and preferences and the supports they required. Consumer’s care planning documents recorded their daily living needs, goals and supports.

Consumers and representatives said the service promoted consumers’ emotional, spiritual and psychological well-being and staff supported them when they were feeling low. Care planning documentation included information on consumers' emotional, social and psychological needs and strategies to support them. Staff described how they recognised changes in consumers’ emotional, social and psychological well-being and provided additional support.

Consumers and representatives said consumers were supported to participate in their community inside and outside the service, keep in touch with people who were important to them, and do things of interest to them. Staff described the activities of interest to specific consumers, how they participated in their community, and the important relationships they were maintaining, and this was consistent with their care plans. Consumers and visitors were observed engaging in social interactions and activities in the communal areas of the service.

Consumers and representatives confirmed current information about consumers’ condition, needs and preferences was communicated effectively within the organisation and with others involved in providing care and services. Staff said they document any changes related to consumers in the electronic care management system and communicate the latest information at shift handovers. Care planning documents provided adequate information to provide suitable services and supports for daily living.

Consumers and representatives said they were supported by timely referrals to other providers of services and supports for daily living. Care planning documentation identified referrals to other organisations and support services. Staff could identify specific consumers who utilised the services of external providers of care and services.

Most consumers and representatives expressed satisfaction with the quality, quantity and variety of meals and said they could provide feedback and make suggestions about the food, which were acted upon. Documentation set out the current dietary needs and preferences of consumers and staff described how they ensured consumers’ dietary needs and preferences were met. Staff explained how they arranged alternative meals and assisted consumers, if they wished. The meal service was observed to be punctual and well-coordinated with staff providing appropriate supervision and assistance, as needed.

Consumers reported having access to safe and suitable equipment to assist them with their daily living activities. Staff could describe how equipment was kept clean and maintained in good working order. Equipment around the service was observed to be safe, suitable, clean and well maintained.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said they felt at home in the service and the environment was welcoming, easy to understand and created a sense of belonging, independence, interaction and function. Management and staff described how consumers and representatives had input into the service environment and explained features that optimised consumers’ sense of belonging, ease of navigation and movement. Consumers’ rooms were personalised and the service environment appeared welcoming, well lit, with handrails and clear signage to aid navigation.

The service appeared safe, clean and well-maintained and consumers were able to move freely, both indoors and outdoors. Consumers and representatives considered the service environment to be safe, clean, and well-maintained and they could move around freely as they wished. Staff described how the service environment was cleaned and maintained in accordance with a cleaning schedule. One task in the reactive maintenance log was observed not to have been marked as completed even though it had been. Doors leading to garden areas were locked after 7pm for security reasons however, management took action to ensure the door lock codes were displayed next to the doors and consumers and representatives were aware of this.

Consumers and representatives said the furniture, equipment and fittings were cleaned and maintained regularly. Staff described effective processes for cleaning and maintaining equipment, furniture, and fittings in the service. The furniture, fittings and equipment appeared to be clean, safe 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives felt safe and comfortable to provide feedback and make complaints, and they could describe the various avenues available to do so. Management and staff described the processes in place to encourage and support consumers and representatives to provide feedback and complain. Information about providing feedback and making complaints was displayed throughout the service and staff had access to documented policies and systems to manage complaints.

Management and staff described how they promoted access to external complaints mechanisms and advocacy services. Documentation showed the service regularly provided consumers and representatives with information about accessing external complaint, advocacy and language services. While consumers and representatives could not recall details about the external complaint and advocacy services available to them, none expressed a desire to access such services.

Most consumers and representatives were satisfied with how the service addressed and resolved their complaints and used open disclosure. One consumer felt the service had not resolved their complaint about the quality of the food. Management and staff explained the principles of open disclosure involved acknowledging the concern, apologising, being transparent and resolving the issue in collaboration with consumers and representatives. The Continuous Improvement Plan showed appropriate action was taken in response to complaints and open disclosure was practised. The service had written policies and procedures to guide staff in managing complaints and open disclosure.

Consumers and representatives said the service used their feedback and complaints to improve the quality of care and services. Management and staff described the main areas of complaint and the actions proposed or taken to address them. Management explained the system for recording feedback and complaints from consumers and representatives and identifying opportunities for continuous improvement. The Continuous Improvement Plan and meeting minutes showed feedback and complaints were reviewed and used to improve the quality of care and services.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement 7(3)(e) was Not Met. The Site Audit found the performance of staff was monitored through formal performance appraisals and informal monitoring and review however, most staff had not completed their most recent annual performance appraisal. Evidence brought forward included:

* The performance appraisal register showed most staff appraisals were overdue.
* Management confirmed the low completion rate had already been identified in November 2023, and a plan was in place to complete them by February 2024.

The provider’s response received 13 February 2024, provided additional information and evidence in relation to the completion of staff performance appraisals. The provider confirmed they had self-identified the issue of overdue performance appraisals during an internal audit in November 2023 and a Plan for Continuous Improvement action was put in place to address the issue. The service provided evidence that all overdue staff performance appraisals have now been completed and a tracking system established to ensure ongoing compliance.

I acknowledge staff performance appraisals were overdue but accept the provider had self-identified the issue and put corrective actions on their Continuous Improvement Plan. I am satisfied these actions have been effective and note the provider’s evidence demonstrating that annual staff performance appraisals have now been completed as part of the service’s overall monitoring and review of staff performance. Therefore, on the balance of the evidence before me, I find Requirement 7(3)(e) Compliant.

I am satisfied the remaining 4 Requirements in Standard 7 are Compliant.

Most consumers and representatives were satisfied with the number and mix of staff and the speed staff responded to call bells. A representative said there was a shortage of staff but said this did not impact the delivery of care and services. Most staff said there was enough staff, and they had sufficient time to complete their tasks and deliver quality care and services. Management described how the workforce was planned around the specific needs of consumers and said there was a large pool of staff to draw upon and they did not utilise agency staff. Workforce records showed the service had adequate staffing levels and call bell response times were monitored and investigated. Staff did not appear to be rushed when providing care to consumers.

Consumers and representatives said staff were kind, caring, respectful and gentle when providing care. Staff demonstrated they were familiar with each consumer’s individual background, needs and identity. Staff were observed interacting with consumers in a kind and respectful manner, at all times. The service had a suite of policies, procedures and guidelines to guide staff in delivering respectful, person-centred care.

Consumers and representatives said staff knew what they were doing and were skilled and competent in their role. Management described how they ensured staff were competent and had the relevant qualifications and knowledge to meet the position requirements. Staff expressed confidence that the training provided by the service equipped them with the skills and knowledge to meet the care needs of consumers.

Most consumers and representatives believed staff had the appropriate training and support to deliver safe and quality care and services. Management explained the annual mandatory training program and demonstrated 81% of staff had completed it. Management said the fire and evacuation training had delayed due to recent COVID-19 outbreaks. Staff said the service provided the necessary training and support to ensure they provided quality care.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement 8(3)(e) was Not Met. The Site Audit found the service did not demonstrate the clinical governance system was effective in relation to antimicrobial stewardship and minimising the use of restraint. Evidence brought forward included:

* The Assessment Team could not identify an on-site infection prevention and control (IPC) lead responsible for overseeing staff IPC practice and promoting antimicrobial stewardship. (Refer also to Requirement 3(3)(g))
* Management stated the previous IPC lead had transferred to another service and they understood the importance of having an IPC lead onsite. Management said they had enrolled other staff to undertake the training and could access support from the organisation's national IPC lead.
* The Assessment Team identified consumers in the dementia specific area that did not have documented assessments and consent in place.

The provider’s response provided additional clarifying information and evidence in relation to the clinical governance arrangements around the infection prevention and control lead, antimicrobial stewardship, and environmental restraint. The provider advised:

* The provider had a fully qualified (since September 2021) infection prevention and control lead employed on site since February 2022. Additionally, other staff had been, or were being, trained in infection prevention and control and antimicrobial stewardship.
* Consumers residing in a dementia specific area were not automatically considered to be environmentally restrained under the organisation’s policies which assessed their individual circumstances. All mobile consumers residing in the memory support area were reassessed to determine whether they were environmentally restrained based on the latest understanding of the Quality of Care Principles.
* Once the Assessment Team confirmed that their interpretation of environmental restraint applied to every consumer in the memory support area, regardless of mobility and desire to exit, the service took immediate action and contacted all substitute decision makers to reiterate their consent.
* The organisation had already self-identified the need to re-examine current practices and interpretations of definitions around environmental restraint in consultation with the Commission. To that end, an action on the Continuous Improvement Plan had already been created to ensure the service’s approach to restraint was consistent with the Quality of Care Principles.

I am satisfied with the provider’s additional explanation and evidence demonstrating they understood the requirements around environmental restraint and the need to have an onsite infection prevention and control lead. I consider there was uncertainty in whether an appropriately trained staff member had been formally appointed as the infection prevention and control lead however, I note the service moved immediately to clarify the situation and conduct additional staff training in infection prevention and control and antimicrobial stewardship. In relation to environmental restraint, I note the governance arrangements had self-identified the issues and put continuous improvement actions in place to address them, including entering into dialogue with the Commission. Therefore, on the balance of the evidence before me, I find Requirement 8(3)(e) Compliant.

I am satisfied the remaining 4 Requirements in Standard 8 are Compliant.

Consumers and representatives said the service was run well and they were satisfied with their level of ongoing engagement in the service. Management described how consumers and representatives were engaged in the development, delivery and evaluation of care and services. Management and staff described various ways consumers and representatives were regularly involved in making decisions about changes within the service.

Management explained how the organisation’s Board promoted a culture of safe, inclusive and quality care and services, and was accountable for their delivery. Management described the organisational and committee structure that oversighted the delivery of quality care and services through regular key performance reporting and analysis. Management described consumer-driven changes at the service and various ways the Board satisfied itself the Quality Standards were met.

The service demonstrated effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, feedback and complaints, and regulatory compliance. Management and staff could describe the governance systems and how they supported the delivery of safe and effective care and services.

Management demonstrated the service had effective risk management policies, systems and practices in place for managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents.

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)