Performance

Report

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| Name of service: | Millrace Hostel |
| Service address: | 422 Rouse Street TENTERFIELD NSW 2372 |
| Commission ID: | 0307 |
| Approved provider: | Tenterfield Care Centre Limited |
| Activity type: | Site Audit |
| Activity date: | 26 September 2022 to 28 September 2022 |
| Performance report date: | 1 November 2022 |

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 Millrace Hostel (**the service**) has been prepared by T Wurf, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others, and
* other information and intelligence held by the Commission.

# 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

Consumers and their representatives said staff are respectful, value consumers as individuals and treat them with dignity and respect. Consumers said staff respect their cultural needs and gave examples of how staff involve them in days of importance and encourage them to decorate their rooms with meaningful items and furniture. Consumers described how they are supported to maintain relationships and connections with others. Consumers are satisfied with the range of information on various topics provided to them and said they are actively engaged to exercise choice and provide feedback.

Consumers discussed how the service supports them to take risks, such as independently accessing community activities and walking without the use of mobility equipment. The service discusses risks with consumers, conducts risk assessments, and documents strategies for managing identified risks.

Staff demonstrated they were familiar with consumers’ backgrounds and discussed how they support consumers to maintain individualised routines based on consumer preferences.

Staff described specific cultural considerations relevant to the consumer cohort. For example, staff spoke about cultural protocols regarding photographs in aboriginal culture and connection to the land and farming. Staff described how they build purposeful cultural activities, for example, outings to family and local farms. Staff described how they engage with consumers that experience cognitive or communication barriers/challenges.

Staff used respectful language when speaking to the Assessment Team about consumers. The Assessment Team observed staff interactions with consumers to be kind and respectful. Consumers were satisfied that their personal information is kept confidential and described various ways staff respect their privacy.

Care plan documentation was individualised, reflected those things that are important to individual consumers and provided relevant information for staff about consumers’ identity, culture, diversity, religion and spirituality.

The organisation has a range of policies and procedures relevant to this Quality Standard, including in relation to diversity, choice, privacy and confidentiality.

I am satisfied the service has taken improvement actions to address non-compliance identified under requirement 1(3)(a) outlined in the Performance Report dated 10 August 2021 and the requirement is now compliant. Actions included:

* staff education on dignity, respect and cultural diversity; and
* the engagement of a communication and education officer who has developed a targeted education schedule including topics such as person-centred care and continence management.

Based on the Assessment Team’s findings and the improvements made by the service, it is my decision that each requirement and the overall quality standard are compliant.

# 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

Consumers and their representatives reported they are included in, and are satisfied with, the assessment and care planning processes at the service. They reported that the service communicates outcomes of assessment and planning, including in three-monthly care plan reviews, and when changes occur. Consumers and representatives said staff discuss end of life wishes with them.

Staff described their role in the assessment and care planning processes and how these processes inform the delivery of consumers’ care and services. Management and staff described how assessment and planning commence before a consumer enters the service, is ongoing and includes other health professionals.

Assessment and care planning documentation is maintained in the service’s electronic care management system and identifies consumers’ needs, goals, preferences and any risks associated with their care. Assessment and planning are completed in partnership with consumers and others they wish to be involved. Care documentation evidenced the involvement of other health professionals such as medical officers, allied health professionals, and pharmacists.

Consumers’ care planning documentation is readily available to staff, visiting health professionals and consumers and their representatives. A summary page for each consumer in the electronic care management system has key information including their diagnoses, needs and preferences, and any upcoming appointments or critical information.

The organisation has policies and procedures that guide staff in assessment and planning.

I am satisfied the service has taken improvement actions to address non-compliance identified under requirements 2(3)(a) and 2(3)(e) outlined in the Performance Report dated 10 August 2021 and the requirements are now compliant. Actions included:

* temporarily ceasing admission of new consumers to ensure improvements in care delivery were implemented and embedded to address the non-compliance
* implementation of an improved incident reporting tool
* introduction of a case conference process that occurs regularly in conjunction with care plan reviews
* staff training in:
  + the use of the electronic care management system to ensure documentation and assessments are completed correctly, and
  + management and reporting of incidents.

Based on the Assessment Team’s findings and the improvements made by the service, it is my decision that each requirement and the overall quality standard are compliant.

# 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

Consumers and representatives provided positive feedback about the care provided at the service and were confident that the staff understood their needs and preferences. They expressed confidence in the service’s ability to respond to any change in the consumer’s condition.

Staff demonstrated detailed knowledge of consumers’ care needs and the processes to support care delivery. Staff described how they support consumers nearing end of life and identified various comfort measures available for consumers. Staff could describe the main risks to consumers, such as falls and skin tears, and the individualised strategies to manage those risks. Management and staff described the use of handovers, written progress notes, staff meetings, electronic messages and updated care plans to share information about consumers. Staff reported they feel confident in the handover process and that communication at the service is effective.

The Assessment Team reviewed the care of consumers, including those with complex care needs, and found:

* care delivery was effective, including in relation to the management of wounds, pain, complex behaviours, diabetes and medication. There were no consumers at the service with a restrictive practice in place
* clinical risks were identified and managed in line with medical and care plan directives
* for those consumers approaching end of life, care planning considered their needs and preferences, comfort and pain management, and dignity. Staff are guided end of life pathways and demonstrated an understanding of processes to support consumers nearing the end of life
* deterioration or changes in condition were recognised and responded to
* referrals were made to health care specialists where required, including occupational therapists, dietitians, physiotherapists, pharmacists, speech pathologists, podiatrists, dementia specialists, geriatricians and wound specialists
* processes for monitoring and providing clinical oversight of care delivery for consumers.

The service has policies and procedures relevant to this Quality Standard to guide staff practice. Staff receive relevant training. Clinical indicators and incident data are reviewed and analysed and action is taken where required.

The service has policies, procedures and outbreak management plans to ensure infection-related risks are minimised. Antibiotic use and infections are monitored and reported. Registered staff described the processes for outbreak management and appropriate use of antibiotics. The service has a dedicated infection control and prevention lead and provides a vaccination program for staff and consumers. The Assessment Team observed appropriate screening practices for those entering the service and staff using personal protective equipment and performing hand hygiene appropriately.

I am satisfied the service has taken improvement actions to address non-compliance identified under requirements 3(3)(a), 3(3)(b), 3(3)(d) and 3(3)(e), as outlined in the Performance Report dated 10 August 2021 and the requirements are now compliant. Actions included:

* appointment of a clinical facility manager to provide clinical monitoring and oversight
* increasing registered staff rostering/on-call arrangements.
* registered staff are allocated portfolios of care for which they are responsible, for example, weight loss, wound management and continence care.
* staff training in various topics including incident management and reporting, management of falls, continence, wounds and complex behaviours
* New reporting tools and processes, such as:
  + a 7-day handover report for staff to review recent issues/changes
  + daily morning “huddle” meeting between heads of department and management to discuss emerging issues
  + a daily checklist that records incidents, clinical concerns and consumers transferred to/from hospital.

Based on the Assessment Team’s findings and the improvements made by the service, it is my decision that each requirement and the overall quality standard are compliant.

# 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

Consumers and their representatives said the service’s lifestyle and activities program supports their needs and that staff assist them to be as independent as possible. Consumers provided examples of the activities they enjoy both within and outside the service, including exercise, bingo, reading, computer work and travelling to an old farming property to maintain the connection to the land. Consumers said they are supported to take part in community activities outside the service, visit family, go shopping or pursue other interests. Consumers were satisfied with the emotional, spiritual and psychological support they receive when required and said staff take the time to talk with them when they are feeling low.

Staff demonstrate knowledge of consumers’ needs, goals and preferences and the support individual consumers required to participate in activities or pursue individual interests. Lifestyle staff demonstrated a sound understanding of consumers’ needs and described their role and strategies to support specific consumers, for example, when a consumer is feeling anxious. Staff described processes utilised by the service to share information about consumers with those involved in their care.

Care and lifestyle documentation reflected strategies to deliver services and supports for daily living that reflected the diverse needs and characteristics of consumers. Documentation identified the people important to individual consumers, those involved in providing care and activities of interest to the consumer. Referrals to other individuals, organisations or providers are made when required and care and lifestyle staff discussed the involvement of dementia support service, local community support service and church groups.

Consumers provided positive feedback on the variety, quality and quantity of meals and generally said they enjoy the food. They said their preferences and dietary needs are accommodated. Consumers are offered a range of meal options. The chef and staff described the process to ensure consumers’ nutrition and hydration needs and preferences are met. The chef said dietician and consumer feedback are incorporated into the menu design.

Equipment was available to support service delivery, with consumers reporting that it was safe and that they know how to report concerns or issues. The service has processes for purchasing, servicing and replacing equipment.

Based on the Assessment Team’s findings, it is my decision that each requirement and the overall quality standard are compliant.

# 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

The service is welcoming, has wide corridors, large common areas where consumers can meet with friends and family, an onsite hairdresser and spacious outdoor garden areas. Consumers have personalised rooms decorated with furnishings and personal items that reflect individual tastes and styles.

Consumers reported they feel at home and safe at the service and said they move freely around the service each day. They said the service encourages them to share their home with family by providing different locations to meet and host visitors.

Cleaning and maintenance are scheduled and monitored daily. Maintenance issues or cleaning required are reported and resolved in a timely manner.

The Assessment Team observed the service to be well maintained, clean and safe and consumers moving freely inside and outside the service. Garden areas included walkways to support consumers to move freely and safely.

I am satisfied the service has taken improvement actions to address non-compliance identified under requirement 5(3)(b) outlined in the Performance Report dated 10 August 2021 and the requirement is now compliant. Actions included:

* establishment of two designated smoking areas at the service, equipped with fire safety equipment
* staff education on the service’s smoking policy
* processes to support consumers who smoke, including risk assessments and individualised safe smoking processes.

Based on the Assessment Team’s findings and the improvements made by the service, it is my decision that each requirement and the overall quality standard are compliant.

# 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

I am satisfied the service has taken improvement actions to address non-compliance identified under all requirements in this Quality Standard, 6(3)(a), 6(3)(b), 6(3)(c) and 6(3)(d), as outlined in the Performance Report dated 10 August 2021 and the requirements are now compliant. Improvement actions include:

* updating the organisation’s feedback and complaints policy and procedures
* establishing new mechanisms to provide feedback and make complaints
* staff education in complaints and feedback management, open disclosure and use of the electronic register to record complaints
* processes to analyse feedback and complaints and use these to inform activities to improve care and services.

Consumers and their representatives spoke about recent improvements made by the service to manage feedback and complaints. They described various new mechanisms available to them to provide feedback and make complaints and spoke about how these have improved the service’s overall management of complaints. For example, one consumer said they now feel supported to provide feedback and make complaints, they can speak with the chief executive officer directly, and they are involved in consultation with the chef to provide feedback and suggested improvements in relation to meals.

Staff demonstrated a sound understanding of the service’s complaints management processes and said they were confident in escalating and documenting complaints. Staff reported improvements in the service’s response to consumer feedback and complaints management following the commencement of the new management team, and said they are encouraged to support consumers to provide feedback and make complaints. Staff said feedback and complaints are discussed in staff meetings where they are encouraged to be involved in finding solutions.

Management reported a recent increase in feedback forms completed by staff on behalf of consumers following staff education on complaints and feedback processes.

Most consumers were aware of how to make complaints to external organisations, however, advised they preferred to raise their concerns directly with staff and/or management and are comfortable doing so. Staff demonstrated an understanding of advocacy services and external services as part of the complaint management process. The service has a range of documents, including policies, the consumer handbook and consumer newsletters that provide contact details for external advocacy services and agencies.

Consumers and representatives who previously provided feedback or made complaints said these have been promptly addressed, with appropriate action taken by staff and management. The service maintains a complaints and feedback register that records feedback and complaints, actions taken, open disclosure (when applied) and outcomes.

Management and staff demonstrated a sound understanding of open disclosure and provided examples of where open disclosure has been used in response to feedback and complaints.

Feedback and complaints are encouraged and discussed at monthly consumer meetings, and at monthly staff meetings to ensure appropriate action is taken, staff can participate in the resolution process, and education and training opportunities are identified.

Complaints, feedback and survey data are analysed and reported upon regularly by the management team. The service uses feedback and complaints to inform improvement activities. A consumer described improvements made by the service to the feedback pathways and the menu as a result of their feedback. Management discussed recent improvements made as a result of feedback and complaints to meals and the consumer dining experience.

Based on the Assessment Team’s findings and the improvements made by the service, it is my decision that each requirement and the overall quality standard are compliant.

# 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

Consumers said that staff treat them well and they are satisfied with the care they receive. Most consumers said staff are available and respond promptly to their requests for assistance. Consumers are confident that staff know what they are doing and have relevant knowledge, skills and training to perform their roles.

Staff reported they have enough time to undertake their allocated tasks and responsibilities and provide care and services in accordance with consumers’ needs and preferences.

Management described the service’s mix of registered and care staff, strategies to replace staff on planned and unplanned leave, and ongoing recruitment processes. Management advised call bell response times are monitored and times outside acceptable parameters are investigated and actioned.

The service has position descriptions for various roles which establish responsibilities, knowledge, skills, qualifications and mandatory requirements for each role.

Staff receive training relevant to their roles and all staff had completed mandatory training. Staff competency is determined through skills assessments. New staff receive orientation which includes mandatory training, competency assessments, role-specific training and buddy shifts. Staff performance and interactions with consumers are regularly monitored through observations, analysis of clinical data and consumer/representative feedback. Performance reviews occur annually.

The Assessment Team observed staff interacting with consumers respectfully and in a kind and caring manner.

I am satisfied the service has taken improvement actions to address non-compliance identified under requirements 7(3)(a), 7(3)(b), 7(3)(d) and 7(3)(e), as outlined in the Performance Report dated 10 August 2021 and the requirements are now compliant. Actions included:

* temporarily ceasing admission of new consumers whilst increasing staff numbers
* allocating care and registered staff solely to the service, where previously staff were rostered between this and an additional nearby service operated by the approved provider
* increasing registered and enrolled nursing hours
* changing the format of call bell data to enable comprehensive analysis
* staff training in dignity, respect, cultural awareness and personalised care
* establishing an annual training calendar and engaging an external industry training organisation
* recruitment of additional organisational roles:
  + Chief Executive Officer with nursing qualifications
  + Clinical Facility Manager who can assist clinical staff
  + Human resource advisor to manage human resources, recruitment and workforce reviews
  + Document supporting officer to review care plans to enable registered staff to spend more time providing care to consumers
  + Communication and education coordinator to manage staff training records management system.

Based on the Assessment Team’s findings and the improvements made by the service, it is my decision that each requirement and the overall quality standard are compliant.

# 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

Consumers and their representatives were satisfied with the way the service is run and their engagement in the development, delivery and evaluation of care and services. Management described ways they encourage consumers/representatives to engage with the service, such as consumer meetings, surveys and feedback and complaints. Management provided examples of recent changes at a service and organisational level which involved the input of consumers/representatives’ feedback.

The organisation’s governance framework identifies a leadership structure with the governing body holding overall accountability for quality and safety. Management described how an external advisor was engaged to assist the Board in the training and understanding of their responsibilities within governance accountability. This service now has a clinical governance manual and an accountability matrix. The Board receives reports on incidents, clinical indicators and complaints at the service.

Management described the various ways in which the organisation communicates with consumers/representatives and staff regarding updates on policies, procedures or changes to legislation.

The organisation has effective governance systems in place relating to information systems, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints.

The service has established governance frameworks, policies and procedures to support the management of risk associated with the care of consumers, including responding to clinical incidents. Management and staff provided examples of key risks to the consumer cohort and how risks are managed. Clinical incidents are analysed and trended. The service has policies and procedures in relation to incident reporting and staff understand their responsibilities to report incidents.

The organisation has a documented clinical governance framework, and policies relating to antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff said these policies had been discussed with them and were able to explain what they meant in a practical way.

I am satisfied the service has taken improvement actions to address non-compliance identified under requirements 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) as outlined in the Performance Report dated 10 August 2021 and the requirements are now compliant. The service has undertaken a range of improvement actions, including:

* introduction of a new clinical governance framework and accountability matrix
* clinical governance training via an external agency provided to all members of the Board
* Board members training on their obligations in Quality Standards 7 and 8
* requirement for all new Board members to complete a governance essentials course on appointment
* staff and management training in incident management, electronic care management system and the Quality Standards
* creation of a Leadership and Governance committee that meets monthly to report and discuss clinical data, complaints, and incidents
* employment of a chief executive officer and a facility manager with clinical qualifications
* improvements made under Standards 6 and 7 in relation to feedback and complaints and workforce governance as outlined above.

Based on the Assessment Team’s findings and the improvements made by the service, it is my decision that each requirement and the overall quality standard are compliant.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)