

**Performance Report**

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Mercy Place Lathlain |
| Commission ID: | 7868 |
| Address: | 63 Archer Street, CARLISLE, Western Australia, 6101 |
| Activity type: | Site Audit |
| Activity date: | 29 January 2025 to 31 January 2025 |
| Performance report date: | 4 March 2025 |
| Service included in this assessment: | Provider: 1358 Mercy Aged and Community Care Ltd Service: 4875 Mercy Place Lathlain |

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 Mercy Place Lathlain (**the service**) has been prepared by J Wilson, 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.

# 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, older people/representatives and others.
* The provider’s response to the assessment team report received 20 February 2025.

# Assessment summary

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

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

Findings

Consumers described staff as respectful, confirmed they use their preferred names and provide care and services in line with their choice and preferences. Consumers felt they are treated with dignity and staff value their culture, identity, and diversity. Consumers felt care and services delivered are culturally safe, and they are provided with choice about what care is delivered with their choices respected, including where risk is involved. Consumers and their representatives confirmed they are provided information in a way which they understand to enable them to make informed choices, including through meetings and noticeboards. Consumers described how the service ensures their privacy and confidentiality is maintained, including during care and service delivery.

Staff were familiar with the needs and preferences of consumers, and described how this informs the delivery of culturally safe care and services. Staff described how they support consumer choice and decision making, including supporting them to undertake risks to live life the way they choose. Management described processes to ensure consumers are supported to undertake activities involving risk, with ongoing review undertaken. Staff confirmed processes to ensure consumers are provided with information, including through verbal discussions, newsletters, noticeboards and various meetings and forums. Staff described how they ensure the privacy of consumers is respected, and confirmed they receive training on privacy and confidentiality.

Care documentation reflected the identity, culture, and diversity of consumers, and detailed the individual cultural needs. Consumers’ choices around care and services, including who is involved in their care and how the service supports them in maintaining relationships is documented. Where a consumer chooses to undertake risks, care documentation reflected the assessment and consultation of risks with consumers, including associated mitigation strategies.

Staff interactions with consumers were observed to be kind and respectful, with actions undertaken to maintain their dignity, including knocking on consumer doors prior to entry and closing doors during care provision. Information is displayed on noticeboards, such as daily activities and seasonal menus.

The organisation has a suite of policies and procedures to guide and support staff practices in delivering care and services which respect consumers’ dignity and choice, are culturally safe and supports consumers to undertake risks. A dignity of risk register is accessible to staff through the electronic database, and staff are provided with training to support them in dignity of risk. An electronic care management system stores consumer information and records, and is password protected.

Based on the assessment team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore the Standard is compliant.

# Standard 2

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

Findings

Consumer care documentation showed risks to the consumers safety, health and wellbeing are identified and assessed with strategies implemented to reduce the risk, including risks associated with cognition, infection, skin integrity and falls. Care documentation identifies the current needs, goals and preferences of consumers, including care relating to end of life care or advance care planning. Documentation shows staff partner with consumers, their representatives or other health and care providers, where required, in assessment and planning to ensure care aligns with the consumer’s individual needs and preferences. Care documentation demonstrated the ongoing review of assessment and planning, both on a regular basis and where changes or incident occur which impact on consumers’ needs and preferences.

Consumers confirmed they undertake a thorough assessment and planning process on admission to the service, which includes an assessment of risks and the documentation of their needs, goals, preferences and wishes for end of life care. Consumers felt supported in participating in assessment and planning processes, and confirmed they can involve their representatives or others involved in the delivery of their care and services. Consumers described how the service communicates the outcomes of assessment and planning, including providing them with a copy of their care plan.

Staff described how they undertake an assessment of risk when a consumer first enters the service by using an admission assessment and planning checklist and validated assessment tools. Staff described how they consult with consumers on their current needs, goals and preferences, including end of life care and document this in care plans to inform care delivery. Staff described how they consult with other service providers or the consumer’s representative where appropriate to assist with care planning. Staff described a 3 monthly care review process, and triggers for additional care plan reviews outside of this schedule, such as following incidents, or post hospital admissions.

Management described how assessments of a consumer’s health and wellbeing are undertaken by clinical staff and are used to inform the delivery of care and services. Management confirmed other organisations and providers of care are involved in the planning and assessment process to meet with the requirements of consumer clinical and personal care where appropriate. Management confirmed the care and services of consumers are reviewed following falls, hospital admissions and where any change in the physical or psychological status of consumers is identified.

The organisation has processes in place to ensure the care and services of consumers are reviewed regularly, and where changes are identified. A resident of the day process ensures personal and clinical care is reviewed through the completion of a wellbeing assessment to monitor and identify any changes in the consumer’s needs. Clinical staff review the outcome of assessments and undertake actions for any identified issues.

Based on the assessment team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore the Standard is compliant.

# Standard 3

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

Findings

Consumers expressed satisfaction with the personal and clinical care they receive, confirming the care provided is safe and tailored to their needs and preferences. Consumers described how the service minimises the risks associated with their care, including the management of falls. Consumers described how the service discusses end of life care with them if they wish and are confident staff would react promptly and appropriately to any episode of deterioration in their condition. Consumers felt staff are familiar with their needs, goals, and preferences, and are supported to access external services and supports when needed. Consumers described how staff implement infection prevention measures, including hand hygiene and wearing personal protective equipment, to minimise the risk of infections.

Staff were familiar with the needs, goals, preferences, and high impact or high prevalence risks for the consumers they deliver care and services for. Staff described the strategies they implement to assist consumers to deliver safe and quality care and services and described how the electronic care system has alerts to notify them of any risks associated with care and service delivery. Staff described how they support consumers nearing end of life through ongoing collaboration with the consumer’s general practitioner and palliative care services, and the monitoring and management of pain. Staff described how they identify and escalate deterioration in a consumer’s condition, with referrals undertaken to general practitioners, allied health professionals or hospital services where appropriate. Management and staff confirmed communication processes to ensure information regarding the consumers condition is communicated within the organisation and to external service providers where required.

Staff were familiar with the organisation’s infection control measures, including the use of personal protective equipment and antimicrobial stewardship. Clinical staff described processes to monitor and manage the use of antimicrobials, including the use of pathology testing to appropriately prescribe antibiotics. Staff confirmed they have received training in infection prevention and control processes, and confirmed they have access to adequate supplies of personal protective equipment. Staff were undertaking universal precautions throughout the service, including the use of personal protective equipment and hand hygiene.

Care documentation was consistent with staff and consumer interviews, and confirmed care being delivered was safe, effective and meets the needs and preferences of consumers. Care documentation showed effective management of high-impact and high prevalence risks, including consultation with allied health professionals and general practitioners to implement strategies to mitigate risks. Care documentation showed consumer’s end of life wishes were updated to reflect their needs, goals and preferences, and care was delivered in line with their needs to ensure the consumer’s comfort and dignity was maintained. Documentation showed referrals to the service’s general practitioners, nurse practitioner, and other health practitioners and services is undertaken in a timely manner when a consumer’s health status is changing and deterioration in physical or psychological status is identified.

The service maintains a register of consumers identified with risks associated with their care. Consumers identified on the register are reviewed and discussed at multidisciplinary clinical risk meetings, which meeting minutes confirmed. The electronic management system provides staff with alerts to assist with the management of consumer risks. Consumer infections are monitored by management to monitor and target any trends identified.

The organisation has policies and procedures in place to guide and support staff practices in delivering personal and clinical care, including the management of high impact and high prevalence risks. The service has a clinical deterioration policy and procedures to guide staff when consumers demonstrate deterioration of their mental, cognitive, or physical function or condition. The service uses a handover document for improved communication, which includes important information and updates which the clinical staff discuss during the handover process and the regular daily huddles with care staff, including consumer risk. All staff attend to daily huddles where updated information from the morning interactions with consumers is shared. The service has an infection prevention and control program that aligns with the nationally recognised guidelines and applicable governing standards with 2 designated infection prevention and control leads. Corporate staff oversee infection prevention and control related matters and assist local service staff to meet compliance. The service has an outbreak management plan and policies and procedures related to antimicrobial stewardship.

Based on the assessment team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant, therefore the Standard is compliant.

# Standard 4

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

Findings

Consumers expressed satisfaction with the services and supports delivered for daily living, confirmed they meet their needs, goals and preferences. Consumers described how the services provided maintains their independence and optimises their health and wellbeing and quality of life. Consumers felt safe and supported and described how staff support their emotional, spiritual and psychological wellbeing. Consumers confirmed they are supported to maintain relationships and connections to their community, including where and when to participate in activities or engage in social interaction. Consumers felt staff know them well and their needs and preferences are communicated both within the service and where external service providers are engaged. Consumers are satisfied with referral processes and described how the service undertakes referrals in a timely manner where required. Consumers confirmed they enjoy the meals provided, and there is enough variety, choice and plenty to eat. Consumers felt safe using the equipment provided and confirmed the equipment meets their needs and supports them to remain independent.

Staff were familiar with the needs and preferences of consumers and described how services supported consumers to maintain their independence and quality of life. Lifestyle staff described how lifestyle assessments are undertaken during admission to the service and assists in the development of a program tailored to the consumer’s needs. Staff and management described how they would identify changes in the emotional, spiritual, or psychological condition of consumers and provide additional support if needed. Staff described how they support consumers to participate in their community and engage with activities and people important to them. Lifestyle staff confirmed they regularly update the activity calendar, seek feedback from consumers and adjust the calendar accordingly. Staff described processes to share information and keep informed about the changing conditions, needs, and preferences for each consumer. Staff confirmed they have regular meetings where they discuss and, if required, refer consumers whenever staff report any changes or deterioration to consumer’s health or well-being. Management confirmed the service refers consumers to various external service providers of other care and services, including community services and volunteer organisations. Catering staff described processes to seek ongoing feedback from consumers to enable improvements to food quality and overall dining experience. Staff described processes to assess consumers for equipment prior to use for suitability.

Care documentation provided adequate information to support safe and effective care. Care documentation included consumer’s choice and preferences and detailed the services and supports needed to undertake activities of interest. Care documentation detailed the emotional, psychological, and spiritual support needed for consumers, and demonstrated referrals are being undertaken in a timely and appropriate manner. Care documentation outlined the preferences, nutritional and dietary requirements of consumers.

Consumers were using equipment to maintain their wellbeing and independence. The organisation’s pastor was engaging with consumers throughout the audit providing emotional support. Lifestyle staff were encouraging and supporting consumers to attend activities and maintain social relationships within the service. Equipment used for activities of daily living were safe, suitable, and well-maintained, with electrical equipment tested and tagged. Staff were cleaning shared equipment in between each use.

Volunteer and external services are engaged to support consumers to maintain their emotional health. Food service staff check and record all hot and chilled food items to ensure compliance with food safe requirements, with service documentation confirming a food service audit was completed by the local authority. The service’s menu shows a variety of meals available to consumers and reviewed by a dietitian. Mobility and lifting equipment are regularly checked by a third-party provider to ensure safe function is maintained. The service has a maintenance schedule to ensure plant, fire, electrical and emergency equipment is tested annually to maintain consumer, visitor and staff safety and to ensure electrical items meet compliance.

Based on the assessment team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant, therefore the Standard is complaint.

# Standard 5

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

Findings

The service environment is welcoming for consumers and their visitors, with well-maintained communal spaces indoors and outdoors. Visitors are greeted on entry to the service’s reception area and supported to undertake service screening. Staff and management were welcoming and friendly when interacting with consumers and their representatives. Wayfinding signage and handrails are visible throughout the service to assist in navigation and mobility throughout the service. Consumer rooms are personalised with photographs, furniture, and personal items.

Consumers feel safe in the service environment, expressing the service has a homelike quality. Consumers and their representatives described the service as welcoming and confirmed consumers can personalise their rooms with items which are important to them. Consumers described the service environment as clean, safe, and well maintained, and confirmed they have access to the outdoor garden and courtyard. Consumers expressed satisfaction with the furniture, fittings, and equipment within the service.

Domestic staff feel supported by management to undertake their duties and are provided with sufficient time to ensure the service remains clean and well-maintained. The service has processes in place to ensure regular maintenance and cleaning of the service environment, furniture, fittings, and equipment. The service has a preventative and reactive maintenance program which includes equipment and fittings throughout the service. Maintenance requests are addressed by staff in a timely manner, with mechanisms to provide feedback and updates to consumers and staff following reporting processes. An out of hours process is in place where emergency reactive breakouts are required, to ensure timely repairs completed where necessary. Service documentation shows cleaning schedules are maintained and up to date.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisational governance compliant, therefore the Standard is compliant.

# Standard 6

|  |  |
| --- | --- |
| Feedback and complaints |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers felt supported and comfortable to provide feedback and complaints and said staff and management are receptive to their feedback. Consumers were familiar with accessing feedback forms and confirmed they are encouraged to provide feedback in various ways, including during resident meetings. Consumers described advocacy and language services available and were familiar with how to access services if needed. Consumers feel management respond to feedback and complaints appropriately, and confirmed the service uses their feedback to improve the quality of care and services.

Staff described how they support consumers to provide feedback to management, including supporting consumers with accessing and completing feedback forms. Staff described processes to escalate and respond to feedback and complaints when received and described the principles of open disclosure.

Management described processes to encourage and support consumers to provide feedback and make complaints, including accessing advocacy, language services and external complaints mechanisms. Management confirmed processes in place to respond to feedback and complaints, including recording feedback, and consulting with consumers to reach an agreeable outcome. Management described how they analyse feedback and complaints monthly to drive continuous improvement throughout the service.

Feedback forms and confidential boxes are available throughout the service environment, with noticeboards including information on advocacy services and external complaints options. Information provided to consumers include consumer rights in accessing advocacy services, and external complaints mechanisms including the Commission. Resident meeting minutes demonstrates consumers are encouraged to provide feedback, including using feedback forms to improve care and services. The feedback and complaints register confirmed appropriate actions are taken in response to complaints and open disclosure is practiced. Service documentation, including the plan for continuous improvement and meeting minutes, confirm feedback and complaints are used to inform improvements to care and services. Quality meetings are held monthly, and all feedback and complaints are reviewed to identify trends or systemic issues.

The organisation has policies on feedback, complaints and open disclosure. Training records demonstrate staff have undertaken training in relation to feedback and complaints in April 2024.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints compliant, therefore the Standard is complaint.

# Standard 7

|  |  |
| --- | --- |
| Human resources |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Consumers confirmed they receive care and services which meets their needs, by staff who are consistent, friendly, and available when they need. Consumers felt safe during care and service delivery and are confident staff have the necessary competence and training to undertake their roles. Consumers described staff as kind, caring and respectful of their needs and preferences and were satisfied with the performance of staff delivering care and services.

Staff confirmed they are allocated sufficient time to undertake their roles and demonstrated knowledge and understanding of each consumer’s identity, culture and diversity and described how this informs care and service delivery. Staff interactions with consumers were kind, caring, considerate, and respectful. Staff felt supported and have the knowledge and skills to perform their roles competently. Staff described recruitment processes, including orientation and buddy shifts, with ongoing mandatory training provided throughout the year. Staff confirmed undergoing annual appraisal processes where they discuss their performance and learning and development needs.

Management described systems and processes for managing the workforce to ensure consumer needs are met with the right number of staff and skill mix. Recruitment processes ensure potential staff are of high quality, and have a commitment to providing consumers with services which meet their needs, and are kind and caring. Management confirmed each role has a job description and duty statements to outline the required competencies, responsibilities, and reporting lines for each position. Management outlined the annual mandatory training completed by staff, with additional toolbox training provided where a need it identified. Management described staff appraisal processes, and how they monitor staff practice through observation, consumer and supervisor feedback and incidents.

Service documentation, including rosters and allocation sheets, demonstrate processes in place to ensure there are enough staff members to provide safe and quality care and services, with a registered nurse available 24/7. Staff documentation demonstrated staff have the right qualifications, and current clearances relevant to their roles, with processes to monitor for currency and upcoming expires.

The service has a large pool of casual staff to fill vacancies and cover both planned and unplanned leave. Systems are in place to identify if staff have the right skills, qualifications, knowledge and competencies, and any gaps identified are addressed in a timely manner. The service has a formal annual appraisal process for staff performance, and policies and procedures to guide management and its workforce through all aspects of performance management and incident management.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources compliant, therefore the Standard is complaint.

# Standard 8

|  |  |
| --- | --- |
| Organisational governance |  |
| Requirement 8(3)(a) |  Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:1. information management;
2. continuous improvement;
3. financial governance;
4. workforce governance, including the assignment of clear responsibilities and accountabilities;
5. regulatory compliance;
6. feedback and complaints.
 | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can
4. managing and preventing incidents, including the use of an incident management system.
 | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:1. antimicrobial stewardship;
2. minimising the use of restraint;
3. open disclosure.
 | Compliant |

**Findings**

Consumers feel encouraged and supported to provide feedback through various avenues, including resident meetings and an annual survey, with feedback and outcomes discussed at board meetings. Management and staff described how consumers are directly involved in deciding which activities occur. Management and service documentation confirmed consumers and representatives were invited to participate in a consumer advisory body, however, have had no response from any current consumers and representatives. Resident meeting minutes confirmed consumers are supported to provide feedback, with feedback used to inform continuous improvement across the service.

The organisations governing body supports the delivery of inclusive and quality care and services and is supported by reporting mechanisms to inform decision making processes. The governing body is inclusive of members with specialities in different fields, including clinical. The governing body engages with consumers during resident meetings to ensure they are aware of any feedback or concerns raised. Management described reporting processes to ensure the governing body revies accurate and timely information in relation to the delivery of care and services. Consumers confirmed they receive culturally appropriate care, which is in line with their needs, goals, and preferences.

The organisation has effective organisational wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Information management systems ensure information is protected, stored and communicated across the organisation effectively. Electronic systems are user and password protected with staff access relevant to their roles. The continuous improvement system is driven by consumer feedback, clinical audits and indicators and incident report and monitored monthly. The organisation has allocated budgets for staffing, equipment and supplies. Staff and management confirmed they have the staff, equipment and supplies they require to deliver safe and quality care and services. A centralised human resources team assists with recruitment and training, with policies and procedures to guide the monitoring and management of staff performance. Changes to legislation and reforms are monitored by the organisation with information disseminated and implemented throughout the service. Consumers are encouraged to provide feedback through various mechanisms, with systems and processes in place to ensure complaints are managed appropriately and in a timely manner. Feedback and complaint are monitored and used to inform service improvements.

The organisation has an effective risk management framework in place to support the management of high impact or high prevalence risks, identifying and responding to abuse and neglect, the management and prevention of incidents, and supporting consumers to live their best life. High impact and high prevalence risks are identified through clinical assessments, incident reporting and progress note reviews, with the risks analysed and reported to the governing body. The organisation uses an electronic incident management system where all incidents are reported, reviewed, investigated, and actioned. The incident management system supports the identification and reporting of SIRS incidents to the Commission. Staff described undergoing training in relation to SIRS and were familiar with service processes for recognising and responding to elder abuse. A dignity of risk policy guides staff in the assessment of consumer risks and supporting consumers to undertake risks safely to live the best life they can.

A clinical governance framework is in place to guide staff in the provision of clinical care, and includes antimicrobial stewardship, minimising the use of restraints and the use of open disclosure. An antimicrobial stewardship policy outlines the appropriate use of antimicrobials. Education and training is provided to staff in relation to infection control, with staff describing antimicrobial practices in line with policies and procedures. Restrictive practices are monitored through the use of a restrictive practice register. Staff were familiar with the use of restrictive practices as a last resort, with identified roles and responsibilities to ensure appropriate oversight. The organisation has open disclosure policies and procedures to guide staff practice, with staff familiar with open disclosure principles.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance compliant, therefore the Standard is compliant.

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)