

**Performance Report**

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| Name: | Narangba Community Aged Care |
| Commission ID: | 5796 |
| Address: | 31 Mumford Rd, NARANGBA, Queensland, 4504 |
| Activity type: | Site Audit |
| Activity date: | 5 November 2024 to 7 November 2024 |
| Performance report date: | 13 December 2024 |
| Service included in this assessment: | Provider: 9144 Luson Aged Care Pty Ltd  Service: 19367 Narangba Community Aged Care |

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 Narangba Community Aged Care (**the service**) has been prepared by J. Bayldon, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 26 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

Consumers said staff know who they are, and they always feel accepted. Care documentation included consumers’ life history and cultural needs and preferences to guide staff practice. Care staff described how they show respect to consumers including calling consumers by their preferred name and providing cares at consumers’ preferred time and manner.

Consumers were able to provider examples of how care is provided in line with their cultural preferences. Staff said they receive training on cultural safe care and training records indicated an online module on culture in aged care is completed by staff and supported by a culture, diversity and inclusion policy at the service. Care documentation included information that consumers/representatives have shared about their culture, religion or ethnicity and associated needs and preferences.

Consumers said they are supported to be as independent as they choose, and they can make choices about their care and who they want involved in their care. Staff described how they support consumers to make decisions and who consumers want involved in discussions and decisions. Care documentation reviewed by the Assessment Team included information about how to support individual consumers in decision making, maximising their independence, and consumers’ relationships of choice.

Consumers said they are supported to take risks to engage in activities which are important to them. Staff demonstrated understanding of processes to identify and assess risk in conjunction with consumers/representatives and documentation generally supports this occurs.

Consumers/representatives advised they are invited to attend consumer meetings and are provided with written information including activities calendars and newsletters. Staff said they have a range of ways to communicate information to consumers including verbal, written and electronic formats and they assist consumers to access this information as needed. The Assessment Team observed information in consumers’ rooms and at key points around the service for access by consumers and visitors.

Consumers said staff respect their privacy by knocking and waiting for a response before entering their room. The Assessment Team observed staff knocking on consumers’ doors, waiting for a response prior to entering and having quiet conversations with consumers when in communal areas such as the dining room. Staff said they receive training on privacy and confidentiality and training records reviewed by the Assessment Team evidenced staff have received this training.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 1 Consumer dignity and choice at the time of the performance report decision.

# 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

Consumer care documentation demonstrates assessment of risk to consumers’ health and well-being with planning of care to manage risk using risk assessment tools including policies and procedures to guide staff. Registered staff described the risk assessment and planning process for consumers when entering the service and with changes to a consumers’ care needs or when incidents occur. Clinical management demonstrated other health professionals such as geriatricians, medical officers, physiotherapists, occupational therapists and others are involved in assessment and planning to ensure risk is managed for the consumer.

Consumers/representatives said they are involved in generating their care plans though assessments and this includes their end-of-life (EOL) wishes. Registered staff said they discuss EOL planning with consumers/representatives on entry to the service if they wish and that continued discussion reminders occur during regular care plan reviews and when a consumer’s condition deteriorates. The clinical manager said they monitor EOL documentation on their electronic care management system (ECMS) to ensure discussion occurs when care planning is reviewed.

Consumers said staff involve them and family members, if they wish, in the assessment, planning and review of their clinical care needs and services. Registered staff said they advise consumers/representatives of changes to care needs and include consumers/representatives with planning of care needs when changes occur or during their regular review processes. Care documentation demonstrates consumers/representatives and other health care services are involved in assessment, planning and review of care and service needs. Staff explained the involvement of allied health professionals in the planning process for consumers.

Consumers said staff discuss their care and service needs with them and offer a copy of their care plan if they wish. Staff advised for consumers with a diagnosis of dementia, strategies to manage behaviours is documented and shared with staff on the ECMS, with behaviour support plans (BSP) being made available for all those involved in their care. Clinical management were able to describe how outcomes of assessment and planning is discussed with consumers/representatives and that the information is current and readily available.

Consumers/representatives said clinical staff regularly discuss consumer’s care needs with them and attend case conferences for review of care. Consumer care documentation evidenced reviews occur regularly and when circumstances changed such as consumer deterioration or an incident. Registered staff were able to describe how care effectiveness is reviewed following an incident.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 2 Ongoing assessment and planning with consumers at the time of the performance report decision.

# 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 interviewed said they are well cared for, receive safe and effective clinical and personal care and that staff know their individual needs well. Consumer care documentation evidenced they receive care in accordance with their assessment and planned needs. Staff described consumers’ individual needs and preferences and how they provided clinical and personal care to consumers in line with their care and service plans.

Registered staff said they assess consumers for risk of falling on entry to the service, when a consumer falls and with changes in a consumer’s condition. The Assessment Team reviewed care documentation for consumers at risk of falls and evidenced appropriate management strategies for consumers who are a falls risk. Consumers identified as having aggressive behaviours have a BSP in place to guide staff practice and are reviewed monthly to ensure strategies and interventions in place to manage aggressive behaviours are working. Staff were able to describe weight thresholds for clinical interventions and escalation to allied health professional such as dietitians where weight loss has occurred and the speech pathologist where choking has occurred to implement strategies such as assistive eating and modified diets. Consumers who are receiving time sensitive medications said they receive their medications in a timely manner and staff are aware and informed about this.

Consumers said they feel confident that the service would provide EOL care in line with their preferences and ensure their dignity and comfort is maintained. Staff were able to demonstrate knowledge of supporting consumers during EOL and that they have received training and education regarding this and said they report any concerns they have to the registered staff.

Registered staff, care staff and allied health professionals (AHP) described how they discuss information at handover when changes in a consumers’ physical function, mental health or cognitive wellbeing is identified with appropriate assessment and actions implemented. Staff were able to describe a range of signs related to deterioration, including changes in mobility, appetite, and behaviour. The service has policies and procedures to guide staff in recognising and actioning deterioration. A review of care documentation of consumers who experienced deterioration by the Assessment Team evidenced staff responded in a timely manner.

Consumers/representatives said consumers’ care needs and preferences are effectively communicated between staff and other health care services. Care documentation demonstrates staff notify the consumer’s medical officer and their 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. Clinical and care staff were able to describe how information is shared when changes occur through meetings, handover and how changes are documented in consumer’s progress notes.

Consumers/representatives said they are referred to other health care services as they need them. Registered staff described how they refer consumers to other health services, such as allied health professionals, or telephoning services directly. The Assessment Team evidenced referrals made to external health professionals including, but not limited to, geriatricians, Dementia Support Australia (DS), occupational therapists, and mental health services.

Consumers/representatives said they are satisfied the service implements strategies to minimise infections to consumers. Care documentation for consumers prescribed antibiotics for infections included completed pathology to ensure correct antibiotics is prescribed. Staff advised they have completed infection control and outbreak management training. The service has an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control, and for the management of infections outbreaks.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 3 Personal care and clinical care at the time of the performance report decision.

# 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 said they are supported to engage in both group and individual activities and pastimes which are meaningful to them. Care documentation included consumers’ interests, preferred activities and support needed to participate. Staff said activities are discussed in consumer meetings and alterations are made to the schedules in response to consumer feedback.

Consumers said they enjoy meaningful activities and can observe cultural and religious practices important to them. A review of care documentation evidenced that emotional, spiritual and psychological needs and preferences of consumers are captured to guide care delivery. Staff explained how they support consumers when they are feeling low.

Consumers said they are supported to participate in activities of interest to them within and outside the service. Consumers interviewed were able to provide examples of how the service supports them in maintaining their social and personal relationships. The Assessment Team observed visitors being greeted by staff, being provided with refreshments, and participating in activities with consumers.

The Assessment Team observed electronic dietary profiles, including information on consumers food allergies and specific dietary needs, available in the main kitchen and in the serveries. Management described how all staff are kept informed of information including changes to consumers’ health status. Staff said they receive necessary information and are informed about changing consumers’ needs as appropriate.

Staff described, and documentation confirms, referrals are made to external community groups, visiting pastoral care workers, and psychology services to meet the needs of consumers. The hairdresser said they receive referrals via an appointment system, and they receive appropriate information in relation to specific assistance consumers may need. Consumers/representatives are satisfied that referrals are made in a timely manner.

Consumers/representatives generally provided positive feedback regarding the variety and quality of meals provided at the service. Care documentation recorded consumer dietary needs, preferences and any assistance required at mealtimes. Staff understood individual consumer’s dietary needs and preferences and described how this information is available on electronic tablets in the kitchen and servery areas. Staff were observed to refer to this information during meal service.

Staff said they have access to the equipment they need for consumers, and maintenance occurs as required. Maintenance staff have electronic schedules and reminders to ensure equipment is checked and serviced as required.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 4 Services and supports for daily living at the time of the performance report decision.

# 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

Consumers said they feel at home at the service and have their own furniture and decorations in their rooms. Staff said they support consumers to have personal effects in their rooms to promote a sense of belonging and this is reflected in the information provided to consumers on entry to the service that was reviewed by the Assessment Team.

Consumers said they feel safe and can move freely both indoors and outdoors, as they wish. The Assessment Team observed corridors and communal areas to be well lit and free from obstruction with signage and handrails to assist consumers in movement around the service. Management said there are reactive and preventative systems in place to ensure cleaning and maintenance are completed as required. Documentation demonstrated staff and consumers can report maintenance issues and that the issues are resolved in a timely manner.

Consumers/representatives said the furniture and equipment at the service meets their needs. The Assessment Team observed furniture, fittings, and equipment throughout the service to be clean and well maintained. Management said, and documentation confirmed, processes are in place to ensure servicing of equipment such as air conditioning, fire safety equipment and manual handling equipment.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 5 Organisation’s service environment at the time of the performance report decision.

# 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

Requirements 6(3)(a), 6(3)(b) and 6(3)(d)

Consumers/representatives said they have been provided with information to enable them to provide feedback and feel comfortable raising any concerns directly with staff and management. Staff said if a consumer gives feedback, they are encouraged to complete a feedback form or talk to management. The Assessment Team observed general feedback forms and locked boxes to submit the forms, located in reception areas and throughout the service.

Management advised no consumers currently require language services however if required, forms could be provided in other languages or interpreters engaged to assist. The Assessment Team observed various noticeboard displays throughout the service including information on advocacy services and external complaints mechanisms.

Management said complaints are reviewed weekly at the organisation’s executive management meetings with trends discussed at residential managers and governance meetings. The Assessment Team reviewed the complaints register which evidenced examples of how feedback received from consumers had been reviewed with improvements to care, services and the service environment being made.

Based on the information summarised above, I find the provider in relation to the service, compliant with Requirements 6(3)(a), 6(3)(b) and 6(3)(d) at the time of the performance report decision.

Requirement 6(3)(c)

In relation to Requirement 6(3)(c), the Assessment Team provided the following relevant information to my finding in their report:

* Several consumers/representatives interviewed said the service has not taken timely or appropriate action in response to their complaints and feedback in relation to meals.
* Some consumers said that meetings are ineffective and there is inconsistent action taken and communication received in response to feedback provided at meetings.
* Management said, and meeting minutes confirmed, consumers are encouraged to raise feedback in relation to food at the bi-monthly food focus meeting. However, meeting minutes and survey results reviewed by the Assessment Team evidenced no effective actions had been taken to resolve issues relating to food complaints from consumers.

In response to feedback provided by the Assessment Team during the audit, management provided the following relevant actions:

* Implement weekly meetings with the quality coordinator to review all feedback and support resolution to ensure resident satisfaction.
* Implement a new process to ensure all meeting feedback is entered into the electronic feedback register to ensure recording of timeframes, outcomes and responsibilities.
* Education to be conducted with staff in relation to capturing feedback in the electronic improvement register.

In response to the Assessment Team’s report, the service provided the following relevant information to my finding:

* Detailed evidence of a complaints management system and procedure, outlining the processes for taking appropriate actions in relation to complaints to ensure
* Evidence including documented examples of where open disclosure processes in relation to food complaints have been followed by the service.

In coming to my finding, I have relied upon the information contained in the Assessment Team’s report and provider’s response to feedback and response to the Assessment Team’s report. I am satisfied based on the information that has been provided by the service, that open disclosure processes have been followed in relation to consumer feedback and complaints. I am also satisfied that the service actively engages with consumers in response feedback and complaints and documentation provided by the service evidenced that outcomes are communicated to consumers. I am also satisfied that the service is taking appropriate actions to feedback and complaints and has continuous improvement processes in place to guide service improvement. I therefore find the provider in relation to the service, compliant with Requirement 6(3)(c) at the time of the performance report decision.

# 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/representatives said staff are available when required to respond to consumer needs. Rostering staff explained the process for monitoring changes to the roster and advised registered staff are responsible for filling shifts due to unplanned leave over the weekend. Management advised clinical managers monitor call bell responses at a service level and the call bell electronic dashboard is monitored by the organisation at weekly director’s meetings and discussed at heads of department meetings.

Consumers/representatives provided positive feedback in relation to workforce interactions and confirmed staff are kind and caring. Staff demonstrated an understanding of consumers, including their needs and preferences. The Assessment Team observed staff and management interacting with consumers respectfully and in a kind and caring manner.

Consumers/representatives said they are confident staff perform their duties effectively, and that they are trained appropriately and skilled to meet their care needs. Management advised staff competency is monitored through performance assessments, consumer/representative feedback and surveys. A review of documentation evidenced the service monitors criminal history checks, professional registrations (where required) and maintains COVID-19 and influenza vaccination records.

Consumers/representatives are satisfied staff are trained to provide safe and effective care to consumers. Staff described the mandatory training modules they are provided including infection prevention and control, the Quality Standards and Serious Incident Response Scheme (SIRS), manual handling, skin integrity, abuse, and neglect. Management said recruitment is undertaken by an external contractor with the organisation’s human resources completing reference and criminal history checks, and registrations. Staff meeting minutes confirmed staff have been offered additional training modules on a changing behaviours workshop, wound, chemical education and suicide prevention to support consumer care requirements.

Staff said they participate in an annual performance review to identify areas for improvement or potential training opportunities. Management said ongoing staff performance is monitored through observations and consumer/representative feedback. review of the service’s records demonstrated most staff had completed a performance review in the previous 12 months.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 7 Human resources at the time of the performance report decision.

# 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**

Requirements 8(3)(a), 8(3)(b), 8(3)(d) and 8(3)(e)

Consumers and meeting minutes confirmed consumers/representatives can participate in monthly consumer meetings, bi-monthly food focus meetings and participate in an annual series of satisfaction surveys. Management gave examples and documentation confirmed changes at the service level which involved consumer/representative feedback.

A review of governing body meeting minutes provided by management demonstrated information including medication incidents, risk register, finance reports, legislative changes tracker for compliance, care minutes compliance, recruitment strategies and vaccination management overview are reported to the governing body monthly. Staff are provided with information through education and policies to guide them in providing safe, inclusive, and quality care and services.

Management and staff provided examples of these risks and how they are managed within the service. Management and staff evidenced their knowledge and roles in reporting incidents including under the serious incident response schemes (SIRS). The Assessment Team reviewed SIRS reporting which evidenced the service was in line with legislative requirements. Management described how the clinical team complete investigations and analysis to identify areas for improvement and prevent future occurrences.

Clinical care governance is discussed during a variety of executive, clinical, and staff meetings and clinical care is delivered by registered and enrolled nurses overseen by the clinical care manager and clinical leads. Management and staff explained how restrictive practices are reviewed to ensure they are used as a last resort and in the least restrictive way. The Assessment Team reviewed care documentation and evidenced appropriate and informed consent as well as individualised behaviour support plans in place for consumers subject to restrictive practices to support nonpharmacological interventions in the first instance. The Assessment Team observed documentation including meeting minutes for the medication advisory committee and clinical care meetings demonstrating antimicrobial stewardship is reported and monitored, with updated procedures circulated to guide staff.

Based on the information summarised above, I find the provider in relation to the service, compliant with Requirements 8(3)(a), 8(3)(b), 8(3)(d) and 8(3)(e) at the time of the performance report decision.

Requirement 8(3)(c)

The organisation has established governance systems for the management and oversight of information, continuous improvement, financial governance, workforce governance and regulatory compliance. For example:

* Staff said they have access to policies and procedures to guide service delivery, and the Assessment Team observed daily alerts for staff on the ECMS dashboard in relation to policies and procedures.
* The Assessment Team reviewed the service’s continuous improvement action plan which identifies planned and completed improvement actions in relation to various areas of care and service delivery, expected outcomes, timeframes and responsibilities.
* Management outlined how it plans the annual budget and expenditure to support service delivery. An annual budget for operating costs is developed by the organisation and monitored by management at the service and at an organisational level.
* Staff have position descriptions outlining accountabilities and responsibilities and are provided with a suite of training in relevant work safety procedures such as manual handling and infection control. Staff performance appraisals are conducted to monitor staff performance against roles and responsibilities.
* The organisation has governance mechanisms in place to track, audit and monitor compliance with legislative and regulatory standards which are monitored by the organisation’s human resources, quality and executive teams through subscriptions to various legislative services.

In relation to feedback and complaints, the Assessment Team believed due to the deficiencies identified in Requirement 6(3)(c), that the service did not have effective governance processes in place. However, the Assessment Team also noted the following evidence:

* Policies and procedures are available to guide management and staff in complaints management and open disclosure.
* The executive team monitor feedback and complaints and analyse trends to inform continuous improvements across the organisation.
* Management said complaints are reviewed weekly at the organisation’s executive management meetings with trends discussed at residential managers and governance meetings.

Based on the information above and the evidence provided in Requirement 6(3)(c) by the service in response to the Assessment Team’s report, specifically in relation to the detailed nature of the complaints management system and the documented evidence of this procedure in practice, I am satisfied that the service has an effective governance system in place for feedback and complaints. I therefore find the provider in relation to the service, compliant with Requirement 8(3)(c) at the time of the performance report decision.

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