**Performance**

**Report**

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| Name: | Mercy Day Respite Centre |
| Commission ID: | 700661 |
| Address: | 60 Spencer Street, THE RANGE, Queensland, 4700 |
| Activity type: | Quality Audit |
| Activity date: | 9 April 2024 to 10 April 2024 |
| Performance report date: | 5 June 2024 |

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.

# Service included in this assessment

Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 7515 Mercy Health and Aged Care Central Queensland Limited  
Service: 24592 Mercy Health and Aged Care Central Queensland Limited - Community and Home Support

**This performance report**

This performance report for Mercy Day Respite Centre (**the service**) has been prepared by J. Bayldon, 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 Quality 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 May 2024.

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | | CHSP |
| 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 described how staff treat them with respect, dignity and kindness and understand their care needs and preferences. Consumers interviewed said staff are respectful and support their social connections and described feeling ‘part of a Mercy family’.

Consumers, and representatives, said they feel culturally safe when attending the social support group and the allied health and therapy program. The service recognises the consumer’s cultural preferences and management said that services are delivered that are culturally safe.

Consumers said they were supported to maintain independence and make choices about how their social support and allied health services are provided. Care documentation identifies information regarding consumer’s individual preferences, the people important to them, and who to involve in decisions about their care.

Consumers described how they are supported to join in activities and events and how the service encourages them to remain as independent as possible. Staff could provide examples of how they encourage consumers to take risks in programs, outings based on initial risk assessments.

The service could demonstrate how it identifies the communication needs of consumers and provides information and support in a form which meets the needs of the consumer. Consumers are notified in advance when there are changes, including to fees or payment arrangements. Information is provided to consumer in an ongoing way, such as during service delivery, via correspondence and regular newsletter. Consumers said that they are involved in monthly meetings. A review of the minutes of the meeting confirmed that meetings are regularly held.

The service has active processes to ensure that each consumer’s dignity and privacy is respected and maintained. Staff were observed speaking with consumers using their preferred names. Staff were able to describe processes to ensure consumer privacy and confidentiality. Consumers said they are confident that their privacy is respected.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 1 Consumer dignity and choice at the time of the performance report decision.

# Standard 2

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| Ongoing assessment and planning with consumers | | CHSP |
| 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

Compliant Requirements

Requirement 2(3)(a)

The Assessment Team was not satisfied assessment and planning considers risks to consumer’s health and well-being to inform the delivery of safe and effective care and services for consumers receiving Social Support and Transport services. For the other programs, the Assessment Team was satisfied based on the following relevant evidence:

* Consumers and representatives expressed their satisfaction with the assessment and care planning undertaken by the service.
* Documentation reviewed by the Assessment Team considered potential risks to consumer’s health and wellbeing.
* Care staff demonstrated an understanding of the service's processes for assessment and planning.

However, for Social Support and Transport services provided to consumers, the Assessment Team found the following relevant evidence:

* Assessment and care planning documentation was not comprehensive. There were gaps in assessments, goals and outcomes and they lacked detail on practical strategies to meet individual consumers’ specific needs. Some care plans were created on an out-of-date template and there was limited evidence of consumer involvement.
* Management said that an enrolled nurse has been engaged to update the care plans for Social Support and Transport consumers. The Assessment Team observed that several plans had been updated by the enrolled nurse.

In response to the Assessment Team’s report, the service provided the following relevant information to my finding:

* Evidence that consumer care plans had progress notes in relation to assessment and planning where gaps were identified from the Assessment Team.
* Evidence of completed consumer care plans identified as having ‘gaps’ by the Assessment Team.
* Evidence that the care plans were using up to date templates for assessment and planning for consumers and that consumers were involved in the process.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and provider’s response. Whilst the assessment team identified some small gaps in care planning documentation for some consumers, I am satisfied that the provider had sufficient evidence to support these gaps. The Assessment Team’s report also contained evidence that was not relevant to this requirement and lacked sufficient additional evidence relevant to this requirement to satisfy the threshold for non-compliance. I am also comfortable that the service has taken additional steps as outlined in the Assessment Team’s report through the engagement of the enrolled nurse to ensure that assessment and planning informs the safe delivery of care and services to consumers. I therefore find the provider, in relation to the service, compliant with Requirement 2(3)(a) at the time of the performance report decision.

Requirement 2(3)(d)

The Assessment Team was not satisfied the outcomes identified during assessment and planning are consistently documented in the care plan for each consumer. The Assessment Team provided the following evidence relevant to my finding:

* The Assessment Team identified that an older version of the template was being used for Social Support and Transport consumers and that the assessments and the care plans are not consistently completed nor comprehensive for each consumer.

In response to the Assessment Team’s report, the service was able to provide evidence that consumers care plans were using an updated template and in addition the service has taken steps to ensure that outcome of assessment and planning are consistently documented for consumers through the engagement of an enrolled nurse.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and provider’s response. Based on the information summarised above, I am satisfied that the service is documenting outcomes of assessment and planning sufficiently for each consumer and that communication of the outcomes is occurring. Therefore, I find the provider, in relation to the service, compliant with Requirement 2(3)(d) at the time of the performance report decision.

Requirement 2(3)(e)

The Assessment Team was not satisfied that care and services for consumers receiving Social Support and Transport Services only were reviewed regularly for effectiveness or when there is an incident or when circumstances change. The Assessment Team provided the follow relevant evidence to my finding:

* Management stated when interviewed by the Assessment Team that care and services are reviewed regularly for effectiveness and when services change.
* The Assessment Team provided examples of 2 x consumer care plans that were receiving Social Support and Transport Services that did not contain updates when circumstances changed or had been reviewed.

In response to the Assessment Team’s report, the service provided the following relevant evidence to my finding:

* Evidence confirming that updates were made to the consumer care plans that were identified by the Assessment Team.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and provider’s response. I am satisfied that based on the provider’s response and in addition, considering the engagement of the enrolled nurse that the provider has a system in place to review and update the care and services consumers receive regularly. It is important to note that also that there was already a system in place by the service for the regular review of care and services for consumers receiving other services from the provider. Therefore, I find the provider, in relation to the service, compliant with Requirement 2(3)(e) at the time of the performance report decision.

Requirements 2(3)(b) and 2(3)(c)

Consumers and representatives expressed their satisfaction with the assessment and care planning undertaken by the service. Consumers described how staff understand their care needs and preferences. Staff said that they were confident speaking with consumers and assisting them to choose the services they require.

Consumers and/or representatives interviewed all confirmed that they are involved in the assessment and planning process. Documentation evidenced by the Assessment Team demonstrated consumer’s involvement in the assessment and planning process, including organisations that may be involved in the provision of care and services to consumers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Requirements 2(3)(b) and 2(3)(c) at the time of the performance report decision.

# Standard 3

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| Personal care and clinical care | | CHSP |
| 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. | Not Applicable |
| 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 said that they are getting care and support which reflects their individual needs, preferences, and personal situation. Staff are aware of individual consumer’s personal care and allied health support needs and strategies. Staff were able to describe and provide examples of how they tailor programs for each individual consumer.

The service has processes to manage high impact or high prevalence risks associated with the care of each consumer. Environmental risk assessments and checklists are completed at each consumer's home before any services are provided. The Assessment Team reviewed incident reports and training records, which identified effective monitoring and oversight of care and service delivery for consumers. Staff could describe the main risks to the consumers and the risk mitigation strategies in place.

Consumers interviewed were confident that staff know them and could identify changes to their condition and how to respond. Staff interviewed could demonstrate the actions taken f they identify a change in a consumer. Care documentation identified that staff recognise, report, and respond to changes in a consumer’s condition in a timely manner.

The service demonstrated that information regarding consumer’s care is available and communicated to all staff. Staff were observed recording in each consumer’s progress notes during the audit. Consumers said they were aware that information about their care is recorded, and they have continuity of care between the different staff on different days they attend the service.

The service was able to demonstrate how it makes referrals to other programs should it not be able to provide the appropriate care and services for consumers. Documentation reviewed by the Assessment Team evidenced recording of referrals made to other organisations of care and services including progress notes.

The service has systems and processes in place to manage infection related risks. Management said that the organisation supports a staff vaccination program and enables staff to receive vaccinations. A register is maintained of all staff vaccinations. Infection prevention and control is a regular agenda item in staff and management meetings. Management described the process to manage a potential and actual outbreak, including COVID-19.

Based on the information summarised above, I find the provider, in relation to the service, compliant with requirements 3(3)(a), 3(3)(b), 3(3)(d), 3(3)(e), 3(3)(f), and 3(3)(g) at the time of the performance report decision.

# Standard 4

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| Services and supports for daily living | | CHSP |
| 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

Consumers said they were pleased to be there and were eager to attend their classes. Staff interviewed could provide examples of what they are doing for consumers to improve their wellbeing and quality of life. Staff interviewed confirmed that assessment and care plans identify the needs and goals of consumers and detail how the service provides support daily.

Consumers interviewed said staff know them and provide them with appropriate support where required or observed. Staff were able to demonstrate that they were aware of individual consumer’s needs in relation to emotional, spiritual, and psychological wellbeing. Management spoke of how activities are tailored to ensure inclusiveness and considerations of consumers with emotional and spiritual beliefs.

Consumers interviewed confirmed they are satisfied they can do things that interest them, maintain social and personal relationships, and participate in activities within and outside of the service. The Assessment Team evidenced during a review of consumers’ individual assessment and care plans that consumer interests, preferences and how they like to maintain relationships is captured. The service was able to demonstrate to the Assessment Team how these were taken into consideration when developing strategies and supports for consumers.

Staff described how information is shared within the team and other business areas, through the care management system, in person, via email, and over the phone to provide updates and changes regarding a consumer’s service. Consumers, and representatives, advised that they are satisfied with the way information about them is communicated within the organisation.

Consumers, and representatives interviewed said they are satisfied with the services and supports delivered by those that they have been referred to. The Assessment Team reviewed consumers care documentation which included information about referrals and assistance for consumers who access other services.

The service does not provide its own meal delivery services.When meals are provided on site for social group activities, dietary requirements are considered, and the meal is different each day. The social support team leader said occasionally the kitchen will prepare sample size meals for consumers to trial in consideration for inclusion on next month’s menu.

Consumers and representatives interviewed advised they are satisfied with the equipment they use, and it was selected for suitability on the recommendations of allied health professionals. Care staff interviewed advised any identified maintenance and safety issues of equipment would be reported for action. Management advised equipment is checked for safety and ongoing suitability.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 4 Services and supports for daily living at the time of the performance report decision.

# Standard 5

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| Organisation’s service environment | | CHSP |
| 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

Observations from the Assessment Team found that the service environment is easy to navigate and understand, with directional signs in place to support navigation for consumers and visitors. The service environment Care staff were observed to be closely monitoring consumers and assisting with mobility if they wanted to stand. Exit signs and unisex toilets with wheelchair access are clearly indicated.

Consumers were observed by the Assessment Team as being able to move freely in and out of the room to stretch their legs. Wheeled walkers were always presented to consumers that required them, and they were returned to the wall when not in use. The service environment was observed to be safe, clean, well maintained, and comfortable for consumers. Cleaning checklists for the social support centre were sighted and included daily mopping of the kitchen, pantry, wipe benches, wipe out oven, wash bins.

Staff advised that when equipment is broken or needs repair, it is entered into the organisation’s maintenance system and maintenance staff will collect it the same day and either dispose of the equipment or repair and return. Staff interviewed confirmed there is sufficient furniture and equipment to meet the needs of consumers and described the cleaning processes in place. Buses and cars are serviced and maintained regularly, this is overseen by the team leader and is coordinated through the organisation’s fleet management team.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 5 Organisation’s service environment at the time of the performance report decision.

# Standard 6

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| Feedback and complaints | | CHSP |
| 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

Consumers and representatives interviewed said they are aware of how to provide feedback or make a complaint and felt supported to do so. Management and staff described ways they support consumers and representatives to provide feedback.

Consumers and representatives interviewed said they were aware of external complaint avenues. The Assessment Team reviewed the client handbook which included information relating to complaints and advocacy services.

Consumers and representatives interviewed who had raised concerns with the service, confirmed that they have been satisfied with the response and actions resulting from their feedback. Staff were able to demonstrate to the Assessment Team examples of where an open disclosure process was used in response consumer complaints.

An electronic system is used to capture complaints and confirms actions taken by the service to resolve each complaint with outcomes being recorded. The Assessment Team was guided through a presentation of the quarterly Board report which highlights any trends resulting from feedback and complaints received by consumers.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 6 Feedback and complaints at the time of the performance report decision.

# Standard 7

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| Human resources | | CHSP |
| 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

Compliant Requirements

Requirement 7(3)(d)

The Assessment Team was not satisfied that staff undertaking social support services for consumers had been provided with effective training in assessment and planning documentation nor had received additional training following the commencement of their roles. The Assessment Team provided the following relevant evidence to my finding:

* Recruitment and selection processes include probity checks to ensure staff are suitable to provide care and services to consumers.
* Induction and orientation, mandatory training and buddy shifts prepare staff for their role, and they receive ongoing mentoring.
* Staff have ready access to a suite of policies and procedures and management are always available to provide support at any time.
* There was no evidence that the social support team leader had been provided with effective training in assessment and planning documentation.
* There was no evidence of such training being available through online modules or other sources. Management acknowledged the deficiencies identified and advised this would be addressed through training options and practical support.
* The Board report for March 2024 evidenced that management reported that the new consumer management system will facilitate more accurate monitoring of care planning documentation, including consumer reviews within required timeframes, and that all care plans are in the process of being reviewed as part of the data migration to the new system.

In response to the Assessment Team’s report, the service provided the following relevant information to my finding:

* Evidence that the social support team leader has since received ALIS assessment and support planning training.

In coming to my finding, I have considered the Assessment Team’s assessment, evidence in the Assessment Team’s report and provider’s response. I am satisfied that the service has taken appropriate action to ensure the social support team leader has received the relevant training to support consumers as required by their role. I am also satisfied that the service has sufficient recruitment, training and mentoring processes and was able to evidence these to the Assessment Team, to ensure its workforce is equipped and supported to deliver the outcomes as required by the standards. Therefore, I find the provider, in relation to the service, compliant with requirement 7(3)(d) at the time of the performance report decision.

Requirements 7(3)(a), 7(3)(b), 7(3)(c) and 7(3)(e)

Consumers and representatives were satisfied with the staff availability and consistency and that staff know their needs and preferences. Staff were able to provide examples of how the service ensures there are appropriate staff allocated for special events and normal services to ensure the delivery of safe and quality care and services for consumers.

Consumers/representatives interviewed confirmed staff are kind, caring and respectful and understand their personal preferences for how their services are provided. Staff and management spoke respectfully about consumers and were familiar with individual consumer’s circumstances. Staff were able to describe what they would do if they observed disrespect towards a consumer and would report any concerns to management. Policies and procedures reviewed by the Assessment Team set out the organisation’s approach to respect and dignity for consumers.

Staff hold qualifications and skill set competencies relevant to their role and work within their responsibilities, skills, and scope of practice. Job descriptions set out the requirements of each role. Ongoing monitoring of brokered allied health professionals’ compliance is managed centrally. Management regularly reviews the roles and responsibilities and the qualifications, competencies and knowledge required by the workforce.

Based on the information summarised above, I find the provider, in relation to the service, compliant with requirements 7(3)(a), 7(3)(b), 7(3)(c) and 7(3)(e) at the time of the performance report decision.

# Standard 8

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| Organisational governance | | CHSP |
| 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. The governing body remains informed through formal reporting pathways from the service level through management to the Board. 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

Consumer and representative feedback confirmed that the service seeks their input into the care and services they receive and service offerings overall. The service seeks input from consumers and representatives through a range of feedback processes, including invitation to participate in satisfaction surveys. Newsletters also include information for consumers on how to provide feedback and make suggestions for improvement. Consumer feedback is collated and analysed, with the results provided through to the Board.

Management and the Board receive the information required to support decision-making. Oversight of the service’s performance is maintained through communication, monthly reporting, and ongoing monitoring by the management team, with the chief executive officer reporting to the Board. The Board monitors performance against the Quality Standards and the organisation’s operational and strategic plans. The Assessment Team reviewed the information provided to the board which included data, analysis, and updates on continuous improvement in relation to clinical care, trends for feedback and complaints, incidents, care plan management, and policy and procedures status updates.

The service was able to demonstrate effective wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

Policies and procedures are in place to guide information management, relevant to role. Staff can access policies and procedures via the staff intranet. Information and updates are provided through prompt communication, reporting pathways and discussion at regular meetings.

Continuous quality improvement is embedded in service operations, feedback and complaints and incidents feed into improvements. Consumer and staff feedback, suggestions and incidents are discussed at a range of levels to inform improvement and/or innovation to determine the desired outcome and the best approach.

Management has oversight of service income and expenditure on an ongoing basis to ensure continuity of care for consumers. Reports are compiled monthly and provided to the Board. Financial audits are conducted annually by a qualified auditor.

Management plans the workforce to ensure there are sufficient staff to provide services and to support operational and administrative functions. The Board receives a monthly people and culture report, including staff turnover, new positions, and staff performance.

The quality team have oversight of regulatory compliance requirements, legislative changes and funding and program guidelines. Policies and procedures are reviewed to schedule or as required in response to changes. Legislative changes and regulatory requirements are discussed during meetings, and policy, system implementation and operational action is taken in response. The organisation regularly assesses compliance with the Aged Care Quality Standards, and the most recent self-assessment was provided as part of the quality audit.

Management engage consumer in service enhancements. Feedback and complaints are monitored by management and the Board remain informed.

The service was able to evidence a range of policies and procedures, along with staff training and education, guide management of consumer risk. High impact and high prevalence risks associated with the care of aged care consumers are duly considered and managed. Assessment and care planning incorporates consideration of risk, noted on the consumer’s record. Referrals are made where indicated, to the relevant professional and/or for assessment to access additional services and supports. Potential and real risks are discussed with the consumer to ensure they are fully informed. Staff receive training in identifying and responding to abuse, neglect, and exploitation and how to recognise the potential signs of abuse. The service has processes in place in how to report and respond to consumer neglect and abuse. The organisation’s incident management system supports the service in managing and preventing incidents and in meeting reporting requirements. Monthly reporting includes number of consumer incidents, high impact incidents, incidents related to service delivery and unrelated to service delivery. Management has oversight of incidents and can seek advice from and escalate matters to the quality and risk manager.

The service was able to evidence that it has a clinical governance framework in place. The framework sets out the context, risk appetite and interrelated domains and defines clear roles and responsibilities from service level through to the Board. Management oversight includes monitoring of outcomes for consumers, through incidents and complaints and ongoing review of practice. The service does not use restrictive practices. Should the service receive a restrictive directive from a consumer’s family member, this would be discussed and managed as part of the risk management process. Open disclosure is practiced by the service, including in response to complaints and incidents. Policy and procedures guide staff and management and an open and transparent approach is practiced.

Based on the information summarised above, I find the provider, in relation to the service, compliant with Standard 8 Organisational governance at the time of the performance report decision.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)