Performance

Report

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| Name: | Noble Manor Residential Aged Care |
| Commission ID: | 3783 |
| Address: | 33 Frank Street, NOBLE PARK, Victoria, 3174 |
| Activity type: | Site Audit |
| Activity date: | 16 August 2023 to 18 August 2023 |
| Performance report date: | 24 October 2023 |
| Service included in this assessment: | Service: 5929 Noble Manor 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 Manor Residential Aged Care (**the service**) has been prepared by James Howard, 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 conducted from 16 August 2023 to 18 August 2023; 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 Approved Provider’s response to the site audit report, received 12 September 2023.
* Other information and intelligence held by the Commission in relation to the service

# 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 Compliant as 6 of the 6 Requirements were assessed as Compliant.

Consumers said staff were respectful and valued their culture and identity. Consumers reported that staff addressed them by their preferred names and were polite and kind in the provision of their care. Staff could detail consumers’ backgrounds and preferences and how they provided care based on those preferences. Care plans detailed consumers’ backgrounds, language, religious and spiritual beliefs, and personal preferences. Staff were observed communicating with consumers in a kind and respectful manner.

Consumers said staff knew their cultural background and what was important to them. Staff demonstrated an understanding of consumers’ cultural needs and preferences and described how they ensured they were respected. The service had a documented policy to guide staff in the delivery of culturally safe care and documents showed cultural activities were held at the service.

Consumers and representatives confirmed they were supported to make their own choices and decisions around their care, determine who was involved in their care, and create and maintain personal relationships. Staff described how they supported consumers to make choices and maintain relationships with people important to them. Care plans showed consumers and representatives were consulted in decisions around care planning and delivery, including who else was involved in providing consumers’ care.

Consumers described ways they were supported to live the life they chose and do things important to them, even if risks were involved. Staff described activities where consumers wanted to take risks and explained how they were supported to understand the benefits and potential harms when they were considering risk taking. Care planning documents showed individual risk profiles for each consumer. The service had a documented policy setting out how consumers were supported to make choices and take risks. Staff were observed supporting consumers to take risks.

Consumers and representatives said they were provided with up-to-date information that enabled them to make decisions about their daily living and care. Staff described how they provided consumers and representatives with accurate and timely information to support them to make decisions. The service was observed to share information effectively with consumers and representatives through a variety of channels.

Consumers and representatives said the service respected their personal privacy and kept their personal information confidential. Staff described how they respected and protected each consumer’s privacy and how confidential information was stored securely. The service had written policies which guided staff practice in respecting consumers’ privacy and protecting their personal information. Staff were observed being respectful of consumers’ privacy and dignity.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is Compliant as 5 of the 5 Requirements were assessed as Compliant.

Consumers and representatives confirmed they were involved in assessment and care planning and said the care delivered met their needs. Staff understood the assessment and care planning processes, which identified risks to consumers’ safety, health and well-being. Care planning documents showed individualised assessment and planning and included identifying risks to each consumer’s health and well-being. Documented clinical guidelines, policies and procedures were available to guide staff in the assessment and care planning process.

Consumers and representatives said the clinical staff regularly discussed their needs, goals and preferences, including their end-of-life wishes. Management described the assessment and care planning process, including how they initiated end of life discussions with consumers and their families. Care planning documents included information regarding the consumer’s end of life wishes and the service maintained written policies supporting end of life of life care.

Consumers and representatives said they were involved in assessment and planning of their care on an ongoing basis. Clinical staff said consumers, representatives and other providers were involved in the assessment, planning and review of consumers’ care plans. Care planning documents confirmed consumers, representatives and other multi-disciplinary team members were consulted in assessment and care planning on an ongoing basis. The service’s policies and procedures supported staff in the ongoing assessment and planning of care and services.

Consumers and representatives said staff carefully explained relevant information about consumers’ changed needs and they could access their care plan, if they wished. Management and clinical staff explained how they documented the outcomes of assessment and planning and communicated them to consumers and representatives. Care planning documents showed the outcomes of assessment and planning were discussed with consumers and their families.

Consumers and representatives confirmed consumer’s care and services were regularly reviewed, and reviewed when there was a deterioration in condition, or incidents impacted on consumers’ needs, goals, or preferences. Care plans demonstrated evidence of review on a regular basis, or when circumstances changed, or incidents occurred. Management and staff were all aware of their responsibilities in relation to monitoring and reporting any changes in consumer’s condition, needs or preferences, and reporting incidents. The service maintained written policies and procedures on clinical incident management to guide staff practice.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is Compliant as 7 of the 7 Requirements were assessed as Compliant.

Consumers and representatives expressed satisfaction with the personal and clinical care they received and said it met their needs and preferences. Staff described how they provided best practice personal and clinical care, tailored to the needs of each consumer. Staff confirmed they were trained and supported to deliver best practice care and they were supported by written policies and procedures. Care planning documents recorded each consumer’s needs and preferences and showed their personal and clinical care was tailored to optimise their health and wellbeing.

Consumers and representatives said they were satisfied with the way the service managed risks associated with their care. Staff described the high impact, high prevalence risks to consumers at the service and how they managed these risks. Care planning documents showed the key risks to individual consumers were identified and mitigation strategies put place. The service had a suite of policies and procedures to guide staff in the management of clinical risks.

Consumers and representatives said they had discussed their end of life wishes with management and clinical staff. Management and clinical staff explained the processes in place to support end of life care, including the involvement of family and other health professionals. Care planning documents showed consumer’s end of life wishes were documented and respected. Documented policies and processes guided staff in providing palliative and end of life care that respected consumers’ individual choices, needs and preferences and promoted their dignity and comfort.

Consumers and representatives said their changing care needs were recognised and responded to in a timely manner. Staff could describe how they recognised and responded to a deterioration or change in consumers’ condition through making observations, completing assessments, providing referrals and notifying medical officers and representatives. Documented policies, procedures and tools were available to support staff in managing changing health needs of consumers.

Consumers and representatives were satisfied their condition, care needs and preferences were effectively communicated between staff, and they received the care they needed. Staff described how changes in consumers’ care and services were documented and communicated through the electronic care management system and at shift handovers. Care documentation provided adequate current information to support safe and effective personal and clinical care.

Consumers and representatives said they had access to other health professionals and providers of care, when they needed. Management and clinical staff described the referral process to other health professionals and said the service was connected to a primary care clinic with access to doctors and specialists 5 days a week. Care planning documents showed appropriate and timely referrals to external health providers. The service had written policies to guide the referral of consumers to other providers of care.

Consumers and representatives expressed satisfaction with the infection control measures that were in place at the service. The Infection Prevention and Control lead described the processes and protocols in place to support the minimisation of infection related risks and promote antimicrobial stewardship. Staff described the infection control training they had received and the practical measures they used to minimise infection risks to consumers.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is Compliant as 7 of the 7 Requirements were assessed as Compliant.

Consumers and representatives said the supports for daily living met their needs, goals and preferences while also optimising their independence and well-being. Staff explained how consumers’ needs and preferences for daily living were met and care planning documentation effectively captured each consumer’s needs and preferences. The weekly activity calendars showed a variety of activities were offered to consumers and meeting minutes confirmed consumers were consulted minutes of meetings where consumers were asked for feedback. Consumers were observed participating in different activities suited to their needs and preferences.

Consumers and representatives described how the service effectively supported their emotional, spiritual, and psychological well-being. Staff discussed their role in promoting consumers' spiritual and psychological well-being in line with the service’s Emotional Support Procedure. Care plans contained details about consumer’s backgrounds and their spiritual and emotional needs and preferences. Staff were observed supporting consumers emotionally and spiritually.

Consumers and representatives reported being supported to maintain relationships, participate in the community, and do things of interest to them. Staff outlined their role in supporting consumers’ activities and interests, and facilitating engagement with their family, friends and the community. Care plans specified consumers’ preferences for activities, outings, and maintaining relationships. Consumers were observed socialising with visitors and leaving the service to visit the community. Staff were observed encouraging consumers to participate in activities.

Consumers expressed satisfaction their needs and preferences were effectively communicated between staff and others involved in their care. Staff explained how they shared relevant information during shift handovers, verbal updates and through the electronic care management system. Care planning documents reflected consumers’ current needs, goals and preferences and staff were observed sharing current information about consumers.

Consumers said they received support from other providers of care and services. Staff explained how the service collaborated with external organisations and individuals to complement the existing activity program and meet consumers’ needs and goals. Staff said they engaged various outside organisations to provide additional care and services to consumers, such as singers, dancers, impersonators and church services. Care planning documents showed external providers were often engaged to support consumers lifestyle needs and preferences.

Most consumers and representatives expressed satisfaction with the meals provided, highlighting the variety of choices and the quality of food. Four consumers from different cultural backgrounds said some meals lacked flavour; however, management explained how the 6 weekly menu was developed with input from all consumers and included curries. Monthly cultural lunches were also provided, and alternative meal options and snacks were available. Kitchen staff described effective systems in place for preparing meals that met specific consumer’s dietary needs and preferences. Documentation confirmed consumers’ allergies, dietary needs and preferences and level of dining assistance was accurately recorded. The food served looked appealing and of sufficient portion size. The dining experience appeared pleasant and respectful to consumers who required assistance.

Consumers and representatives said the equipment provided was suitable, safe, clean, and well-maintained. Staff said there was suitable equipment available to them and it was kept clean and well-maintained. Cleaning records and maintenance logs showed the service actively monitored and maintained the equipment for safety, suitability, and cleanliness. Suitable and well-maintained equipment was observed to be available for use throughout the service.

# 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 Compliant as 3 of the 3 Requirements were assessed as Compliant.

Consumers said the service environment was welcoming, easy to understand and enabled them to maintain their independence and sense of belonging. Management and staff described how they made consumers and visitors feel welcome by being accessible and visible and encouraging personalisation of consumers’ rooms. Management described the features of the service environment that promoted the independence of consumers and provided spaces for socialising and participation in activities. The service was easy to navigate, with good signage and spacious corridors lined with handrails. Consumers’ rooms were individualised, spacious and could accommodate mobility equipment. Consumers and visitors were observed socialising and engaging in activities and staff greeted visitors and consumers when they passed by.

Consumers and representatives said the service was clean and well-maintained, and they could move freely both indoors and outdoors. Staff described the maintenance and cleaning process and how they ensured the service environment remained clean and safe. Cleaners were observed undertaking daily cleaning tasks, and consumers were seen mobilising freely throughout the service environment.

Consumers and representatives said the furniture and equipment was clean, well-maintained and suitable. Staff described effective processes for cleaning and maintaining the equipment, furniture and fittings in the service. The reactive and preventative maintenance logs indicated that maintenance issues were well documented and addressed in a timely manner. The furniture, fittings and equipment appeared 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 Compliant as 4 of the 4 Requirements were assessed as Compliant.

Consumers and representatives confirmed they understood the complaints process and they felt comfortable raising any concerns with staff. Management and staff described the different ways consumers were supported to provide feedback, suggestions, compliments, or complaints. The service had written policies which guide staff in supporting consumers and others to provide feedback and make complaints. Information about making complaints and feedback forms were readily accessible for consumers and others wishing to provide feedback.

Consumers and representatives confirmed they were aware they could access advocacy services or have a family member or friend speak on their behalf. Management described how they ensured consumers were aware of advocacy and language services and external avenues for complaints. Staff explained how they advocated on behalf of consumers, when necessary, and knew how to access external advocacy and complaints services. Information about advocacy and external complaints services was displayed around the service.

Consumers and representatives who had recently provided feedback, or made a complaint, felt the service responded appropriately and communicated with them to discuss their concerns. Staff described effective processes for receiving and responding to feedback and complaints including how they applied the principles of open disclosure. Documentation demonstrated the service recorded feedback and complaints electronically, detailing the issue and the action taken in response. The service had written policies which guide staff in receiving and responding to complaints, as well as practicing open disclosure.

Consumers and representatives said when they made a complaint or gave feedback it was used to improve their care and services. Consumers who had made complaints felt their feedback was responded to, and that improvements had been made. Staff explained how management made improvements to the service following complaints and gave examples of changes that had resulted from consumer feedback. Management described how they used feedback and complaints to improve the care and support provided at the service. The service’s Continuous Improvement Plan included several areas where the service had made feedback driven improvements.

# 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 recommended Requirement 7(3)(e) was not met. Having considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response, I reached a different conclusion and decided the service was compliant with the Requirement.

*Requirement 7(3)(e):*

The Site Audit report found the organisation conducted annual performance reviews for clinical staff, but not for care staff. Management described how care staff received monthly competency and other training; however, they did not provide evidence of how they regularly reviewed the performance of care staff.

The Site Audit report did not identify any negative consumer impacts as a result of regular formal performance assessments not being conducted for care staff.

The provider’s response disputed the not met recommendation and provided additional clarifying information in relation to their approach to the regular assessment, monitoring and review of the performance of care staff at the service. The provider advised:

* The organisation regularly reviewed the performance of all care staff. Care staff were assessed, supervised and monitored on every shift by peer, supervisors, management and consumer/representative feedback.
* The Site Audit confirmed there were no negative impacts on consumers as a result of the lack of formal annual performance assessments for care staff.
* All care staff had to successfully complete a comprehensive suite of online education modules prior to commencing employment.
* Care staff received monthly ‘competency training’ across a range of subjects and the service kept up-to-date records of completed competency training.
* The organisation’s written Learning and Development Policy and Procedure outlined how the competency framework for care staff was used to help determine staff performance over the course of the year.
* All staff were required to complete various mandatory courses every 12 months and attend other face to face training as needs were identified. All staff were able to request additional training.
* In October 2022, the organisation added an action to its Continuous Improvement Plan to improve the professional development and competency requirements for all staff.

I note clinical staff did have regular formal performance reviews and these staff had responsibility to supervise the care staff on a daily basis. While the service did not have formal annual performance reviews for care staff, I accept there were a range of mechanisms in place (such as monthly competency assessment, training and development, daily supervision, and feedback/complaints systems) which all contributed to the service’s ability to assess, monitor and review the performance of each member of the workforce. I acknowledge the Site Audit report found consumers and representatives were satisfied with the knowledge, training, competence and performance of staff and that complaints processes were considered accessible and effective. The organisation had also self-identified continuous improvement actions in relation to the management of staff performance development.

I consider that, although the service may not have had a formal annual performance review for care staff, nonetheless it had systems and processes in place which assured care staff performance was regularly assessed, monitored and reviewed. Therefore, on the balance of evidence before me, I found the service compliant with Requirement 7(3)(e).

*The other Requirements:*

I am satisfied the service was compliant with the remaining requirements in Quality Standard 7.

Consumers and representatives reported there was adequate staffing at the service and call bells were answered promptly. Management described how they monitored and managed adequate staffing levels and addressed unplanned leave. Rosters showed the service had sufficient staff to fill shifts. The average call bell response was under 3 minutes and response times over 10 minutes were investigated. Staff were observed responding promptly to call bells.

Consumers and representatives said staff were kind, caring and respectful when providing care. Management and staff were observed being respectful to consumers such as by addressing them by their preferred name, knocking on their bedroom doors prior to entry, and displaying respectful body language and conversation when assisting consumers.

Consumers and representatives felt staff were capable and competent in their roles. Management described how they recruited staff and ensured they had the appropriate qualifications, knowledge, and experience to perform their duties. Staff files and position descriptions demonstrated staff had the appropriate qualifications and knowledge to perform their duties.

Consumers and representatives were satisfied staff were adequately trained and equipped to do their jobs. Management described the training and education offered by the service, both face-to-face and online and said they actively encouraged staff to upskill. New employees were supported through an orientation program and buddy shifts. Staff were satisfied with the level of training and support provided by management and felt confident in performing their assigned duties. Documentation showed the workforce was recruited, trained, equipped, and supported to deliver the outcomes required by these Standards.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is Compliant as 5 of the 5 Requirements were assessed as Compliant.

Consumers and representatives said they were engaged in the development, delivery and evaluation of care and services including through the Resident Support Group Meetings. Management described how consumers and representatives were engaged through their open-door policy, regular consumer meetings, feedback and surveys. Meeting records showed input from consumers, and feedback forms and suggestion boxes were observed throughout service.

Consumers said the service provided safe, inclusive and quality care, and expressed confidence in the staff and management of the service. Management described how the organisation’s Board promoted a culture of safe, inclusive, quality care and services and was accountable for their delivery as outlined in the Corporate Governance Policy. Records showed the Board received regular reports and oversighted the service to ensure quality care and services were delivered in accordance with the Quality Standards.

Management detailed the effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Documented policies and procedures supported the governance systems and staff were familiar with these policies.

Management and staff detailed the effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Staff were aware of these policies and could explain how they applied them in their work.

The service had a clinical governance framework which included documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated an understanding of antimicrobial stewardship, restrictive practices and open disclosure, and how these were practiced and managed in their roles. Staff felt well supported and trained to effectively perform their roles.

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)