Performance

Report

**1800 951 822**

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| Name: | Merindah Lodge Aged Care Facility |
| Commission ID: | 3360 |
| Address: | York Street, CAMPERDOWN, Victoria, 3260 |
| Activity type: | Site Audit |
| Activity date: | 2 April 2024 to 5 April 2024 |
| Performance report date: | 17 May 2024 |
| Service included in this assessment: | Provider: 616 South West Healthcare  Service: 2118 Merindah Lodge Aged Care Facility |

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 Merindah Lodge Aged Care Facility (**the service**) has been prepared by Patricia Golledge, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives, and others.
* the provider’s response to the assessment team’s report received 3 May 2024.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

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

Consumers said they were treated with respect, and staff value their identity and culture. Staff demonstrated knowledge of consumers’ life journey and cultural backgrounds and described how they tailored care and services in a dignified and respectful manner. The Site Audit report contained information in requirement 1(3)(a) that the life journey information of two named consumers was not documented. The approved provider, in its response to the Site Audit report, acknowledged the feedback provided and provided evidence of actions taken and planned to improve performance under this requirement. A plan for continuous improvement and supporting documentation were submitted as part of the response. I am satisfied that the service has taken action to ensure that all consumers' life story information is included in care planning documentation.

Consumers considered staff were aware of their cultural backgrounds and delivered appropriate care. Activity calendars identified and supported the celebration of customs and traditions. Staff demonstrated an understanding of consumers' cultural backgrounds and explained how they provided care and services in a culturally safe manner.

Consumers reported being supported to maintain relationships of their choice and to make and communicate decisions about their care, including who is involved in their care. Care planning documentation identified consumers' individual choices regarding how and when care is delivered, who participates in their care, and how the service supports them in maintaining important relationships. Staff interviewed were able to describe how they support consumers in making choices, maintaining their independence, and engaging in relationships of their choosing. The service has policies and procedures that provide guidance to staff on consumer choice and independence, outlining strategies for fostering choice and independence for consumers.

Staff described how they communicated information in an appropriate way to help consumers make informed choices and decisions, adapting their communication style to meet consumer needs. Lifestyle staff reported that they distribute the activities calendar weekly to all consumers and monthly to representatives, in addition to posting flyers for special events on communal boards. Management advised that information is also shared during consumer and representative meetings, food focus meetings, and through verbal reminders as appropriate.

Consumers described how the organisation supports consumers to have choice, including when their choice involves an element of risk. Staff said consumers were supported to understand benefits and possible harm when they make decisions about taking risks. Risk assessments were conducted and decisions regarding dignity of risk and strategies to manage these risks were documented in care plans. The service had a Dignity of Risk policy statement which describes the service’s approach towards supporting consumers to make informed decision about their care and services.

Consumers reported that their privacy was respected, including staff knocking on their doors before entering their room, and they were confident that their personal information was kept confidential. Staff described practices used to maintain consumer privacy, including ensuring that blinds and doors are closed when delivering personal care. The service has policies and procedures in place to guide staff practice in maintaining consumer privacy and the security of personal information.

# Standard 2

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

Findings

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

Consumers expressed their satisfaction with the assessment and planning process. Staff were able to describe the assessment and care planning processes, including how they consider risks for individual consumers and how these processes inform the delivery of safe and effective care and services. Care documentation demonstrated effective assessment and planning to inform the delivery of care, including consideration of risks to individual consumers and mitigation strategies to manage risks, such as diabetes.

Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and end-of-life (EOL) wishes as appropriate. Representatives said the assessment and planning processes addressed consumers’ current needs, goals, and preferences, and the service had discussed and documented their preferences for their EOL care.

Consumers said they were involved in the assessment and care planning process and aware of input of other providers. Staff described how they partner with consumers and representatives to assess, plan, and review care and services. Care documentation reflected the inclusion of multiple health professionals and services into consumer assessments and care planning.

Review of care planning documents and progress notes identified that assessments and planning was communicated to consumers and representatives. Representatives reported that the service regularly communicates changes related to consumers ’care and services with them and confirmed that a copy of the consumer's care plan was available. Clinical staff were able to describe their roles and responsibilities in communicating outcomes of care planning with consumers and their representatives, including how they convey information following reviews and assessments by Medical Officers, allied health professionals or other providers.

Representatives said that care and services were regularly reviewed including when incidents occurred. Staff advised that care and services are reviewed via the monthly 'resident of the day' process, the service’s 3 monthly review policy, or when a change occurs in a consumer’s condition, needs, or preferences. Review of care documentation evidenced that consumer care and services were reviewed regularly for effectiveness when incidents occur or when circumstances change.

# Standard 3

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

Findings

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

Representatives considered consumers received safe, effective clinical and personal care which met their needs. Care planning documentation demonstrated consumers were receiving care in line with their needs to optimise their health and well-being and staff were familiar with tailored care strategies for consumers. The service had policies, procedures, and work instructions for key areas of care, including restrictive practices, wound management, pain management and other areas to support best practice personal and clinical care.

Representatives said known risks of consumers were managed effectively by the service. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place, such as falls management. Staff were aware of individual consumers’ risks and described strategies in place to manage and minimise those risks.

Representative of a passed consumer was satisfied with the end-of-life (EOL) care provided to their family member. Staff described how the delivery of care and services changed for consumers nearing EOL, and documentation evidenced palliative care was delivered in a way to support consumers’ dignity and comfort. Palliative and EOL care guidance was available to support staff.

Care documentation demonstrated staff recognise and respond to deterioration in a consumer’s health, capacity, and function in a timely manner, and any changes in the consumer’s needs and condition were communicated to those involved in their care. Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. The service has a clinical deterioration policy which defines the types of deterioration that a consumer may experience and how they are to be responded to in line with staff roles and responsibilities.

Consumers reported staff work well together to meet their needs and they do not have to repeat themselves when staff change over. Staff described processes to ensure information regarding consumers was consistently shared and understood including hand over processes and documentation practices. Management advised daily handover meetings occur and weekly audits of handover documentation were conducted to identify any discrepancies. Care planning documentation and progress notes evidenced sufficient information about consumers’ condition, needs and preferences being documented and communicated to those involved in their care.

Management and clinical staff were able to describe their roles and responsibilities in relation to the service’s referral process and explained how the process was different depending on the type of health provider they were making the referral to. Care planning documentation demonstrated the service collaborates and makes timely referrals to other health professionals, specialists, or other services, to meet the care needs of consumers.

The service had support from an Infection Prevention Control Lead and implemented policies and procedures to guide staff relating to antimicrobial stewardship, infection control management, and the management of a COVID-19 outbreak. Representatives expressed their satisfaction with how the service prevents, manages, and controls different infectious outbreaks as well as individual consumer infections. Staff in different roles described how they reduced infection-related risks and promoted practices to minimise the use of antibiotics. Documentation and observations provided evidence that infection prevention and control measures were implemented.

# Standard 4

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

Findings

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

Consumers said they were satisfied the service supports them to do the things they want to do and were able to explain how services and supports for daily living have maintained their independence and well-being. Lifestyle staff could describe strategies and options to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers. Care planning documentation identified the needs, goals, and preferences of consumers.

Consumers considered their emotional well-being and religious practices were supported. Care staff could describe the services and supports in place to promote consumers' emotional, spiritual, and psychological well-being, such as spending one-on-one time with consumers, monitoring changes in consumers' well-being, and escalating any concerns to clinical staff. Lifestyle staff advised of church services available to support consumers in maintaining their religious beliefs. Care planning documentation included information on consumers' well-being needs, goals, and religious beliefs.

Consumers reported that they were supported to have social and personal relationships and participate within their communities, including connections with a local friendship committee that visits the service. Staff described the services and supports in place to promote consumers’ social interaction and relationships, such as a walking group and bus trips. Care planning documentation identifies activities of interest for the consumers and how they were supported to participate in these activities and in the wider community. The Site Audit report contained information in Requirement 4(3)(c) in relation to consumers' dissatisfaction with the frequency of bus trips being on a weekly basis. The approved provider, in its response to the Site Audit report, acknowledges the feedback provided and evidenced planned actions to improve performance under this requirement. A plan for continuous improvement and supporting documentation were submitted as part of the response.

Consumers stated that information regarding their needs and preferences was well communicated between staff. Staff explained the processes in place to communicate information about consumers, for example, hospitality staff described how they are informed of consumers' dietary needs and preferences by clinical staff and care staff during handovers. Management and staff described how information is shared when changes occur through staff meetings, handover sheets, and how changes are documented and communicated within the service's electronic care management system.

Care documentation demonstrated the service communicates with other individuals, organisations, or providers to support the diverse needs of consumers for example referrals to a local Priest to provide one-to-one visits for consumers. Consumers reported they were consulted regarding referrals to other providers and individuals.

Consumers considered meals to be varied, of suitable quality and quantity, and requests for alternative meals were accommodated. Hospitality staff advised that they inform each consumer individually about daily menu options, seek their preferences, and provide them with a meal of their choice. Consumers have input into menus through feedback mechanisms, including food focus meetings. Meals were observed to be served in a timely manner, of suitable quality and quantity, and staff provided assistance for consumers as required during mealtime.

Staff described the processes for maintaining the safety and cleanliness of equipment and advised cleaning of consumer’s mobility equipment during their scheduled Resident of the Day review process, when necessary and reporting of any equipment concerns to maintenance staff. Lifestyle staff reported requests for the purchases of additional equipment and supplies for lifestyle activities were approved by management. The equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean, and well-maintained. The Site Audit report contained information in Requirement 4(3)(g) in relation to consumers not being aware of staff cleaning or checking their mobility equipment. However, on the totality of evidence I am satisfied processes were in place to ensure equipment was kept clean, suitable for consumers, and well-maintained.

Staff described the processes for maintaining the safety and cleanliness of equipment, advising cleaning of consumers' mobility equipment when necessary, during their scheduled Resident of the Day review process, and reporting any equipment concerns to maintenance staff. Lifestyle staff reported that requests for the purchase of additional equipment and supplies for lifestyle activities were approved by management. A range of equipment, including mobility aids and lifestyle equipment, was observed to be kept in suitable, clean and well-maintained condition.

# Standard 5

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

Findings

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

Consumers expressed their satisfaction of the living environment and said it was very comfortable. Staff demonstrated an understanding of how to support consumers in feeling at home, such as orientating them to the service and encouraging consumers to personalise their rooms. Consumers’ rooms were observed to be personalised. The service had large courtyards, sufficient lighting, and handrails to assist with consumer movement and interaction.

Consumers advised that the service is kept clean, and they could move freely indoors, outdoors, and externally. Consumers were observed independently moving between indoor, outdoor, and external areas of the service. Management advised that all consumers in the service have been assessed for their ability to enter and exit the locked front door, with personal swipe cards provided to consumers who can exit independently. Cleaning and maintenance staff followed work schedules, and documentation identified that reactive maintenance requests were attended to promptly, while preventative maintenance was completed according to an established schedule.

Consumers said furniture and fittings and their mobility aids were clean, safe, and well maintained. Documentation evidenced furniture, equipment, and fittings were checked for safety and functionality. Furniture, fittings, and equipment were observed to safe, clean, and suitable for consumers.

# 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 compliant as 4 of the 4 Requirements have been assessed as compliant.

Consumers reported feeling comfortable discussing complaints with staff, and said they were prompt to respond. Staff reported that consumers and representatives are encouraged to provide feedback through a variety of mechanisms, including verbally, through emails, consumer and representative meetings, food focus meetings, feedback forms, and surveys. Feedback forms and collection boxes were observed in the reception area of the service to support consumers and others in providing feedback and complaints. The Site Audit report contained information in Requirement 6(3)(a) that one name consumer was not aware of feedback forms to raise a complaint. The approved provider in its response to the Site Audit report acknowledges the feedback and provided evidence of actions taken and planned to improve performance under this requirement. A plan for continuous improvement and supporting documentation were submitted as an element of the response. I am satisfied that the service has systems and processes in place to support and encourage feedback and complaints.

Staff were able to explain the availability of external advocacy and language services to consumers, and brochures and posters about external complaint procedures, advocacy services, and translation services were observed to be displayed. The Site Audit report contained information in Requirement 6(3)(b) that consumers were unaware of external agencies to raise complaints. The approved provider, in response to the Site Audit report, acknowledged the feedback and provided evidence of actions taken and planned to improve performance under this Requirement. A plan for continuous improvement and supporting documentation were submitted as part of the response. I am satisfied that the service is actively promoting external complaints and advocacy services, and this information is accessible to consumers and representatives and others.

Staff demonstrated their awareness of complaints management and open disclosure processes and confirmed they had received training on complaints handling. Consumers said they were confident the staff would apologise and resolve any complaints they raised.

Management reported how various sources were utilised to trend complaints and feedback, including information gathered from consumer and representative meetings, food focus meetings and surveys. The Site Audit report contained information in Requirement 6(3)(d) in relation to inconsistencies of recording of feedback, complaints, and improvements. The approved provider in its response to the Site Audit report acknowledges the feedback provided and provided evidence of actions taken and planned to improve performance under this requirement. A plan for continuous improvement and supporting documentation were submitted as an element of the response. I acknowledge the approved providers response and am satisfied that the service monitors feedback and complaints to improve the quality of care and services.

# Standard 7

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

Findings

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

Overall, consumers reported that there were enough staff at the service to meet their needs. Management described their workforce planning and management strategies, which included a staff roster based on legislative requirements and consumer needs, ensuring a Registered Nurse is on shift 24 hours, and having contingencies for unplanned leave such as filling vacant shifts with existing staff, agency staff, and accessing staff from the local hospital when necessary. Staff reported that there is adequate staffing to meet the needs of consumers and vacant shifts were filled. The Site Audit report contained feedback from one named consumer regarding low staff numbers, but no impact was reported. I place emphasis on the overall positive feedback received from consumers and representatives during the Site Audit and am satisfied the service has systems in place to regularly review the delivery of safe, quality care and services. The approved provider, in response to the Site Audit report, acknowledges the feedback provided and provided improvement considerations under this requirement.

Consumers said staff interacted in a kind and caring manner and deliver care according to their needs and preferences. The service has a diversity and inclusion policy that states the service’s commitment to create a culture that is diverse, inclusive and respects and celebrates differences. This framework provides clear guidelines for staff to support consumers' identity, culture, and diversity. Staff were observed interacting with consumers in a kind, and respectful manner.

Consumers considered staff to be knowledgeable and skilled in their roles. Position descriptions for staff were established, outlining the key responsibilities, knowledge, skills, and qualifications required for each role. Management reported that at the organisational level, current registration requirements and criminal history checks are monitored. Documentation indicated that staff were appropriately qualified and had the necessary checks and registrations required for their roles in accordance with position descriptions, and monitoring processes were in place to track expiry dates.

Consumers reported staff were skilled and well trained. Staff considered they are appropriately trained, supported, and equipped to perform their roles. Management described various training and development opportunities provided to staff including on site orientation, buddy shifts and access to online training. Mandatory training records evidenced training is provided on a range of topics with high completion rates for permanent staff and all training was recorded and monitored. The Site Audit report contained information in Requirement 7(3)(d) in relation to incompletion of annual mandatory training for some casual staff who were not rostered regular shifts. The approved provider in its response to the Site Audit report acknowledges the feedback provided and evidenced actions taken and planned to improve performance under this requirement. A plan for continuous improvement and supporting documentation were submitted as an element of the response. I am satisfied the workforce was appropriately trained to deliver the outcomes of this requirement.

The service has a suite of documented policies and procedures that guide the monitoring of staff performance and the management of staff performance when issues are identified. Management described the processes for assessing, monitoring, and regularly reviewing the performance of each member of the workforce, including formal and informal processes for monitoring staff performance, providing regular feedback, conducting annual appraisals, and competency assessments. Documentation evidenced that all permanent staff had completed their annual performance appraisal.

# 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 compliant as 5 of the 5 Requirements have been assessed as compliant.

Consumers said the service is well run, and described their involvement in the development, delivery and evaluation of care and services such as participation in the Consumer Advisory Body (CAB). Management described the mechanisms in place to engage and support consumers in providing input into the care and services delivered through participation in the CAB, consumer and representative meetings, feedback mechanisms and surveys.

Management explained that the governing body is responsible for promoting a culture of safe, inclusive, and quality care and services as per the organisation's governance framework. The review of Clinical Governance Committee minutes showed that reporting to the Board includes clinical indicators, consumer and representative feedback, incidents, and audits. Management also mentioned that the service consults with an external consultant. The organisation's management and Board utilise this information to assess compliance with Quality Standards, implement improvement measures, enhance performance, and monitor care and service delivery.

A reporting structure, policies, procedures, training, and audit mechanisms supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. For example, financial governance was supported by a framework which outlined budget and expenditure considerations and strategies with processes for funding extraordinary costs.

Effective risk management systems and practices were supported by a risk management framework and policies describing the management of high-impact, high-prevalence risks associated with the care of consumers, the identification and response to abuse and neglect, supporting consumers to live the best life they can, managing and preventing incidents. Staff demonstrated knowledge of the risk management framework, including reporting responsibilities, and described various risk minimisation strategies in place. Monitoring of risks was undertaken by management, who compiled monthly reports which are analysed and shared with clinical staff, and the governing body and relevant subcommittee and used to identify areas for improvement.

The service had a documented clinical governance framework and policies in relation to antimicrobial stewardship, restrictive practices, and open disclosure. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship and open disclosure was implemented within their daily tasks. Processes are in place to minimise use of restrictive practices, and staff demonstrated familiarity with different types of restraint. Records show that the organisation has a systematic approach to clinical auditing and data analysis that supports improvements in clinical care, with clinical oversight from the governing body.

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)