Performance

Report

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| Name of service: | Performance report date: |
| Northside Aged Persons Mental Health Residential Care Facility | 10 June 2022 |
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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 Northside Aged Persons Mental Health Residential Care Facility (**the service**) has been considered by S Byers, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, dated 3 May 2022 to 6 May 2022: 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 Assessment Team’s report received 1 June 2022.
* 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 | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 2(3)(a) – Approved Provider ensures assessment and planning includes the consideration of risk to inform effective care and services for each consumer, including fluid balance management and blood pressure monitoring.
* Requirement 3(3)(b) – Approved Provider ensures effective management of high impact or high prevalence risk associated with each consumer including fluid balance management, blood pressure monitoring and weight loss management and referrals.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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 six of the six Requirements have been assessed as Compliant.

Consumers and representatives were satisfied the consumers are treated with dignity and respect, and their identity, culture and diversity are individually valued. Consumers are supported in maintaining their independence with staff respecting their choices to participate in activities and be assisted with activities of daily living.

Consumers and representatives were satisfied consumers receive culturally safe care. Care plans included information about consumers backgrounds, cultural needs and care preferences. Staff demonstrated how they provide culturally safe care and services according to the consumers’ needs and preferences.

Consumers are supported to take risks in line with their preferences. Consumer care files demonstrated risk assessments and consent forms are completed in consultation with the consumer and their representative acknowledging the risk and the associated interventions in place.

Consumers are supported to make decisions about their care including daily routine, activities and maintaining relationships of choice. Staff demonstrated they are familiar with the individual needs and preferences of the consumers.

Representatives were satisfied with how the service communicates with consumers. Staff demonstrated understanding of each consumer’s communication barriers. The service demonstrated consumers and representatives receive current, accurate and timely communication that enables them to make informed choices.

The service demonstrated it has policies in place to guide staff practice in consumer privacy, dignity and confidentiality. Staff provided examples of how consumer privacy is respected. Care plans are maintained electronically on password-protected systems. Signage was observed on each consumer’s door to remind staff to knock before entering.

# Standard 2

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| Ongoing assessment and planning with consumers | | Non-compliant |
| 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. | Non-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 Non-compliant as one of the five Requirements has been assessed as Non-compliant.

In relation to Requirement 2(3)(a), the Assessment Team found assessment and care planning did not consistently consider risks and inform the delivery of effective care and services, particularly in relation to fluid balance management and blood pressure monitoring. Assessment information did not accurately inform care plans and did not inform staff of the clinical care required for each consumer. For example, fluid restriction information and blood pressure limits were not included in consumer care documentation to guide staff.

The Approved Provider’s response demonstrates the service has acted on the Assessment Team’s feedback and has put in place processes to improve its documentation system. This includes care plans and clinical directives have been updated and documented and staff training has been delivered.

In making my decision I have considered the site audit report and the Approved Provider’s response. While I acknowledge the actions taken by the Approved Provider, I consider at the time of the site audit the Approved Provider did not demonstrate compliance with Requirement 2(3)(a). Therefore, on balance I find the service is Non-compliant with Requirement 2(3)(a).

In relation to Requirement 2(3)(e), the Assessment Team found the service did not demonstrate that care and services were reviewed for effectiveness when circumstances changed for one consumer following the identification of multiple pressure injuries.

I note the site audit report includes positive feedback from consumers and representatives relating to care and services including the management of skin integrity. While the named consumer’s skin care plan was not updated, each pressure injury was identified, documented in the incident management system, wound management plans commenced and referrals made to a wound consultant. The Assessment Team identified some inconsistencies with wound measurements, however noted wound measurements were included in the consumer’s wound assessment.

I have considered the Assessment Team’s findings, the evidence in the site audit report and the Approved Provider’s response and have come to a different view. While I acknowledge there was deficits in documentation, the Approved Provider demonstrated the consumer’s pressure injuries were reviewed with support from a podiatrist and wound consultant to ensure safe and appropriate care provision. Therefore, on balance I find Requirement 2(3)(e) Compliant.

I am satisfied the remaining three requirements of Quality Standard 2 are Compliant. Consumers and representatives confirmed their overall satisfaction in feeling like partners in care. All consumers’ files reviewed reflected consumers’ current goals, needs and preferences including advance care planning and end of life wishes.

Most representatives confirmed that they were aware of and had participated in discussions about current consumer care needs. Progress notes demonstrated consistent and timely communication with consumers and representatives. Assessments, care plans and progress notes for all consumer files contained input from other organisations and individuals including medical and allied health professionals as appropriate.

Most representatives were aware of the consumer care plan and were able to access it on request. Staff were observed referring to consumer care plans and assessments throughout the site audit.

# Standard 3

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| Personal care and clinical care | | Non-compliant |
| 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. | Non-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 Non-compliant as one of the seven Requirements has been assessed as Non-compliant.

In relation to Requirement 3(3)(b), the Assessment Team found that the service did not demonstrate effective management of risks associated with consumers’ fluid balance management, blood pressure monitoring and weight loss management. For example:

* There were delays in responding to weight loss for a named consumer. The consumer experienced ongoing weight loss over seven weeks. The Assessment Team found food and fluid charting had not been commenced, alternative strategies to increase nutritional intake were not evident and two referrals made to the dietitian due to the consumers ongoing weight loss had not been actioned.
* One named consumer with a suprapubic catheter was on a fluid restriction to minimise fluid overload. The consumer’s fluid restriction was inconsistently documented in their care documentation which did not record when the consumer independently emptied their catheter bag. While documentation indicated the consumer was weighed monthly, documentation did not include guidance to support staff in identifying potential fluid overload. The consumer also had a medical directive in place that required their blood pressure to be taken twice per week. Documentation did not include reportable blood pressure limits to guide staff. The Assessment Team observed the consumer to empty their catheter bag independently during the site audit. While staff were aware the consumer was on a fluid restriction, they could not identify the consumers blood pressure directives. Staff confirmed the consumer’s fluid balance documentation to be inaccurate.
* Another named consumer was on a fluid restriction due to a history of congestive cardiac failure and previous episodes of fluid overload. The consumer was identified as being at risk of non-compliance with fluid restrictions due to independent fluid intake. Staff were aware of the consumer’s fluid restriction and associated strategies. Staff also demonstrated understanding of the difficulties in ensuring the consumer’s fluid intake remained within limits. While fluid charting was in place, the service did not demonstrate that additional clinical interventions to monitor the consumers risk of fluid overload had been applied.

The Approved Provider’s response included the following:

* In relation to the named consumer who experienced weight loss, their nutrition and hydration was managed and supported by a multi-disciplinary team. The change in the consumers oral intake including refusal of food was identified by clinical staff with subsequent reviews by the dietitian and speech pathologist a week later. Strategies implemented to improve nutrition and hydration included change in diet and improving the meal time experience. The Approved Provider agrees the dietitian referrals identified by the Assessment Team were not acted upon in a timely manner. Since the site audit the Approved Provider has developed a new process for dietitian referrals with a trial and subsequent evaluation to commence in June 2022.
* In relation to the named consumer on fluid restriction and blood pressure monitoring the Approved Provider agrees that aspects of the consumers care was not provided as directed. Further the Approved Provider recognises the blood pressure monitoring direction had been poorly followed and fluid documentation had inconsistencies due to the consumers independence in oral intake and toileting. The Approved Provider has taken action since the site audit that includes, staff education and updated clinical directives, charting and care plans for the consumer. The consumer has since been reviewed by geriatrician and the fluid restriction has been ceased.
* In relation to the named consumer who was at risk of non-compliance with fluid restrictions the Approved Provider advised risk assessments had been completed regarding the consumers self-initiating fluid intake. While fluid balance charting was in place, the Approved Provider agrees it is complicated by the consumers ability and choice to self-manage toileting and fluid intake. The consumer has been consistently weighed on a monthly basis and is maintaining a healthy weight. Since the site audit a consultation has been completed with the consumer, their representative and medical practitioner to discuss fluid balance management and the care plan has been updated.

While I acknowledge the actions taken by the Approved Provider and note the complex needs and behaviours of some consumers and the difficulties identified by staff in managing them, I place weight on the Assessment Team’s evidence and the wording of this requirement, specifically ‘risks associated with the care of each consumer’. I consider at the time of the site audit the Approved Provider did not demonstrate compliance with the Requirement. On the balance of evidence available to me, I find the service is Non-compliant with Requirement 3(3)(b).

In relation to Requirement 3(3)(a), the Assessment Team found not all consumers were receiving appropriate personal or clinical care tailored to their individual care needs, particularly in relation to weight loss management, fluid balance management and blood pressure monitoring. I find the deficits identified in the site audit report relate to assessment and care planning not considering risks associated with consumer care and the management of high impact or high prevalence risks, therefore I have considered this information under Requirement 2(3)(a) and Requirement 3(3)(b).

In making my decision I have also considered the consumer and representatives’ feedback which indicated satisfaction with the care delivered to consumers at the service. Staff demonstrated understanding of each consumer’s care needs and consumers were observed to be settled with care strategies in place that aligned with care documentation.

I have reviewed all of the information provided and have come to a difference view. On balance, I find Requirement 3(3)(a) is Compliant.

In relation to Requirement 3(3)(d), the Assessment Team provided an example of one consumer whose weight loss was not recognised and responded to in a timely manner. While the Assessment Team noted while referrals were sent to a dietitian, the referrals were not actioned, and the delay had not been recognised or investigated by the service. I have considered this information along with the management of weight loss under Requirement 3(3)(b).

The Approved Provider’s response indicates appropriate action was taken to manage the consumer’s nutrition and hydration supported by a multi-disciplinary approach including support from the consumer’s general practitioner, speech pathologist and dietitian. The Approved Provider submitted evidence that demonstrates the consumer’s change in behaviour and oral intake was recognised promptly with timely follow up and monitoring.

I have reviewed all of the information provided and have come to a different view. On balance, I find Requirement 3(3)(d) is Compliant.

I am satisfied the remaining four requirements of Quality Standard 3 are compliant. Consumers were supported by the service in their clinical care needs, such as management of wounds, pain and restrictive practices.

Care documentation demonstrated consumer’s end of life preferences are followed, comfort is maximised and dignity maintained. All consumer files reviewed contained advanced care directives.

Representatives expressed overall satisfaction in referrals being submitted when needed. Referral processes are in place and appropriate and timely referrals to a practitioner, allied health professionals and other external specialist services are generally documented and actioned. Information is effectively documented and communicated within the organisation and with external services involved in care as required. Most staff interviewed demonstrated current and accurate knowledge regarding the current care needs of consumers.

The service demonstrated it has written procedures in place relating to infection prevention and control practices to guide staff practice including an outbreak management plan. The service has an Infection Control and Prevention (IPAC) department that oversees the organisational response to infection control and prevention. The Assessment Team observed staff following relevant infection control practices including appropriate PPE use and hand hygiene.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 seven of the seven Requirements have been assessed as Compliant.

Consumers were satisfied with the services and supports provided by the service. The lifestyle program includes group and individual activities available seven days a week. Consumers are informed about planned activities and entertainment through displayed activity calendars and whiteboards located throughout the service. The service supports consumers to make decisions about the level of participation they wish to engage in lifestyle activities, with many consumers preferring to spend time in their rooms.

Consumers and representatives were satisfied with the level of emotional and spiritual care provided by staff. Care plans document the consumers emotional support needs and preferences including one on one support. Consumers and representatives can access social workers and other allied health professionals for additional emotional support. Consumers and their representatives were satisfied consumers are supported to maintain relationships, participate in the community and do things that interest them. For examples, regular outings with family and bus trips. Staff demonstrated they know consumers well, describing how they provide care to support consumer independence, quality of life and well-being. Lifestyle care plans reflected the interests and preferences of the consumers and their important social and personal relationships.

Consumer documents demonstrated there is adequate information to support effective and safe sharing of the consumer’s care and timely and appropriate referrals are actioned where required. Staff confirmed they are updated about each consumer at handover and by reviewing the consumers care plans.

Consumers and representatives were satisfied the meals are of suitable quality, quantity and variety. Consumer planning documents contained specific dietary needs and preferences. Staff explained dietary needs and preferences of consumers. The rotating menu includes several main meal options with substitutions and additional options to support consumer choice.

Lifestyle staff confirmed they have a range of specialised equipment to provide individualised care and services to consumers. The Assessment Team observed the equipment to be safe, suitable and well-maintained.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 three of the three Requirements have been assessed as Compliant.

All consumers and representatives provided positive feedback about the service environment describing it as safe and comfortable. Consumers are encouraged to personalise their rooms with furniture and photographs. This aligned with Assessment Team observations.

Mixed feedback was received from representatives about their satisfaction with cleaning. The Assessment Team observed consumer rooms including bathrooms to be clean and tidy. The service offers a range of communal spaces that enhance consumer engagement and interaction including a sensory room and garden. Consumers can move freely within the service and have access to two of the secure gardens independently. The larger back garden has restricted access due to the complexity of consumers care needs that require staff supervision. This garden has a designated smoking area where staff supervise consumers wishing to smoke, equipped with fire safety equipment.

Representatives were satisfied that maintenance is completed in a timely manner. Staff demonstrated an understanding of maintenance request processes and procedures. Maintenance records demonstrated regular maintenance occurs as required for equipment, furniture and the service environment.

The Assessment Team observed furniture, fitting and equipment to be safe, clean, well maintained and suitable for consumers.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 four of the four Requirements have been assessed as Compliant.

All consumers and representatives interviewed felt they are encouraged and supported to provide feedback and make complaints. Representatives were aware of the internal complaints processes and external advocacy services available to them. Staff demonstrated understanding of individual consumers' communication barriers and described how they advocate for their consumers daily. The Assessment Team observed complaints, feedback and advocacy information located throughout the service readily available for consumers and representatives to access.

While the service’s complaint register contained minimal documented complaints, the Assessment Team identified the service provides several avenues for consumers and/or their representatives to provide feedback and make complaints. All representatives interviewed provided positive feedback and provided examples where they have spoken directly with management who were responsive and took appropriate action to address their concerns.

The service demonstrated it has open disclosure and complaint handling policies and processes in place to guide staff practice. Staff demonstrated an understanding of open disclosure.

Representatives described the actions taken in response to complaints and provided examples of improvements to care and services informed by complaints and feedback. Management explained how the service is moving to a new building and how the design of the new premises incorporated feedback from consumers. The service demonstrated complaint data is recorded and trends are analysed.

**Standard 7**

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| Human resources | | Compliant |
| 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 Compliant as five of the five Requirements have been assessed as Compliant.

All sampled consumers and their representatives considered they get quality care and services when they need and from people who are knowledgeable, capable and caring. Staff were satisfied the workforce at the service is consistent and appropriately planned to enable delivery of care and services to consumers. Staff explained that planned leave is covered and there are strategies in place to manage unplanned leave and ensure continuity of care. Roster documentation demonstrated most shifts are filled and aligned with the organisation’s safe work model which maintains a minimum staff to consumer ratio. While the service’s call bell system was unable to produce call bell reports, management explained most consumers at the service live with barriers that may prevent use of their calls bells. As part of the service’s safe-work model staff conduct hourly visual checks on all consumers. The Assessment Team observed staff responding to call bells within a timely manner.

The Assessment Team observed staff interacting with consumers in a kind, caring and respectful way. Staff demonstrated an awareness of each consumers' complex needs as they were observed effectively communicating with consumers who have significant communication barriers.

Consumers and representatives provided positive feedback regarding staff skills, knowledge and capability. Two representatives provided examples of how staff have had a direct positive impact on the consumers. The service has systems in place for the onboarding of new employees including position descriptions with a defined scope of practice that aligns with professional registration requirements.

Staff are recruited, trained and equipped to deliver the consumer outcomes required by the standards. Management described how ongoing staff education is supported through the organisation’s learning and development department. Education and training records confirm staff have completed mandatory training as required.

The service demonstrated a system for annual and as required staff appraisal and performance management processes. Staff confirmed they have undertaken an annual staff appraisal within the last 12 months.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 five of the five Requirements have been assessed as Compliant.

All consumers and representatives sampled considered the service to be well run and that they could partner in improving the delivery of care and services. Representatives stated they are encouraged by staff to engage with the development, delivery and evaluation of care and services at the service. Management provided examples of how consumers and representatives are engaged to provide feedback including meetings, committees and annual satisfaction surveys.

The organisation has a suite of systems, processes and materials to promote a culture that is safe, inclusive and quality care and service and is accountable for their delivery. Consumers and representatives provided feedback that they feel safe at the service.

The organisation has effective governance systems in relation to information systems, continuous improvement, financial and workforce governance and regulatory compliance. The organisation’s reporting structure includes several committees that monitor and review data and report to the Board who provide active oversight of the service.

The organisation provided a documented risk management framework supported by policies and procedures documented to manage risk. The organisation demonstrated it has an effective incident management system in place. Incident data is reviewed and monitored with trends and outcomes discussed by organisation committees and the Board. Risks are reported, escalated, and reviewed by management. Staff demonstrated understanding of mandatory reporting and confirmed completing training on the topic.

The organisation demonstrated it has a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and an open disclosure policy. Staff were asked about whether these policies had been discussed with them and what it meant for them in a practical way. Staff had been educated about the policies and were able to provide examples of the relevance to their work.

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-2)