Performance

Report

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| Name: | Merindah Lodge Nursing Home |
| Commission ID: | 3461 |
| Address: | York Street, CAMPERDOWN, Victoria, 3260 |
| Activity type: | Site Audit |
| Activity date: | 2 April 2024 to 5 April 2024 |
| Performance report date: | 16 May 2024 |
| Service included in this assessment: | Provider: 616 South West Healthcare  Service: 2212 Merindah Lodge Nursing Home |

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 Nursing Home (**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 for one named consumer their life journey information was not documented. 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 am satisfied that the service has taken action to ensure all consumers life story information is included in care planning documentation and emphasise staff were aware of consumers life journey and cultural backgrounds.

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

Consumers said they were supported to maintain relationships of choice, and make and communicate decisions about their care, including who is involved in their care. Care planning documentation identified consumers’ individual choices pertaining to how and when care is delivered, who participates in their care, and how the service supports them in maintaining the relationships that are important to them. Staff interviewed were able to describe how they support consumers to make choices, maintain their independence and engage in relationships of their choosing. The service has policies and procedures which provide guidance to staff around consumer choice and independence which outline strategies for fostering choice and independence for consumers.

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 Site Audit report provided information in relation to requirement 1(3)(d), identifying Dignity of Risk documentation for one named consumer had not been signed by their representative, however verbal consent from the consumer’s representative had been obtained. 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. I am satisfied the service demonstrated policies and procedures outlining the commitment to respect consumers’ right to make decisions including those that involve an element of risk.

Staff described how they communicated information in an appropriate way to help consumers make informed choices and decisions, adapting communication style to meet consumer needs. Lifestyle staff reported 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 information is also shared during consumer and representative meetings, food focus meetings, and through verbal reminders as appropriate.

Consumers reported their privacy was respected and provided examples of how staff maintain their privacy including by knocking on their doors before entering their room and closing doors when delivering personal care. Staff described practices used to maintain consumer privacy including ensuring curtains 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 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 said assessment and care planning identified risks to them. Staff could 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 to consumers 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. Staff demonstrated how they kept consumers, representatives, and shared providers of care updated on assessment and planning outcomes through various methods such as phone calls, emails, and in-person discussions during scheduled case conferences or as necessary.

Consumers and representatives said that care and services were regularly reviewed for effectiveness, 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, behaviour support, 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, including, falls management and diabetes management. Staff were aware of individual consumers’ risks and described strategies in place to manage and minimise those risks.

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.

Representatives said the service had referred consumers to the appropriate providers, organisations, or individuals to meet their clinical and care needs. 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.

Representatives expressed their satisfaction with the measures taken by staff to minimise and control infection-related risks. The service had an appointed Infection Prevention Control Lead and implemented policies and procedures to guide staff relating to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Staff in different roles described how they lessened infection related risks and promoted practices to minimise the use of antibiotics. Documentation and observations evidenced 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. Staff could describe the services and supports in place to promote consumers' emotional, spiritual, and psychological well-being, such as religious services and spending one-on-one time with consumers. Care staff described how they provide emotional and psychological support by engaging in one-on-one conversations, monitoring changes in behaviour and escalating any concerns to clinical staff. Care planning documentation evidenced that consumers’ emotional needs included individualised strategies to fulfill these needs.

Consumer reported they were supported to participate within their communities, have social and personal relationships, and do things of interest. Staff described the services and supports in place to promote consumers’ social interaction and relationships, such as walking groups and bus trips. Care planning documentation identifies activities of interest for the consumers and how they were supported to participate in these activities. The Site Audit report contained information that one named consumer would like the frequency of bus trips increased and reported they had not previously raised this feedback with staff. In response to this feedback the approved provider advised the Assessment Team a continuous improvement activity had been actioned in relation to the consumer’s feedback.

Consumers stated that information was effectively communicated to staff to support their daily living needs and preferences. Staff explained the processes in place to communicate information about consumers within and outside the organisation, such as updating care planning documentation, shift handover processes, referring to lifestyle and kitchen staff of changes.

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 expressed their satisfaction with the meals at the service and said requests for alternative meals were accommodated. Hospitality staff advised they inform each consumer individually about daily menu options, seek their preferences, and provide them with a meal of their choice, as confirmed by observations. The service demonstrated evidence of feedback mechanisms to enable consumers to provide feedback on the menu or request alternative options for meals. Meal services in dining areas were observed to be delivered in a timely and organised manner, with consumers eating their meals independently or with assistance from staff or representatives.

Consumers considered equipment including their mobility aids were safe, suitable, clean, and well maintained. Staff said they had access to supplies and equipment for daily living and described the processes in place to maintain the safety and cleanliness of equipment. Lifestyle staff reported requests for the purchases of additional equipment and supplies for lifestyle activities were approved by management. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean, and well-maintained.

# Standard 5

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

Findings

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

Consumers said the service was welcoming and easy to navigate. 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 the service is kept clean, and they could move freely indoors, outdoors, and externally and requests for maintenance were actioned within a reasonable timeframe. 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 in 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 were guided by work schedules and documentation identified reactive maintenance requests were attended to promptly and preventative maintenance was completed as per 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 they felt comfortable raising complaints, and they were encouraged to give feedback. Management advised of the various avenues available for consumers and representatives if they wished to make a complaint or provide feedback including consumer and representative meetings, feedback forms, surveys and speaking directly with staff. Feedback forms and collection boxes were observed in the reception area of the service to support consumers and others in providing feedback and complaints.

Whilst consumers said they were unaware of external agencies to raise complaints and advocacy services, documentation evidenced and observations identified, the service is actively promoting external complaints and advocacy services, and this information is easily accessible to consumers and representatives. Staff could explain the availability of external advocacy and language services to consumers, and brochures, posters about external complaint procedures, advocacy services, and translation services were observed to be displayed.

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 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 there were enough staff at the service to meet their needs. Management described their workforce planning and management strategies, including 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 there is adequate staffing to meet the needs of consumers. The Site Audit report contained information in Requirement 7(3)(a) from one named consumer in relation to delayed assistance from staff. In response, management investigated the incident, consulted with the consumer, provided an apology and reassurance, and reviewed the consumer’s care needs in consultation with the consumer with no changes required. I am satisfied this was an isolated incident and place weight on the overall satisfaction of care and services provided by consumers and representatives during the Site Audit. The approved provider in its response to the Site Audit report acknowledges the feedback provided and evidenced 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 gentle when providing their care needs. Position descriptions for staff were established outlining the key responsibilities, knowledge, skills, and qualifications required for each role. Management reported at the organisational level, current registration requirements, criminal history checks are monitored. Documentation evidenced staff were appropriately qualified and had the necessary checks and registrations required for their role in line with position descriptions, and monitoring processes were in place to monitor 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. The approved provider in its response to Requirement 8(3)(a) provided further clarification of the two regular meetings within the service that support collaboration between consumers, their representatives and the organisation, including an Aged Care Advisory Committee.

Management described how the governing body is accountable for and promotes a culture of safe, inclusive, and quality care and services as outlined under the organisation’s governance framework. Review of Clinical Governance Committee minutes demonstrates reporting to the Board captures information including but not limited to clinical indicators, incidents and audits. The organisation’s management and Board uses this information to identify the service’s compliance with the Quality Standards, to initiate improvement actions, to enhance performance and to 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)