Performance

Report

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| Name of service: | Medea Park Nursing Home |
| Service address: | 17 Circassian Street ST HELENS TAS 7216 |
| Commission ID: | 8817 |
| Approved provider: | Medea Park Association Incorporated |
| Activity type: | Site Audit |
| Activity date: | 21 March 2023 to 23 March 2023 |
| Performance report date: | 3 May 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 Medea Park Nursing Home (**the service**) has been prepared by C Spiller, 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 20 April 2023

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

I have assessed this Quality Standard as compliant as I am satisfied all six Requirements are assessed as compliant.

In relation to Requirement 1(3)(d), the Assessment Team assessed this Requirement as not met. I have come to a different finding, based on the information received from the provider and have assessed the service as compliant with this Requirement.

The Assessment Team identified consumers who are freely taking risks, however, have not been assessed and care planned for, although management said are required to be as part of the service’s process. Staff are not monitoring or managing some of the sampled consumers in relation to alcohol use, self-medication, and smoking.

In the providers response, they submitted information in relation to the particular consumers identified by the Assessment Team, evidencing the risks were being managed and that assessments had been completed.

In making the decision, I have considered both the Assessment Team findings and the providers response. The provider response contained satisfactory evidence of how these complex risks were being managed and are being reviewed for these particular consumers and has also since addressed the self-medication issue.

Overall consumers and representatives said the service is supporting consumers to live their best life, including where the activities involved risk. Management and staff described a range of activities that consumers undertake that involve them taking risks. Therefore, I find the service compliant with this Requirement.

I am satisfied the remaining five Requirements in this Quality Standard Consumer Dignity and Choice and are assessed as compliant.

Overall consumers stated they are treated with respect and dignity by staff, that staff are aware of their individual and cultural preferences, and that they observe consumer right to privacy. Staff were observed treating consumers with respect and displaying an understanding of individual choices and preferences. Care planning documentation includes information about their individual preferences and details about people important to them. The service has a policy and documents such as newsletters and handbooks which include consumers’ rights.

Consumers are satisfied staff respect their culture, values and diversity. Staff demonstrated knowledge of consumers’ cultural needs, life story and history and how this informs the provision of care and services. Lifestyle staff regularly include cultural themed activities that reflect consumers’ history into the program. Care planning documentation reviewed, reflected consumers’ cultural needs, interests and preferences.

Consumers and representatives said consumers can exercise choice and make decisions about their care and services, while being supported to maintain relationships that are important to them. Staff described how they best support the decisions of consumers. Consumer care documentation details how consumers wish their care to be delivered and who will be involved with this. Social and emotional care plans include details on maintaining connections and relationships of choice. Care files document who the consumer has nominated to be involved in decision making.

Consumers and representatives said the information they receive is current, accurate, timely, communicated clearly and is easy to understand. A range of information and notices is on display within the service. Consumers said they are invited and attend ‘resident’ meetings and have access to meeting minutes. Notices on display include the activities calendar, advertising of upcoming events and advocacy and complaints information.

Consumers and representatives are satisfied that consumer privacy is respected by staff and that their information is kept confidential. Staff discussed and demonstrated how they maintain consumer privacy. The service has policies regarding confidentiality and disclosure of personal information. Observations of staff practice demonstrated staff consistently respected and maintained consumer privacy.

# Standard 2

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

Findings

I have assessed this Quality Standard as compliant as I am satisfied all Requirements in this Quality Standard are assessed as compliant.

In relation to Requirement 2(3)(a) the Assessment Team found, two consumers, with complex care needs, did not have comprehensive assessments and care plans completed. Management provided the current assessment and care planning policy that provides staff a general overview with links to best practice information and resources, but the policy does not include specific processes to guide staff, for example, frequency of review, what tools to use or who to involve in the process.

In the providers response, they acknowledged the Assessment Team report, stating they have moved forward swiftly to review and initiate strategies to address opportunities to improve and support staff in delivering optimal care and support to consumers. They provided evidence in relation to the two consumers, demonstrating appropriate care plans were now in place.

In making this decision, taking into account the providers remedial actions, I have come to a different finding. The gaps identified by the Assessment Team have been appropriately addressed. Therefore, I find the Service complaint with this requirement.

I am satisfied the remaining four Requirements are assessed as compliant.

Care files generally reflected the consumer’s needs, preferences and goals of care are documented. The three-monthly ‘care evaluation’ document was reviewed for three of the sampled consumers which reflected updated consumer care needs and preferences.

Overall consumers said they are involved in the ongoing care review process and were aware of the service including their representative in the partnership, as per the consumer’s request. Staff described the process on initial assessment and reviewing information available from other services to inform the care, such as aged care assessment reports, hospital discharge information and the consumer’s general practitioner’s medical summary. The consumer care files evidenced other organisations input where they are involved in the care of the consumer.

In regard to having a care plan readily available, mixed feedback was provided by consumers, however the Assessment team found some evidence of consultation with a consumer about their care.

Overall consumers and a representative confirmed they have been involved in regular care reviews. Consumer care files reflect the monthly ‘resident of the day’ reviews and the completion of observations such as weight and vital signs, and the 3-monthly ‘care evaluation’ completed with documented evaluation against all domains of care as per the electronic form used by the clinical staff. Management said the service had always regarded the evaluation form as the updated care plan and did not generally refer to the summary care plan or the detailed care plan for current care provision guidance. Following incidents or where circumstances change, updates or changes to condition are documented in progress notes and reviewed as part of the 3-monthly ‘care evaluation’ document.

# Standard 3

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

Findings

I have assessed this Quality Standard as compliant as all Requirements are assessed as compliant.

In relation to Requirement 3(3)(b) the Assessment Team found a few gaps with a few consumers care. Some consumer files did not demonstrate wound review follows best practice guidelines with minimal or no photographs available to adequately review wound progress. The service did not demonstrate a wound policy and procedures to ensure consistent wound management. Clinical staff interviewed did not demonstrate consistent knowledge of the wound management process. The service did demonstrate an understanding of restrictive practice with documentation reflecting informed consent and regular 3-monthly reviews of chemical and environmental restraint, with documented consultation with the consumer and or their nominated representative.

In their response the provider submitted additional information in relation to these consumers, which addresses the issues identified by the Assessment Team. The service acknowledged that wound care assessment could be improved and as a result has updated the wound policy and is providing education to staff as per the continuous improvement plan.

In making the decision, I have reviewed the information and have come to a different finding than the Assessment Team. This is based on the additional information supplied by the provider describing their quality improvement actions and their prompt action to address the issues raised. Therefore, I find the service compliant with this Requirement.

I am satisfied the remaining Requirements are compliant.

Overall consumers and/or their representatives expressed satisfaction in the service managing high impact high prevalence risks, which included falls and weight management. The service generally demonstrated management of high impact and high prevalence risks such as immediate post fall management, weight management and behaviour management. Staff described the process on weight monitoring and the reporting process to the registered nurse when an unplanned reduction in weight is recorded. Staff described the care of a consumer who has had a fall and the clinical; staff described the physical assessment and timely transfer to hospital for consumers with a suspected injury.

Consumers interviewed, confirmed the clinical staff consult with them in relation to the consumer’s needs, goals and preferences when nearing end of life. Consumer information is reflected in the advance care directives end of life form regarding their goals and wishes related to end of life care such as having family members present, to have a representative of their faith to attend, and preferred funeral directors. Staff were able to describe how they approach conversations around end of life care and how they care for consumers who have commenced the palliative pathway with the provision of comfort care, pain relief and pastoral care.

The service was able to demonstrate recognition and response where a consumer has had a change or deterioration in their condition. Consumers expressed satisfaction in the timely response to deterioration in the consumer’s condition. Staff described the discussions of consumers’ physical and mental condition, and the recognition of deterioration is responded to by clinical assessments, referral and ongoing review.

The service demonstrated information about the consumer’s condition, needs and preferences is documented and communicated with those involved in the care of the consumers. For the consumers sampled, a review of care planning documentation demonstrated the progress notes and the ‘care evaluation’ form provide the most relevant information to support effective care for the consumers. Staff interviewed were knowledgeable on the sampled consumers’ care and described receiving verbal handover and referenced the ‘weekly’ handover’ folder and the appointment diaries available in the nurses’ station. Daily updates are displayed on the messaging board of the electronic care document system advising of upcoming appointments or scheduled allied health providers visits to the service.

The service demonstrated referrals to other providers or organisations is generally timely and appropriate. The service is located in a rural area with limited availability of some allied health providers. The service utilises telehealth appointments for specialist reviews such as wound consultant and medical specialists. Consumers interviewed said they are satisfied they have access to their preferred specialist and recalled having allied health providers for specific assessments of their recommended equipment. Management advised the service is supported by one visiting general practitioner and the physiotherapist. The service has access to a limited range of allied health providers at the local community hospital and consumers have the choice to attend appointments at a local medical centre to consult their preferred general practitioner.

The service demonstrated preparedness in the event of an infectious outbreak, and effective practices to support appropriate antimicrobial prescribing and review and minimising of long term antimicrobial agents. The service continues to screen all visitors and staff and requires a negative result from a rapid antigen test before entering the service. The service has a nominated infection prevention and control (IPC) lead who is currently completing an approved course. Consumers expressed satisfaction in the service’s actions taken to minimise the spread of infectious outbreaks and provided examples of staff following IPC guidelines such as hand hygiene and wearing of face masks. Consumers and representatives commented on the service’s overall cleanliness and the communication provided on the service’s response to the ongoing COVID-19 Safe protocols. The service has plentiful personal protective equipment (PPE), outbreak kits stored and readily available and the service maintains an outbreak management plan updated in line with current guidelines.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

I have assessed this Quality Standard as compliant as all seven Requirements are assessed as compliant.

Consumers and their representatives said that the consumer is provided with support to optimise their independence, health, well-being and quality of life. Lifestyle staff develop a monthly calendar of group activities based on the preferences of the consumers living at the service. Social and lifestyle care plans are individualised. Individual support is provided for consumers who do not wish to participate in group activities. Ongoing evaluation of the program occurs through meetings, surveys and verbal feedback. Staff provided detailed examples of how consumers are supported to engage in activities, maintain their independence and to have a good quality of life. The activities are supported by a group of volunteers.

Consumers and their representatives said the service provides good supports for the emotional, spiritual and psychological well-being of consumers. Staff demonstrated knowledge of consumers’ emotional and spiritual needs and could describe how they support individual consumers. Volunteers and external services and organisations are accessed to support consumers well-being. Care planning documentation included information on emotional, spiritual, and psychological needs and preferences.

Consumers and their representatives are satisfied the services and supports enable them to participate in the community, have relationships and do things of interest to them. Staff describe how they support consumers to do the things of interest to them, participate within and outside the service environment and have social relationships. Care planning documents contained information on individual consumers’ interests and identified the people important to them.

Consumers and their representatives expressed satisfaction that their needs and preferences are communicated effectively to staff delivering their care. Staff were confident they have access to information they need to provide safe and effective care to consumers. Staff described how they communicate care needs and how they would know if an aspect of care has changed.

The service demonstrated that timely and appropriate referrals to individuals, other organisations and providers occur. Consumers and representatives confirmed referrals occur promptly and document review demonstrates a range of services and organisations are available for staff to refer consumers to.

Overall, consumers and their representatives were satisfied with the quality, quantity and variety of meals. Meals are prepared fresh, onsite daily. Consumers’ dietary needs and food preferences are assessed and documented on entry and communicated to catering staff. The service provides for a range of dietary requirements. The menu rotates 4-weekly and changes 6-monthly. Catering staff discussed how consumers can provide feedback about the menu and give suggestions. Staff demonstrated an understanding of individual consumers’ preferences and dietary requirements. Staff were observed to be assisting, encouraging and offering choices with meals during the site audit.

The equipment provided is safe, suitable and well maintained. Staff have access to appropriate equipment when it is needed and described how they report equipment faults. Equipment was observed to be clean, well maintained and available to meet 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

This Quality Standards is assessed as compliant as I am satisfied all three requirements in this Quality Standard are assessed as compliant.

Consumers said they feel welcome and comfortable at the service and are encouraged to personalise their rooms. Consumers and visitors were observed using communal areas and moving independently around the service. The service is welcoming and provides comfortably furnished communal areas that optimise consumer interaction and engagement.

Consumers and representatives reported the environment is comfortable, clean and well maintained. Maintenance and cleaning staff demonstrated the service’s preventative and reactive systems and schedules that ensure the service is safe, clean and well maintained. Staff expressed satisfaction with the timely maintenance process when issues are identified. The Assessment Team noted consumers can freely access internal and external areas in the service and the living environment is suitable for use. There are a variety of small and large sitting areas including a café and courtyards that were observed to be frequently occupied by consumers and representatives during the audit.

Consumers and representatives expressed satisfaction with the furniture and equipment used and spoke of it being suitable for their needs. The Assessment Team noted furniture, fittings and equipment are safe and clean and equipment in use is in good working order. Staff discussed cleaning and maintenance systems and how they can arrange for equipment to be repaired if needed. Documentation including preventative and reactive maintenance systems demonstrated ongoing monitoring and timely response to breakdowns and repairs required.

# 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 I am satisfied all four requirements in this Quality Standard are assessed as compliant.

Consumers and/or their representatives said that they felt comfortable providing feedback and making complaints. Staff were able to describe how they assisted consumers and or their representatives to raise concerns. The Assessment Team viewed information on how to make a complaint, which was located at reception and throughout the service. Documentation including resident and representative meeting minutes, the services monthly newsletter and feedback systems demonstrated the service encourages and supports feedback.

Most consumers and representatives are aware and have access to advocates, language services and of other methods to raise and resolve a complaint. Staff could describe other methods of raising and resolving complaints. The Assessment Team observed information displayed throughout the service regarding advocates and other methods of raising a complaint.

Consumers and their representatives who had provided feedback or raised a complaint were satisfied with the resolutions. Management and staff described using open disclosure principles in the handling of complaints. Documentation demonstrated how the service actions complaints. The Assessment Team sampled complaints the service demonstrated appropriate action was taken.

Consumers and their representatives were satisfied their concerns had been addressed. Management described how feedback and complaints result in improvements. Documentation reviewed demonstrated complaints were, reviewed, and used to improve the service. However not all complaints were captured, thus trends may be missed. Feedback was provided to management.

# 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 all five Requirements are assessed as compliant.

Consumers and/or their representatives said there are enough staff at the service to meet their needs. Staff felt the workforce is able to provide safe and quality care and services. Management describe how they ensure there is enough staff to provide safe and quality care.

Consumers and/or their representatives said staff are kind, respectful and caring. All staff showed that they know their consumers, their choices, needs and preferences. The Assessment Team observed all staff interactions to be kind and respectful.

Consumers and/or their representative said staff perform their roles effectively, and are confident staff are skilled to meet their care needs. Management said all staff are required to completed mandatory training as well as regular refresher training. The training is monitored and followed up by management at the service-learning platform. Position descriptions specify roles and responsibilities to their particular role and staff are required to have relevant qualifications and registrations.

Consumers and/or their representatives said staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care. Management described the required annual mandatory and non-mandatory training and the process to implement training if gaps are uncovered. Training is monitored and recorded by management. All clinical and care staff said the service provides mandatory and additional training to support them to provide quality care.

The service demonstrated performance reviews are conducted annually for all staff and after an initial probation period for new staff. The Assessment Team reviewed the performance review schedule and noted that all performance reviews are current. All staff were able to describe performance review process.

# 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 I am satisfied all Requirements in this Quality Standard are assessed as compliant.

In relation to Requirement 8(3)(e) the Assessment Team found the service did not have current policies and procedures to support staff practice across a number of areas of clinical care. I have come to a different finding, based on the provider’s response and actions since the audit.

In their response, the provider described the steps they have taken to address the absence of clinical policies. They had in fact, purchased new policies, and made them available electronically, removing the older printed versions from the nurses station to avoid confusion. The service has now made printed versions of the policies readily available at the nurses station as resources for all staff.

I am satisfied the issue identified by the Assessment Team has now been rectified. The organisation’s clinical governance framework includes policies and practices for antimicrobial stewardship, minimising the use of restraint and open disclosure, and therefore find the service compliant with this Requirement.

I am satisfied the remaining four Requirements are assessed as compliant.

Consumers and their representatives are engaged in the development, delivery, and the evaluation of services. All consumers felt empowered to provide feedback to staff and management about their care and services. Management outlined how they seek feedback from consumers and representatives via direct feedback, feedback forms, resident meetings, the monthly newsletter, and surveys.

Consumers and their representatives said they feel safe and are living in an inclusive environment providing quality care and services. Staff felt they could freely express concerns. Management described the board structure that governs the delivery of quality care and services across the organisation.

Management and staff were able to describe processes and mechanisms in place for effective organisation wide governance system relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints.

The service has a risk management systems and practices to monitor and assess high impact or high prevalence risk, identifying and responding to abuse and neglect of consumers. The service is identifying and reporting risk. The service supports consumers to take risks. Staff and management interviewed could provide examples of these risk and described how they are managed within the service.

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)