Performance

Report

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| Name: | Noble Gardens Residential Aged Care |
| Commission ID: | 3566 |
| Address: | 55 Thomas Street, NOBLE PARK, Victoria, 3174 |
| Activity type: | Site Audit |
| Activity date: | 1 November 2023 to 3 November 2023 |
| Performance report date: | 8 December 2023 |
| Service included in this assessment: | Provider: 1122 Great Oaks Pty Ltd  Service: 2313 Noble Gardens Residential 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 Noble Gardens Residential Aged Care (**the service**) has been prepared by P. Wallner, 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 5 December 2023.
* other information held by the Commission.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

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 was valued. Staff described the personal history and background of consumers and how this influenced their care. Care planning documents reflected consumers’ background, identity and diversity. The service’s policies demonstrated the service’s commitment to supporting an inclusive, culturally diverse environment.

Consumers confirmed the service respected their personal background and culture and adjusted care to ensure they felt safe and respected. Management confirmed the service had a large number of consumers from culturally and linguistically diverse (CALD) backgrounds. Staff had received training on the service’s cultural diversity policy and could identify what was culturally important to individual consumers, in line with their care planning documentation.

Consumers said they were supported to make choices about their own care, involve other individuals of their choosing and maintain important personal relationships. One consumer expressed the desire for greater flexibility in when they took their medication and management immediately arranged a consultation with their medical officer to discuss this. Staff described how they engaged consumers, and others they wished to involve, in making informed choices about the way their care and services were delivered. Management said they welcomed families spending time with consumers and assisted consumers to maintain relationships that were important to them.

Consumers described how the service supported them to understand and engage in risks to improve their quality of life. Staff and management could describe the risks chosen by specific consumers and the strategies used to minimise the potential harm to them. Care planning documents outlined consumers’ choices and the associated risks and the mitigation strategies in place.

Consumers and representatives confirmed they receive regular and current information to help them make decisions exercise choice. Management and staff described ways in which information is provided to consumers, in line with their needs and preferences as reflected in care planning documentation. Staff explained the monthly activities calendar was available electronically and in printed form and could be viewed on the television in consumers’ rooms. Notice boards and brochures with information for consumers were observed around the service.

Consumers said their privacy was respected by staff and their personal information was kept confidential. Management and staff outlined practical ways they respected the personal privacy of consumers such as knocking on doors before entering and delivering personal care in private. The service had written dignity, privacy and confidentiality policies setting out the service’s commitment to protecting the privacy and confidentiality of consumers.

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

The Assessment Team recommended Requirement 2(3)(d) was Not Met. Whilst consumers and representatives said the service kept them informed about consumers’ care and assessments, most consumers/representatives said they did not know they had access to their care plans. Evidence brought forward included:

* Management and clinical staff described how they effectively communicate outcomes of assessment and planning to consumers and representatives through scheduled case conferences, care plan reviews or following an incident or change in health.
* Records on the electronic care management system confirmed that staff updated consumers/representatives about assessment outcomes and changes in consumer’s condition through telephone calls, emails and in person.
* Clinical staff said regular updates about consumers’ care needs were provided to consumers and representatives in-person or via telephone calls.
* While 8 of 9 consumers/representatives interviewed said they did not know they had access to their care plan, none of them expressed concern that they had not been given a copy. Consumers and representatives said assessment outcomes were provided to them in-person, by telephone, during case conferences or regular care reviews, and following an incident or change in condition.
* The organisation’s quality advisor said they were subject to privacy laws and consumers/representatives could request copies of their care plan.
* The organisation’s ‘protecting your privacy’ brochure stated consumers and representatives may request access to their information held by the service using the ‘access to health information form’ and that all requests require proof of identity and/or authority.
* Staff were observed providing a copy of a consumer’s advanced care plan to their representative after they had requested a copy.
* Management said they had added an agenda item to the next registered nurse meeting to remind clinical staff to regularly offer care plans to consumers and their nominated representatives during case conferences and 4-monthly reviews.

The provider’s response of 5 December 2023, refuted the Not Met finding and provided additional information and evidence regarding making documented care plans available to consumers or their legal representative, while also protecting their privacy and confidentiality. The provider advised improvement actions were undertaken during the Site Audit which included:

* An agenda item was added to the monthly ‘Resident Support Group’ meetings to ensure all consumers were aware they could request a copy of their care plan, if they wished.
* At the 28 November 2023, management meeting, staff were reminded to ensure all consumers were aware they could request a copy of their care plan.
* The provider’s clinical care documentation policy and procedure has been updated to include that consumers may request a copy of their care plan at case conferences.
* All consumers and representatives are given a copy of the provider’s privacy brochure which outlines the process for them to request a copy of the care plan at other times.

I acknowledge the service has obligations to protect the personal information of consumers however, the Quality Standards also require care and services plans to be readily available to the consumer or their legal representative. Having considered the provider’s additional information and improvement actions, I am satisfied 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. Therefore, on the balance of the evidence before me, I find Requirement 2(3)(d) Compliant.

I am satisfied the remaining 4 Requirements in Standard 2 are Compliant.

Consumers and representatives said they received the care and services they needed, and they were involved in the care planning process. Staff described how the assessment and care planning process considered risks and informed the delivery of safe and effective care and services. Care planning documents showed that risks to consumers health influenced the delivery of their care and services.

Consumers and representatives said the service identified and addressed their current needs, goals and preferences and their advanced care plans. Management and clinical staff described how they ensured assessment and care planning reflected current needs and end of life wishes. The organisation had documented policies on advance care and end of life planning to guide staff practice.

Consumers and representatives said staff partnered with them in the assessment and care planning process and when reviewing their care and services. Management and staff explained how they actively collaborated with consumers, representatives and other providers of care to ensure quality care was provided. Care planning documents showed the involvement of a range of external providers of care and services.

Consumers and representatives confirmed their care and services were reviewed regularly and when circumstances changed. Care planning documents confirmed regular reviews and reviews when circumstances changes or incidents occurred. Management and clinical staff described various triggers for care plan reviews in accordance with the service’s documented policies and procedures.

# 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said consumers received safe and effective personal and clinical care that was tailored to their individual needs, and optimised their health and well-being. Care planning documents reflected individualised, safe and effective care which was tailored to the specific needs and preferences of the consumer. Management and staff demonstrated how they provided safe and effective personal and clinical care consistent with best practice.

Representatives expressed satisfaction with how the service managed risks to consumers at the service. Management detailed how the service effectively managed high-impact and high-prevalence risks through monitoring and reporting on monthly clinical data and implementing risk mitigation strategies for individual consumers. Management and clinical staff noted falls was the most prevalent risk at the service and they described a range of mitigation strategies which aligned with care plans.

Representatives expressed satisfaction with how the service provided end of life care. Care planning documents included an advance care plan and evidenced discussions with representatives regarding palliative care. Management and staff described how they cared for consumers nearing the end of life through regular repositioning, hygiene and comfort care, pain management, and emotional support. The organisation had written guidance on advance care and end of life care planning to guide staff practice.

Care planning documents showed deterioration or changes in consumers’ condition were identified and responded to in a timely manner. Staff explained how deterioration was recognised, responded to, documented and monitored. Consumers and representatives said the service was responsive to changes in consumers’ condition and would inform them of any deterioration to their health, along with planned management strategies. While one consumer and 2 representatives expressed dissatisfaction with the service’s response to incidents or deterioration, contemporaneous care records and staff interviews demonstrated the care provided was appropriate and timely.

Consumers and representatives said current information regarding the consumer's preferences and care needs were communicated effectively between themselves, staff and external providers involved in their care. Care planning documents confirmed adequate up to date information was recorded to support safe and effective care. Management, staff and allied health practitioners described how current information about consumers’ needs, conditions, and preferences was documented and communicated.

Consumers and representatives said they had access to a wide range of health professionals and referrals were timely and appropriate. Management and clinical staff described how the care delivered at the service is supplemented by the timely input of other providers of care. Care planning documents demonstrated timely referrals to medical officers, cardiologists, geriatricians, physiotherapists, speech pathologists and dietitians.

Consumers and representatives were satisfied with the service’s cleanliness and infection control practices, including those for COVID-19. The service had an infection prevention and control lead and demonstrated preparedness in the event of an infectious outbreak. Staff showed an understanding of infection prevention and control, and the steps they could take to minimise the need for antibiotics in line with best practice. Staff were observed following all infection control procedures and the COVID-19 screening was strictly adhered to.

# 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 assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers said they were provided with appropriate support to optimise their independence and quality of life, and to participate in activities they liked. While two representatives expressed dissatisfaction with the new laundry service saying clothing items had gone missing, the service demonstrated these concerns had been recorded and were being addressed. (Refer to Requirement 6(3)(c)). Lifestyle staff explained how they partnered with consumers and representatives to identify consumer’s individual needs, goals and preferences to provide safe and effective daily living supports in line with their needs. Staff feedback and care planning documents showed activities were designed around consumer’s individual needs, interests and capabilities.

Consumers reported their emotional, spiritual and psychological needs were supported. Care planning documents contained specific information regarding meeting consumers’ social, emotional and spiritual needs and preferences. Staff described how they supported consumers’ emotional, spiritual or psychological well-being and gave examples of how they supported specific consumers when they were feeling low.

Consumers said they were supported to participate in activities within and outside the service, keep in touch with people who were important to them, and do things of interest to them. Management and staff described how they supported consumers to participate in activities, connect with the community, and keep in touch with people who were important to them. Care planning documents aligned with the information provided by consumers, representatives and staff regarding their continued involvement in their community and maintaining personal and social relationships.

Consumers and representatives reported current information about their condition, needs and preferences for daily living were effectively communicated between staff, and with others responsible for their care. Management and staff described ways information was updated and communicated to ensure they were kept informed about the changing condition, needs and preferences of each consumer.

Consumers confirmed they had received support from outside organisations and individuals when they wished. Care planning documents showed appropriate referrals of consumers to other organisations and services such as volunteers and a social worker. Staff described engaging with other organisations and providers of services to enhance consumers’ quality of life and experience at the service. An external community worker was observed providing support to a consumer during the site audit.

Half of the consumers and representatives interviewed expressed satisfaction with the quality, quantity and variety of the food provided. The other consumers and representatives interviewed expressed some dissatisfaction with the quality of the food, but not the quantity or variety. Consumers confirmed they could request alternatives when they did not like what was on the menu that day. Care planning documents recorded the dietary needs and preferences of consumers, and this aligned with their verbal feedback. Kitchen staff explained how consumers had input into the menu and how the specific dietary needs and preferences of each consumer was accommodated. The main kitchen and serveries were observed to be clean and tidy with staff observing general food safety protocols.

Consumers said they had access to suitable and clean equipment to support their daily living activities. While consumers said they had not seen staff check their equipment for safety management demonstrated equipment was tested annually and preventative maintenance was performed in accordance with the maintenance schedule. Staff described how equipment was kept safe, clean and well maintained. The equipment throughout the service was observed to be clean and well-maintained.

# Standard 5

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

Findings

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

All consumers interviewed said they felt at home in the service, and it was welcoming, easy to navigate and created a sense of belonging. Management described features of the service environment and how they optimised consumers’ independence, interaction and function, and made consumers feel at home. Management said consumers could personalise their own rooms and that all areas of the service were accessible to consumers. The service environment appeared to be well-lit, welcoming and accessible with sufficiently wide hallways, handrails, ramps, and an elevator. Consumers were observed conversing with each other and with staff members, and travelling to different areas of the service, both independently and with the assistance of staff.

Consumers said the service environment was safe, clean, well maintained and they could move around freely as they wished. Staff could describe how the service environment was cleaned and maintained effectively. Management described how the service assisted mobility-impaired consumers to access different parts of the service.

Consumers and staff said they felt safe using the furniture and equipment and it was clean and well maintained. Staff could describe how cleaning of furniture, fittings and equipment was scheduled and managed, and how maintenance was carried out promptly. The furniture, fittings and equipment were observed to be safe, clean and well maintained.

# 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 said they understood the different ways they could give feedback or make a complaint and they felt comfortable doing so. Management and staff described the processes in place to encourage and support consumers and representatives to provide feedback and make complaints. The service had documented policies, procedures and systems in place to ensure consumers and their representatives were encouraged and supported to provide feedback or make complaints.

While consumers were not aware of external advocacy groups, they said they more comfortable raising complaints within the service, and they did not have any concerns about raising and resolving complaints within the service. Management and staff were aware of external advocacy and complaints services and said there were currently no consumers who required interpreter services. Information about external advocacy and complaints services was observed to be readily available across the service.

Most consumers and representatives confirmed the service responded appropriately to complaints and resolved their concerns using open disclosure. Two representatives said they were satisfied with the service’s response to their complaint about the laundry service however, there had not been an improvement yet. Management and staff demonstrated an understanding of open disclosure and explained how they acknowledge the issue, apologise to the consumer/representative, and keep them informed throughout the investigation process.

Consumers expressed satisfaction with the service’s feedback and complaints process and how they were used to improve the quality of care and services. Management detailed how the service documented and reviewed feedback and complaints and used them to improve the quality of care and services. Management and staff gave various examples of feedback they had received, and the proposed improvement actions identified. The service’s continuous improvement plan contained entries from a variety of sources such as verbal feedback, feedback forms, consumer meetings, and staff feedback.

# 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.

Most consumers and representatives said there were sufficient staff to meet their care and service needs. Three consumers/representatives said there were not enough staff and there was high staff turnover however, no adverse impacts were identified by these consumer/representatives. Management explained how they planned the workforce and ensured there were an adequate number and type of staff to meet the needs of consumers. The service’s target call bell response time was 10 minutes and call bell data showed 79% of call bells were answered within 3 minutes. Workforce records showed the service had adequate staffing levels.

Consumers and representatives said staff were kind, caring and respectful. Staff could describe how they treated consumers in a kind, caring and respectful manner. Staff were observed using consumer’s preferred names and interacting with them in a positive, caring and respectful manner at all times.

Consumers and representatives expressed confidence in the staff and said they were suitably competent, skilled and knowledgeable to perform their roles effectively. Staff described their understanding of key topics and competencies undertaken as mandatory training. Management described how the service had a talent acquisition team that ensured staff recruited were competent and had the necessary qualifications and knowledge for their roles. Position descriptions described the key responsibilities for each position and the required qualifications, competencies and knowledge.

Most consumers and representatives felt staff were qualified and trained to do their job and they did not identify any areas where staff needed more training. One representative said staff would benefit from more training on dementia management however, no other consumers or representatives expressed concerns about staff managing consumers with dementia. The memory support specialist said part of their role was to observe staff managing consumers with dementia and to provide further education, if required. Management described how they supported staff and ensured they received the training they needed to perform their roles in relation to the Quality Standards. Staff confirmed they were recruited, trained, equipped and supported to deliver safe and effective care.

Management detailed how they regularly assessed, monitored and reviewed the performance of each staff member. Management said a performance review was conducted for all new staff following their 6-month probationary period. Documents confirmed the service conducted regular and annual performance reviews of staff. Staff could describe the performance review process and how their performance was monitored.

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

Consumers and representatives said the service invited them to provide feedback and constantly evaluate the operation of the service and the delivery of care and services. Management said consumers and representatives were actively engaged in the development, delivery and evaluation of care and services through a variety of mechanisms including monthly consumer meetings, feedback and complaint mechanisms, annual surveys, internal audits, and 4-monthly care planning consultations.

Management described the organisational and governance structures which ensured the Board was accountable for the delivery of safe, inclusive, quality care and services in accordance with the Quality Standards. The Board received a regular quality report from the service on trending feedback, incidents, quality indicators, and continuous improvement processes. Records showed the Board communicated regularly with the service and was kept informed and was accountable for the performance of the service.

The service had effective documented organisation-wide governance systems in place to ensure oversight over key areas. Management and staff described processes and mechanisms in place for effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. During the Site Audit, one consumer was identified as being potentially restricted in a low low bed however, the service addressed this issue at the time of the audit.

The service had effective risk management systems and practices which were supported by documented policies and procedures addressing the management of high-impact and high-prevalence risks to consumers, identifying and responding to abuse or neglect, supporting consumers to live their best lives, and management and preventing incidents. Management and staff demonstrated an applied understanding of these policies and how they implemented them.

The service demonstrated a clinical governance framework that ensured the service had effective clinical governance systems underpinning safe and effective quality care. The clinical governance systems included policies related to antimicrobial stewardship, minimising the use of restrictive practice, and practising open disclosure. Staff demonstrated how these policies and procedures were applied in the delivery of care and services on a daily basis.

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)