

**Performance Report**

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| Name: | Mt Lofty Nursing Home |
| Commission ID: | 5414 |
| Address: | Cnr Stuart St & Rifle Range Rd, TOOWOOMBA, Queensland, 4350 |
| Activity type: | Site Audit |
| Activity date: | 15 October 2024 to 17 October 2024 |
| Performance report date: | 18 November 2024 |
| Service included in this assessment: | Provider: 1132 Queensland Health Service: 3714 Mt Lofty 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 Mt Lofty Nursing Home (**the service**) has been prepared by E Blance, 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, older people/representatives and others
* The provider’s response to the Site Audit report received on 14 November 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

The Assessment team report brought forward information which supports that consumers are treated with respect and can maintain their identity; make informed choices about their care and services and live the life they choose. The organisation has a culture of inclusion and respect for consumers, supports consumers to exercise choice and respects consumer privacy.

Consumers and representatives said consumers are treated with dignity and respect and feel accepted and valued. Staff demonstrated an understanding of consumers’ backgrounds and individual preferences. Care documentation reflected what is important to consumers to maintain their identity. Staff are guided by the service’s code of conduct policy.

The service recognises and respects different cultural backgrounds. Staff provide care and services consistent with individual preferences for consumers from diverse backgrounds. Assessment processes capture specific cultural requirements meaningful to consumers and how the service can support that care and services are culturally safe.

Staff support decision-making where consumers can request, and change personal preferences as needed. A consumer centred approach is taken by the service and information is provided to support consumers to make decisions about care and services. Documentation supports that consumers are informed and understand the choices available to them including to maintain relationships of importance and nominating a representative to support the consumer to exercise choice and communicate their decisions. A framework is in place to support choice and decision-making which includes individualised care planning processes and outlines service values and staff behaviours in service delivery and care planning.

Consumers said the service and staff support their choices, even if the choice is identified as posing a risk to the safety of the consumer to enable them to live the best life they can. The service has policies and procedures to guide staff in supporting consumers to take risks including strategies to mitigate the risk.

Consumers and representatives said they are satisfied with the information provided by the service. The service has multiple channels for communication to ensure it is accessible to all consumers and easy to understand, for example for meal options, activities available and changes occurring at the service. A Consumer Advisory group includes consumer representation. The group reviews planned changes to ensure information is communicated in a way that is accessible to the consumers.

Consumers and representatives said consumer privacy is upheld and respected by staff and expressed confidence the service protects all personal information collected. Staff maintain consumers’ privacy, particularly when providing care, and the service has policies and procedures that guide the collection, use, sharing and storing of confidential information. The Assessment team observed staff discussing consumer information privately, knocking on doors and seeking consent prior to entering rooms.

I have considered the information within the Assessment team report as summarised above and I consider this Standard 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

The Assessment team report brought forward information which supports that consumers are a partner in ongoing assessment and planning for the care and services that consumers need for their health and well-being. The organisation undertakes initial and ongoing assessment and planning in partnership with the consumer with a focus on optimising health and well-being in accordance with the consumer's needs, goals and preferences.

Consumers and representatives said the care and services provided meet consumers’ current needs, goals, and preferences. Assessment and planning processes are undertaken with consumer consent. Assessments are conducted with validated clinical risk assessment tools, including for skin integrity, pain, mobility, nutrition and hydration, falls, behaviour, medication, and wounds which are completed on entry or when a change to consumers’ conditions occur.

Consumers and representatives are involved in care planning with the consumer’s consent. Discussion about end of life wishes occurs when the consumer enters the service, at care plan review and if a consumer's condition deteriorates. Input from the medical officer and the palliative care team assist these conversations where needed. Documentation demonstrated Advance care directives are in place.

The service works in partnership with consumers and representatives, other organisations, individuals, and service providers in assessment and care planning and communicates regularly regarding the changing needs of consumers. Consumers can choose to have representatives participate in care plan reviews, and allied health professionals are involved in care management including for example, geriatricians, medical officers, physiotherapists, speech pathologists, occupational therapists, and dietitians. Consumers subject to restrictive practices have been involved in assessments and medication reviews, and consent related to their restrictive practice has been obtained from representatives and documented by treating medical officers.

Consumers and representatives said staff discuss the consumer’s care needs and the information in the consumer’s care plan. Staff have access to care plans through the electronic care management system and information shared at handover. Care conferences are held as required to discuss complex care changes and deterioration of the consumer’s condition. Consumers are offered a copy of their care plan.

Consumers and representatives said staff discuss the consumer’s care needs and preferences with them and are responsive when there is a change. The service demonstrated care plans are reviewed every 3 months by a registered nurse, when circumstances change, or an incident occurs. Staff confirmed when an incident occurs, this triggers a review of the care plan which includes relevant allied health professionals where necessary.

I have considered the information within the Assessment team report as summarised above and I consider this Standard 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

The Assessment team report brought forward information which supports that consumers receive personal and clinical care that is safe and right for them and the organisation delivers safe and effective care personal and clinical care in accordance with consumers’ needs, goals and preference to optimise their health and well-being.

Consumers receive safe and effective personal and clinical care. Staff manage clinical and personal care needs based on each consumer’s individual requirements and following current best practice. Staff described, and care documentation confirmed, wound management is in line with recommendations. Skin integrity repositioning is completed in line with directives. Falls management strategies for each consumer are reflective of the service’s falls management policy and best practice. Care documentation demonstrated consumers who are subject to restrictive practice are reviewed by a specialist dementia support service, have an individualised behavioural support plan with strategies unique to the consumer, restrictive practice authorisation, and informed consent in place.

Consumers are satisfied the service is effectively managing high prevalence risks. For example, staff demonstrated individualised consumer care implemented for consumers who experience falls, are at risk of developing pressure injuries, unplanned weight loss and for those who require time sensitive medications. Other risk mitigation strategies are in place for the detection, monitoring, and management of other high impact high prevalence risks.

Consumers and representatives felt confident staff would provide end of life care in line with consumers’ preferences to maximise dignity and comfort. The service follows stated preferences during end-of-life care. The service can access a specialist palliative aged care team to provide advice and support in caring for the consumer. Friends and family can remain with the consumer if they wish. Pastoral care is offered to the consumer and their loved ones. Staff demonstrated knowledge of the palliative care pathway, resources available, and ways in which they maintain the comfort of consumers at the end of life, including one-on-one support for the consumer and their family.

Consumers and representatives expressed confidence the service identify and respond to a decline in the consumer’s condition promptly. Care documentation demonstrated timely recognition and response to changes in a consumer’s condition. General and specific observations are recorded in the electronic care management system which is reviewed daily to identify change to consumers. Policies and procedures guide staff practice. The service has procedures to guide staff when they recognise a deterioration or change in a consumer’s condition.

Consumers and representatives said consumers’ care needs and preferences are effectively communicated and consumers receive the care they need. Care documentation contains information to support effective and safe care. Registered staff notify the medical officer and consumer representatives when the consumer experiences a change in condition, experiences a clinical incident, is transferred to, or returned from hospital, or is ordered a change in medication. Staff receive up to date information about consumers at handover and via the electronic care management system.

Referrals are made to other health professionals who provide directives for the consumer’s care. Management and staff demonstrated how changes in consumers’ health or well-being prompt referral to a relevant health professional including, but not limited to aged care support services, dementia support service, older person’s mental health services, and wound specialists. Policies and procedures guide staff practice.

Staff conduct hand hygiene before and after providing care and the service demonstrated effective processes are in place for prevention and control of infection including management of an infectious outbreak. Policies and procedures including but not limited to an outbreak management plan guide staff practice in prevention and control of infection as well as evidence-based clinical pathways including obtaining pathology results prior to commencing antibiotics. Consumers are offered and administered vaccinations for influenza and COVID-19.

I have considered the information within the Assessment team report as summarised above and I consider this Standard 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

The Assessment team report brought forward information which supports that consumers receive the services and supports for daily living that are important to their health and well-being that enable them to do the things they want to do. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

Consumers and representatives said the service supports consumers’ quality of life and personal interests. Consumers are supported to engage in activities which are meaningful to them. Care planning documentation includes consumers’ interests and preferences, which activities they like to attend and recorded activities in the progress notes. Activities are conducted with a view to ensure consumer safety for example, providing safety equipment for consumers who like to garden, ensuring dietary preferences are respected and adhered to, mobilising consumers to areas of the service so they may participate in community activities. Staff were observed assisting consumers with their meals in a respectful and engaging manner. Consumers on modified diets were observed to be receiving correct meal textures.

Consumers engage in activities and access services which enhance their well-being and social connections. Staff encourage consumers to attend activities and social engagements. Consumers said they enjoy the hymns sung during church services. Consumers have the option of attending weekly catholic or non-denominal church services within the service. Consumers also receive one-on-one pastoral care. Staff demonstrated the referral pathway they follow should they identify a consumer requiring additional emotional, spiritual or psychological support.

Consumers and representatives said consumers are supported to have social engagements both within the service as well as in the greater community. Visitors are welcome and community groups regularly hold events for consumers at the service. The service provides a range of activities to support consumers’ diverse interests and to assist them to access the community. Staff stated when recognising a change in consumers’ health and condition, activities are adjusted to suit these changes, providing examples of activities organised to cater to limited mobility whilst still providing light exercise.

Consumers and representatives say the service coordinates their services and supports well. Staff demonstrated access to care plans which have detailed care planning and consumer information. Staff refer to the electronic care management system to ensure they are following the most updated information. When changes to care plans occur, notification is provided at shift handover and communicated via email and directly when required.

The service has systems in place to provide referrals to other providers of care and services. Consumers said they can access services such as hairdressing, in addition to allied health. Staff demonstrated the pathway they use when referring consumers onto additional care and services. Staff said the service regularly engages with a specialist dementia support service to source additional support and activity ideas to assist consumers with cognitive decline and challenging changing behaviours.

Consumers and representatives provided positive feedback regarding the quality and quantity of meals provided. Consumers said they were happy with the freshness of the meals and are provided additional or alternative meals at their request. A rotating monthly menu informs consumers of all main meals. Morning and afternoon tea is provided in the dining rooms as well as in consumers’ rooms. Staff have completed food safety training.

Consumers and representatives said consumers feel safe when using the equipment provided by the service, and they know how to report any concerns they have about safety. Staff described the process for reporting equipment requiring repair and said there was a quick turnaround from reporting an issue to having an issue repaired. The service demonstrated processes for ensuring safe use and maintenance of equipment. All equipment observed appeared to be clean and well maintained.

I have considered the information within the Assessment team report as summarised above and I consider this Standard 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 Assessment team report brought forward information which supports that consumers feel they belong and are safe and comfortable in the environment and the organisation provides a safe and comfortable service environment that promotes consumers’ independence, function and enjoyment.

Consumers and representatives said consumers are supported to personalise and decorate their rooms. The service displays clear directional signage, with service maps displayed throughout the service. Indoor and outdoor communal spaces were accessible, with connections between areas supporting consumer interaction.

The service is clean and well maintained, offering a welcoming environment. Consumers were observed moving freely throughout the service, doors to outdoor areas are left open, providing ease of access to outdoor areas and fresh air to move through the service. The memory support unit has a large outdoor garden, enabling consumers to have suitable and free access to the outdoors. Cleaning staff demonstrated a regular cleaning schedule is adhered to, and the pathway used should they discover a maintenance issue.

Consumers said the furniture and equipment is clean and well maintained. Consumers using mobility aids said their equipment is regularly maintained by the service. Staff said they have access to the equipment needed for consumer care. The service has systems used for ensuring maintenance of equipment.

I have considered the information within the Assessment team report as summarised above and I consider this Standard 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

The Assessment team report brought forward information which supports that consumers feel safe and encouraged to give feedback and make complaints and engage in processes to address feedback and complaints and appropriate action is taken. The organisation seeks input and feedback from consumers and others to inform continuous improvement for individuals and the whole organisation.

The service openly encourage and support feedback and complaints. Consumers and representatives say the service is supportive, and they would be comfortable voicing their concerns. Documentation supports, consumers are engaged in a variety of ways to capture feedback including feedback forms, direct conversation with staff and management, and consumer and representative meetings.

While some consumers and representatives were not aware of advocacy and language services available to consumers, promotional material was displayed throughout the service. Staff demonstrated knowledge of external complaints mechanisms and described how they could assist consumers to access them if needed. Consumers are provided with information on the Commission’s complaint process, advocacy networks, and how to access them.

Consumers and representatives advised management address complaints and resolve their concerns promptly. Staff demonstrated knowledge of processes to follow when a complaint or feedback is received. The service has policies, procedures and education material addressing feedback, complaint management, and the open disclosure process including that when a complaint is made, the complainant is provided with information about the investigation of the complaint without breeching the privacy of another consumer, offered an apology, and resolution reached.

Consumers confirmed they are involved in providing feedback, including through consumer surveys and consumer and representative meetings. The service trends and analyses complaints, feedback, and concerns raised and uses this information to inform quality improvement activities, documented in the service’s quality improvement plan.

I have considered the information within the Assessment team report as summarised above and I consider this Standard 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

The Assessment team report brought forward information which supports that consumers receive quality care and services from people when they need, who are knowledgeable and capable and caring. The organisation has a workforce that is sufficient, and is skilled and qualified to provide safe and respectful quality care and services.

Consumers and representatives said staff are available to meet consumers’ personal and clinical needs in a timely manner. Staffing levels are sufficient to provide care according to preferences outlined in care plans. The service demonstrated workforce planning aligned with consumer needs to deliver care and services. The service demonstrated effective systems and processes to maintain adequate staffing levels across all shifts.

Consumers said staff treated them with kindness and respect during interactions or when providing care and services. Staff provided examples of how they address the consumer’s individual needs, diverse backgrounds, and preferences. They explained each consumer is provided care according to their personal preferences and cultural considerations. Staff interactions with consumers are monitored to ensure compliance with organisational expectations. When care and services provided to consumers fall outside of organisational expectations, management will offer additional support and education to ensure consumers continue to receive appropriate care.

Consumers and representatives said staff know what they are doing, and consumers feel safe when care and services are being provided. The service demonstrated its commitment to supporting staff to ensure they perform their roles effectively and meet organisational requirements. The service maintains detailed position descriptions that specify the responsibilities, skills, and qualifications required for each role. The service ensures staff compliance with national criminal history checks, professional registrations, and vaccination records.

Consumers and representatives said they are confident in the workforce’s ability to provide quality care due to the thorough training staff receive. Staff confirmed the training provides them with the necessary skills and knowledge to ensure they are prepared for their roles before commencing care provision to consumers. Staff receive supervision and support from management and other staff on commencement at the service included being allocated buddy shifts and completing mandatory training.

The service demonstrated its approach to monitoring and evaluating staff performance through team meetings, informal discussions, peer feedback, and formal performance appraisals. Staff said their performance is reviewed and they feel supported in performing their roles. Staff performance is tracked through a combination of observations, audits, surveys, and feedback. Where issues are identified, immediate performance reviews and education is conducted.

I have considered the information within the Assessment team report as summarised above and I consider this Standard 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**

The Assessment team report brought forward information which supports that consumers felt confident that the service is well run and they are a partner in improving the delivery of care and services. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

The service demonstrated it actively engages consumers in shaping their care by using consumer feedback to guide the development, delivery, and evaluation processes. Consumers expressed confidence in the service’s operations, highlighting their participation in these processes and its impact on personalised care. Documentation demonstrated that ongoing engagement with consumers and their representatives influences the delivery and evaluation of care.

The organisation has systems and processes to monitor the performance of the service and to ensure the governing body is accountable for the delivery of safe, inclusive, and quality care and services. The governing body monitors compliance with Quality Standards. The clinical governance framework and Board meeting minutes demonstrated the governing body’s active oversight of safe and effective care delivery. The service includes information within the consumer entry pack of how the service respects the consumer’s diversity, culture, and rights and a service vision that includes a code of conduct for staff.

The service has established governance systems for managing, maintaining, and reviewing information, continuous improvement, financial and workforce governance, regulatory compliance, and feedback and complaints.

The service has a risk management system for identifying and addressing risks associated with consumer care, including managing incidents, preventing abuse and neglect, and supporting consumers in receiving quality care to achieve their best quality of life, however gaps were identified related to the effective reporting of incidents through the Serious Incident Response Scheme. I have considered the provider’s response which included rectification measures including education and memorandums to staff, review of incidents, and improved monitoring to ensure all reportable incidents are made to the Scheme. I consider them to be sufficient to address the deficits identified.

Policies and procedures in relation to open disclosure, antimicrobial stewardship, and restrictive practice are evidenced within staff orientation and mandatory education. Clinical management and staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented on a day-to-day basis.

I have considered the information within the Assessment team report as summarised above and the provider’s response and I consider this Standard 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)