Performance

Report

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| Name: | Mona Vale View Care Community |
| Commission ID: | 2514 |
| Address: | 2 Jenkins Street, MONA VALE, New South Wales, 2103 |
| Activity type: | Site Audit |
| Activity date: | 17 January 2024 to 19 January 2024 |
| Performance report date: | 27 February 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 889 Mona Vale View Care Community |

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 Mona Vale View Care Community (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others.
* the provider’s response to the Assessment Team’s report received 12 February 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 assessed as compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said they were treated with dignity and respect, and their identity and backgrounds were valued. Staff demonstrated knowledge of consumers’ background, identity and preferences which was reflected in consumers’ care and services plans. The service has policies, procedures, and training to guide staff which outlines how consumers are treated with dignity and respect.

Consumers and representatives reported the consumer’s cultural background is recognised, respected and care provided is consistent with their cultural needs and preferences. Consumers’ care and services plans reflected consumer’s needs and preferences as described by staff, including how the cultural needs of individual consumers are met through respecting religious practices and celebrating cultural days of significance. The service had policies and training reflecting the service’s commitment to providing culturally safe care.

Consumers and representatives advised consumers were supported to exercise independence and choice when making decisions regarding their care, including who should be involved in their care, and to maintain relationships of choice. Care planning documentation identified the consumer’s individual choice around when care is delivered and who is important to the consumer and staff knowledge reflected this information. Policies, procedures, the consumer handbook, and mandatory training modules included information about consumer choice and independence.

Consumers advised they were supported in their choice to take risks and discussion of risk was reflected in care planning documentation. Staff said they supported consumer’s choice to take risk, explaining how they work with consumers to understand potential for harm through risk assessment processes and mitigation strategies that may be put in place to support the consumer’s choice. The service had policies and mandatory training modules which outline staff responsibilities regarding consumer choice.

Consumers and representatives said they were satisfied there was sufficient written and verbal information provided to inform consumer choices. Staff and management described provision of information to consumers in line with preferences, adapting communication methods to meet needs of consumers with sensory impairment or where English is a second language. Staff were observed adjusting their approach to communicate with consumers with varying linguistic, sensory, or cognitive abilities.

Consumers said they felt staff were considerate of their privacy and did not have concerns about the confidentiality of their personal information. Staff described strategies used to maintain consumers’ privacy such as knocking before entering a consumer’s room and announcing themselves. Staff were observed to knock on consumer’s doors and ensure the password protected computer system was locked when unattended. Policies and training for staff provide guidance in protecting consumer privacy and information about privacy and confidentiality was available in the service’s consumer and staff handbooks.

# 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 and representatives interviewed outlined how they are involved in the initial and ongoing assessment process. Staff described the assessment and care and services planning process, including how risks for individual consumers are considered to inform the delivery of safe and effective care. The electronic care management system enables the tracking and completion of assessment and care planning documentation when a consumer enters the service. The Assessment Team brought forward concerns related to the assessment of consumers potentially subject to environmental restraint, however, evidence provided by the Approved Provider demonstrates continuous relevant improvement activities were underway prior to the Site Audit and I am satisfied the evidence before me demonstrates effective assessment and planning processes to identify consumer needs and risks and inform care and services.

Consumers and representatives said, and care planning documentation reflected, consumer needs, goals, and preferences, including end of life wishes, were identified and addressed during the assessment and planning process. Staff described how the service ensures assessment and planning of care and services reflect each consumer’s current preferences and how they approach conversations around end-of-life care planning.

Consumers and representatives reported they are involved in the assessment and care planning process. Staff described how the assessment and planning of care and services is completed in partnership with consumers, others the consumer wishes to be involved, and other care providers such as allied health professionals. The assessment and planning policy outlines the service’s approach to planning and assessment of care and services to meet the care needs of consumers.

Consumers and representatives advised the service communicates regularly with them about assessment and planning and care reviews and a copy of the care plan is available if they would like one. Staff explained the processes for communicating assessment outcomes to consumers, representatives and shared providers of care which was confirmed by review of care planning documentation.

Consumers and representatives reported a consumer’s care and services plan is reviewed regularly and when circumstances change or an incident such as a fall occurs. Staff explained care and services plans were routinely reviewed every 3 months or when incidents or changes occurred, and review of care documentation confirmed this.

# 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.

Consumers and representatives reported consumers receive tailored and effective personal and clinical care. Management and staff demonstrated understanding of best practice care delivery in relation to skin integrity, wound care, pain management, restrictive practice and explained personalised strategies developed for individual consumers as reflected within care planning documentation. The Assessment Team reported inconsistencies with wound charting, the Approved Provider’s response identifies processes are in place to monitor consumers’ wound healing, and the evidence before me demonstrates systemic processes are in place to manage this. Whilst the Assessment Team brought forward concerns related to the management of environmental restraint at the service, the Approved Provider’s response refutes comments quoted within the Site Audit report and demonstrates continuous improvement activities related to the assessment of environmental restraint were underway prior to the Site Audit with further enhancements made following feedback from the Assessment Team. I am satisfied the evidence before demonstrates systemic processes are in place related to the management of environmental restrictive practices, and I find the service demonstrated delivery of personal and clinical care that is best practice and tailored to optimise consumer health and well-being.

Consumers and representatives said risks associated with care of consumers were identified and managed with developed strategies. Staff demonstrated awareness of high impact or high prevalence risks associated with consumer care, detailing care delivery to monitor and minimise incident or harm, in line with care planning documentation. Management outlined, and provided meeting minutes to demonstrate, how regular meetings and daily handovers allowed the identification and mitigation of risks as they emerged.

Staff described how the delivery of care for consumers nearing end of life focused on supporting the consumer’s comfort and dignity, such as attending to personal care, repositioning and monitoring pain which was confirmed by care planning documentation. The service had policies to guide staff in the management of palliative and end of life care.

Consumers and representatives said they were satisfied with the management of deterioration or changes in a consumer’s condition. Management and staff explained how they monitor for, and respond to, signs of deterioration in consumer condition and care planning documentation reflected this occurs in a timely way, including escalating concerns to other providers of care and services. The service had a policy which outlined strategies to recognise and manage clinical deterioration.

Consumers and representatives said information about consumers was communicated effectively with them and others involved in the consumer’s care. Staff explained how they shared information within the service and with others responsible for care, such as through staff handover processes and the electronic care management system. Care and service plans reflected the needs, goals and preferences of consumers as described by staff. Staff were observed sharing essential consumer information through the handover process.

Consumers and representatives said consumers had access to health professionals and other providers of care and involvement of them occurs in a timely way. Management and staff said they had access to organisations and other care and service providers and described the service’s referral process. Care planning documentation demonstrated referrals were completed in a timely manner and reflected the input of other providers of care and services such as allied health professionals and specialists.

Consumers and representatives expressed confidence in the infection control processes the service had in place. Staff described how they prevented and controlled infections and promoted appropriate antibiotic prescribing. Staff were observed following infection prevention and control (IPC) protocols, including wearing personal protective equipment, conducting appropriate hand hygiene and a COVID-19 screening process was in place prior to entry for all those attending the service. The service has safeguarding mechanisms in place to minimise the risk of infection-related risks including an IPC lead staff member and documented policies and procedures.

# 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 advised available services and supports enabled them to pursue activities of interest. Care and services plans demonstrated, and staff described, how consumer needs, goals, and preferences are identified, recorded, and used to identify services and supports to meet individual and group needs during activities. Staff explained they adjust activities provided to meet individual consumer needs and facilitate their pursuit of activities of interest.

Staff explained the mechanisms available for consumers requiring emotional, psychological, or spiritual support, and explained how they would identify and respond to consumers’ low moods. Management and staff described the program at the service which matched staff with consumers to form a ‘meaningful mate’ relationship, providing a further opportunity for emotional support for consumers. Consumers’ care and service plans included information on their emotional, spiritual, and psychological well-being needs, goals and preferences. Staff were observed spending individual time with consumers, having meaningful conversations, and doing activities of interest with consumers.

Consumers described how they participated in activities of interest, including outside the service, and maintained relationships with people important to them. Staff explained the ways they supported consumers’ interests, social and personal relationships, and community connections, including during times of infectious outbreaks, which aligned with information in consumers’ care and service plans. Consumers were observed spending time with their visitors at the service as well as leaving and returning after visiting the community.

Consumers and representatives advised information about consumers daily living needs is effectively shared at the service. Staff explained how information about consumer conditions, needs, and preferences were shared relating to services and supports, for example, how consumers’ dietary changes were communicated with kitchen staff. Information about individual consumer’s food preferences and dietary requirements was observed to be available in the kitchen area and was reflected in consumers’ care and services plans.

Staff described the organisations, providers, and individuals available for referral, such as volunteers, music therapist, and mobile library service when a need is identified for a consumer. Care and service planning documentation evidenced consumers are referred to external organisations for daily living support when the need arises. Policies and procedures guided staff in making referrals to relevant organisations and external providers of care.

Consumers and representatives said they were satisfied with the variety, quality, and quantity of meals provided and felt these met the consumers’ needs and preferences. Staff advised the menu changes twice yearly and described how consumers provided feedback through meetings, surveys, feedback, and complaints to inform development of the menu. Care and services plan reflected consumers’ dietary requirements, which aligned with consumer and representative feedback.

Consumers said equipment was clean, safe, suitable, and well maintained. Staff said the cleaning of consumers’ personal mobility devices was a staff responsibility and described how equipment is cleaned between uses. Equipment to support daily living was observed to be clean and well maintained and there was adequate equipment to support lifestyle activities.

# 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 assessed as compliant as 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives said the service environment is welcoming and enables easy navigation, including for those with sensory impairment. Management and staff described how they enabled consumers to feel welcomed and at home, for example by orientating them to the service and encouraging them to personalise their rooms. Consumer rooms were observed to be personalised with items of the consumer’s choosing and the service environment was welcoming, with sufficient lighting, handrails, and clear signage to facilitate consumers’ movements.

Consumers said they were satisfied with the safety, cleanliness, and maintenance of the service. Staff described the processes to ensure cleaning and maintenance were completed and documentation confirmed this occurs. The environment was observed to be clean and well-maintained and cleaning staff were observed undertaking high touch point cleaning. Consumers were seen moving freely within the service to external areas of the service such as the service’s front garden, either independently or with the support of staff, as the front door was kept open during office hours.

Consumers and representatives confirmed furniture, fittings, and equipment are safe, clean, and well-maintained. Staff advised the processes to ensure furniture and fittings are safe and suitable such as audits of the service environment which included equipment and furniture. Fittings, furniture, and equipment such as the call bell system and cleaning storage trolleys were observed to be clean, well-maintained, and functioning.

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

Consumers and representatives advised they were supported to raise concerns or provide feedback and felt comfortable to do so. Management described the different ways consumers were encouraged to provide feedback and complaints such as speaking directly to staff, completing a feedback form, via consumer meetings, surveys, or the electronic visitor’s log. Staff were aware of their role in the feedback process including notifying a senior staff member and lodging feedback or complaints in the electronic system. Feedback forms and information about providing feedback and complaints was observed to be available throughout the service. The consumer handbook, service newsletter and meeting minutes all provided information about the feedback and complaints process.

Whilst most consumers and representatives were unaware of external advocacy or language supports, management and staff described how they would support consumers in accessing advocacy and interpreter services if required. Information about advocates and other external complaints services was available in the service newsletter, consumer meeting minutes, consumer handbook, and information was displayed throughout the service environment, with some available in languages other than English.

Consumers and representatives said when they made a complaint, staff apologised and worked to resolve the concern. Management and staff described how they responded to complaints, including use of an open disclosure process, which was reflected in the service’s feedback policy. Review of the feedback register and service’s continuous improvement plan (CIP) identified response to complaints is consistent with the service's complaints handling procedure and appropriate action is taken,

Consumers and representatives expressed confidence management implemented changes resulting from feedback or complaints. Management advised they use feedback to improve the quality of care and services. For example, the CIP identified consumer feedback about the temperature of food delivered via trolley service which led to the purchase of insulated food carriers. Consumers expressed satisfaction with the meals service and had no concerns about the temperature of the food.

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

Consumers and representatives said the service has sufficient staff to meet the care and service needs of consumers. Management described mechanisms used to monitor staffing such as care minute requirements and call bell reports, explaining strategies to manage staffing levels, including ongoing recruitment and staff retention activities. Staff advised they were satisfied with the staffing levels which were adequate to meet consumers’ needs including when there is unplanned leave. Review of rosters identified there were unfilled shifts in the fortnight prior to the site audit however management advised, and review of care minute reports confirmed, the planned staffing levels and current reduced consumer occupancy allowed care minute requirements to be met with the unfilled absences. Staff were observed responding to call bells in a timely manner and to not be rushing the delivery of care and services to consumers.

Consumers advised their interactions with staff were kind, caring, gentle, and respectful of them and their individual identity. Staff interactions with consumers were observed to be kind, caring and respectful and staff described how they deliver care which is respectful of consumers’ identity and diversity. Policies outlined the service’s organisational values and expectations of staff in delivery of person-centred care that was respectful of individual identity, culture, and diversity.

Management explained how staff were recruited in line with the required competencies of their position descriptions, noting that all prospective staff must have the necessary registrations and checks in place prior to commencing employment. Staff could describe their responsibilities, competencies and qualifications required and documentation identified these aligned with relevant position descriptions, qualifications, knowledge, and attributes for each role.

Consumers and representatives said staff are well trained and competent to deliver the care required by consumers. Staff described how they are supported through face to face and online learning modalities and are comfortable requesting training when they identify gaps in knowledge. Staff demonstrated understanding of their role and responsibilities for areas such as the Serious Incident Response Scheme (SIRS) reporting, open disclosure, and restrictive practices. Review of training records identified training is monitored by management and completed in required timelines.

Management reported the performance of staff is monitored through an annual formal performance appraisal process, continuous informal monitoring, and ad-hoc performance management when the need arises, which was confirmed by review of documentation such as completed staff appraisals. Staff described the performance review process and their involvement in this, and the staff appraisal register identified these had been completed as required.

# 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 and representatives said they were engaged in the development and delivery of care and services through feedback processes and consumer meetings. Management described how consumers were engaged in providing feedback such as through meetings, care review processes and surveys. Consumer meeting minutes identified consumers’ involvement in the development and evaluation of care and services.

Management provided an overview of the organisational structure and hierarchy, which included communication and reporting between different levels of management on a regular basis, facilitating the governing body to oversee the safe, quality delivery of care and services. For example, management said there is regular communication and preparation of monthly performance reports from the service management to the governing body, which included feedback from consumers and representatives, continuous monitoring around service practices, and outcomes of internal audits where the service is self-assessed against the Quality Standards. Documentation such as committee meeting minutes identified the governing body was involved and accountable for the delivery of care and monitoring compliance with the Aged Care Quality Standards.

Management described, and review of documentation and staff interviews confirmed, effective governance systems covered information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. Governance systems were effectively supported by policies, procedures, training, and reporting mechanisms. For example, regulatory compliance is monitored through quality and clinical governance teams, who share information and coordinate any required training to embed changes.

Management reported monitoring of clinical incidents, risks, and trending assist in the identification, management and mitigation of high impact and high prevalence risks for consumers and these inform reports provided to the governing body. Staff had received training related to incident and SIRS reporting and were aware of their roles and responsibilities related to these. Management and staff could describe the risk assessment and mitigation strategies in place to support consumer choice to take risk. Review of documentation identified reports made to the SIRS were managed and reported appropriately. The service has policies, procedures, training, and an incident reporting system to support the effective management of risks.

An effective clinical governance framework is in place which includes policies, procedures, and training to guide appropriate practice in relation to antimicrobial stewardship and open disclosure. Staff could describe their role and responsibilities in relation to antimicrobial stewardship, and application of open disclosure, however, the Assessment Team raise concerns in the identification and minimisation of consumers subject to restrictive practices, particularly for environmental restraint. Further evidence has been provided by the Approved Provider, which identifies continuous improvement actions to update the policy and processes related to environmental restrictive practice, were underway prior to the Site Audit. The evidence before me demonstrates on balance there are systemic processes in place to support the minimisation of restrictive practice, including for environmental restrictive practice, and the organisation has an effective clinical governance framework to oversee provision of clinical care.

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)