Performance

Report

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| Name: | Oakwood Aged Care |
| Commission ID: | 6965 |
| Address: | 6 Ellis Street, ENFIELD, South Australia, 5085 |
| Activity type: | Site Audit |
| Activity date: | 5 March 2024 to 8 March 2024 |
| Performance report date: | 17 April 2024 |
| Service included in this assessment: | Provider: 2807 Tolega Pty Ltd  Service: 4373 Oakwood 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 Oakwood Aged Care (**the service**) has been prepared by Denise McDonald, 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 9 April 2024
* other information and intelligence held by the Commission relating to the performance of 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 | **Not 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 8(3)(e)** – The service ensures the clinical governance framework provides sufficient guidance to staff on their roles and responsibility to assess each consumer for restrictive practice to ensure it is used as a last resort and in the least restrictive form.

# 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 found Compliant, as:

Consumers confirmed staff treated them with dignity and respect and gave practical examples of how their cultures and identities were valued, such as being supported by gender specific staff when receiving personal care, as per their preferences. Staff explained they showed respect to consumers by asking for, and respecting their choices, when providing care. Care documentation evidenced consumers’ personal backgrounds, life history and care preferences.

Consumers and representatives confirmed staff were respectful of consumers’ cultural identities and provided care consistent with their preferences. Staff learned consumers’ cultural preferences by reading care documentation and speaking with consumers and their families, which supported the delivery of culturally safe care. Care documentation evidenced consumers’ cultural backgrounds, needs and preferences.

Consumers confirmed they were supported to be their own decision maker, had choice in how their care was delivered and how they wanted to maintain relationships with people of importance to them. Staff gave practical examples of how they supported consumers’ independence and decision making, such as ensuring choice during activities of daily living. Care documentation evidenced consumers’ decisions about care delivery and how they wanted to maintain important relationships.

Consumers gave practical examples of how they were supported to take risks and live life as they chose, such as leaving the service independently to go shopping or to socialise. Staff explained where consumers wished to take risks, those risks were discussed and mitigation strategies implemented to promote their safety. Care documentation evidenced consumers were supported to take risks with strategies in place to manage the risks taken.

Consumers and representatives confirmed they received timely information which enabled them to make informed choices about consumers’ care and daily living needs. Staff explained information was provided to consumers and representatives in person, at meetings, by newsletter, phone calls, emails and a monthly activities calendar. Staff were observed informing consumers about activities and newsletters in consumers’ rooms were current.

Consumers gave practical examples of how their privacy was respected, such as staff closed doors when providing care. Staff explained consumers’ privacy was respected by seeking consent prior to entering their rooms and care discussions were held in private areas. Consumers’ personal information was observed to be kept confidential in a secure electronic care management system (ECMS).

# 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 found Compliant, as:

Staff described how risks to consumers were identified, monitored, managed and used to develop the care plan, which informed how they delivered care. An entry checklist and assessment process guided staff practice in methodically assessing consumers for risks and developing their care plan, in response to identified risks. Care documentation evidenced risks to consumers, such as falls and pressure injuries, were identified through validated assessment tools, however, the risk to consumers of inappropriate restrictive practice had not been considered during assessment processes. This is further considered under Requirement 8(3)(e) as it relates to clinical governance.

Consumers and representatives confirmed they had discussed consumers’ care needs, goals and preferences, which included advance care and end of life planning. Staff confirmed discussing end of life wishes with consumers during entry, when their needs changed and during scheduled care plan reviews. Care documentation evidenced consumers’ daily care needs, goals and preferences, as well as advance care directives.

Consumers and representatives said they and health professionals were involved in the assessment, planning and review of consumers’ care. Staff explained input from consumers, representatives and health care providers informed the assessment and planning of consumers’ care. Care documentation evidenced consumers’ medical specialists and allied health professionals were involved in assessment and planning processes.

Consumers and representatives said they received monthly updates about the assessment and planning of consumers’ care and they had access to a copy of the consumer’s care plan. Staff explained the outcomes of assessment and planning were documented in the ECMS and shared with consumers and representatives in person and in writing. Care documentation was observed to be readily available through the ECMS.

Consumers and representatives confirmed consumers’ care and services were reviewed regularly and in response to incidents, such as falls. Staff said consumers were reviewed monthly and explained incidents may result in a review of consumers’ need and preferences. Care documentation evidenced consumers’ needs and preferences were reviewed for effectiveness, regularly or following an incident, such as a return from hospital.

# 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 found Compliant, as:

Consumers and representatives gave positive feedback about the personal and clinical care consumers received, which they said met consumers’ needs. Staff were knowledgeable about consumers’ individual personal and clinical care needs and explained how risks specific to each consumer influenced care delivery. Care documentation evidenced consumers received individualised care in line with their assessed needs, goals and preferences.

Consumers and representatives gave positive feedback about how the service managed risks associated with consumers’ care and services. Staff understood the high-impact and high-prevalence risks for consumers, such as falls, and explained how these were managed. Care documentation evidenced risks to consumers, such as weight loss and pressure injuries, were identified and responsive management strategies were in place.

Care documentation, for a consumer receiving end of life care, evidenced they were kept comfortable through provision of regular comfort cares, pain management medications and family members were provided with emotional support, as per the consumer’s wishes. Staff understood how to care for consumers nearing end of life to ensure their comfort and to meet their needs and preferences. Policies and procedures guided staff in the provision of end of life care.

Consumers said staff recognised changes in their conditions and responses were timely. Staff explained consumers were monitored for changes in their mobility or mood, following which they were assessed using validated clinical tools, the outcomes were documented and the consumer may be escalated to relevant health care professionals for review. Care documentation evidenced deterioration in consumers’ conditions were identified and responded to quickly.

Consumers and representatives gave positive feedback about how information was shared with them and others involved in the consumer’s care. Staff explained changes in consumers’ care and services were communicated during shift handovers, care reviews, discussions with consumers and their families and they accessed information in care documentation. Care documentation evidenced sufficient information about consumers’ conditions which could be shared with others who had responsibility for their care.

Consumers and representatives confirmed consumers had access to other health care providers and were referred when required. Staff explained the referral process and said consumers had access to a network of allied health professionals, wound specialists, pharmacists, medical professionals and mental health care, to ensure their diverse needs were met. Care documentation evidenced consumers were promptly referred to a range of allied health and medical specialists, when required.

Consumers and representatives gave positive feedback about how infection-related risks were prevented and managed, particularly in relation to wound care. Staff described how they minimised the use of antibiotics for consumers and said they attended training in infection prevention and control. Policies and procedures guided staff in antimicrobial stewardship and infection control management.

# 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 found Compliant, as:

Consumers gave positive feedback about the services for daily living and said they were supported to pursue activities of interest to them, such as exercising in the courtyard. Staff explained consumers’ independence was promoted by tailoring activities to their needs, with additional support provided for consumers with complex needs, so they could participate in group activities. Care documentation evidenced consumers’ lifestyle preferences and the supports needed to participate in activities which promote their well-being.

Consumers and representatives confirmed consumers’ emotional, psychological and spiritual needs were supported by staff. Staff advised they supported consumers’ by arranging pastoral care, coordinating volunteer visits and spending one on one time with them when their mood was low. Care documentation evidenced consumers’ emotional, psychological and spiritual needs were captured, as well as strategies on how staff could provide support.

Consumers gave practical examples of how they were supported to participate in the service and wider communities, such as helping with gardening and going out for lunch. Staff explained they supported consumers to maintain significant relationships by encouraging family visits and phone calls and relationships between consumers were respected by ensuring they were seated together during meals and group activities. Consumers were observed socialising with each other and with visiting family members.

Consumers said information about their daily living needs were effectively communicated, particularly as staff understood their dietary preferences and daily routines. Staff explained changes in consumers’ care and services were communicated during shift handovers and they accessed care documentation in the ECMS. Care documentation evidenced information was accessible which facilitated sharing between those responsible for service delivery.

Consumers confirmed when additional support was needed, they were referred to other organisations and service providers. Staff explained community and volunteer groups were engaged to offer pampering sessions, religious services, present musical performances and spend one-on-one time with consumers. Care documentation evidenced timely referrals were made to other organisations to meet consumers’ needs.

Consumers said meals were enjoyable and aligned with their preferences and dietary requirements. Staff understood consumers’ individual dietary requirements and explained a seasonal, 4-week rotational menu was developed after consumers tasted new meal options and provided feedback. Meal service was observed, and consumers appeared to enjoy the dining experience, as they had conversations with staff and other consumers.

Consumers said they had access to clean equipment which was well maintained. Staff said they cleaned shared equipment and maintenance documentation evidenced it was inspected routinely. Mobility aids and lifestyle equipment were observed to be clean, well maintained and suitable for consumers’ use.

# 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 found Compliant, as:

Consumers and representatives said felt safe within the service, it was easy to navigate around, and it felt like home, particularly as rooms were personalised with their own belongings. Staff explained consumers’ social interaction was encouraged by common sitting areas, whilst independent mobility was supported by design features such as handrails, wide hallways and areas clear of hazards. The environment was observed to be well lit and consumers moved freely around the building.

Consumers confirmed the environment was kept clean, well maintained and they moved freely between the indoors and external courtyard. Staff described the cleaning and maintenance schedules, which evidenced tasks were completed as required. The environment was observed to be clean, free from hazards and consumers moved freely to the courtyard to participate in activities and socialise, however, they were unable to move between the service and the community, as their movement was restricted by the security mechanisms installed at the service’s entrance, to which they were not given the code to operate independently. This is further considered under Requirement 8(3)(e).

Consumers and representatives confirmed fittings and equipment were clean, well maintained and suitable for consumers’ use. Staff explained, and maintenance documentation confirmed, cleaning was conducted routinely, and maintenance attended to promptly. Furniture and equipment, such as mobility aids and fire extinguishers, 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 found Compliant, as:

Consumers said they were comfortable to provide feedback and make complaints and gave practical examples of avenues available to them, such as speaking with staff. Staff explained consumers could provide feedback or make complaints directly to them, at consumer meetings or they were supported to complete a feedback form. Minutes from the consumers’ community meeting evidenced feedback and complaints were a standing agenda item and consumers’ positive comments about meals and activities were documented.

Consumers understood how to access external complaints, advocacy and language supports. Staff described the advocacy and language services available to consumers and assisted them to access these, if required. The resident handbook, brochures, posters and pamphlets promoted access to the Commission, advocacy services and language services.

Consumers gave practical examples of how some meals are now served on warmed plates, as appropriate action taken in response to their complaints of cold meal temperatures. Staff described the complaints management process and confirmed consumers received an apology when complaints were made. Complaints documentation evidenced the use of open disclosure and a transparent approach to complaints management.

Consumers confirmed their feedback and complaints were used to improve the quality of their care and services. Staff gave practical examples of how feedback and complaints were used to improve consumers’ services, such as replacing curtains in some consumers’ rooms and purchasing new jugs for the tea trolley. Complaints documentation evidenced feedback was used to make improvements to consumers’ care and services.

# 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 found Compliant, as:

Consumers gave positive feedback about staffing levels and said their needs were promptly met. Management explained staffing levels were determined according to consumers’ needs and a registered nurse was available 24 hours a day. Rostering documentation evidenced shifts were consistently filled, with an appropriately mix of clinical, care, environmental and hospitality staff, to provide consumers with quality care and services.

Consumers said staff were kind, caring, gentle and respectful of their preferences when providing care. Staff explained they familiarised themselves with consumers’ cultural and individual preferences by reading care documentation and speaking with them and their families to better understand them. Staff interactions with consumers were observed to be kind, caring and respectful.

Consumers confirmed staff were suitably skilled and competent in meeting their care needs. Management explained staff competency was initially determined through the recruitment process and ongoing via performance reviews, mandatory competency assessments and consumer and representative feedback. Personnel records evidenced staff had position descriptions and held qualifications, experience and clinical registrations relevant to their roles.

Consumers and representatives gave positive feedback about staff training and said they were equipped to perform their roles. Management explained, and staff confirmed, mandatory training was completed in the Serious Incident Response Scheme (SIRS), the Quality Standards, manual handling, infection control, consumer dignity and choice, complaints management and restrictive practices. Training records evidenced all staff had completed mandatory training topics.

Management advised staff performance was assessed and monitored during probation and annually thereafter, along with informal appraisals through observations and discussions with consumers and their families. Staff confirmed they participated in performance reviews and found the process of benefit in their roles. Personnel records evidenced all staff performance appraisals were up to date and they were offered opportunities to increase their skills, so as consumers received quality care and services.

# 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. | Not Compliant |

Findings

The Quality Standard is assessed as Non-Compliant as one of the 5 specific requirements were assessed as Non-Compliant.

The Assessment Team recommended Requirements 8(3)(c) and 8(3)(e) not met. However, having considered the evidence in the Site Audit report and the provider’s response of 14 March 2024. I have come to a different view and found the service compliant with Requirement 8(3)(c).

In relation to 8(3)(c), the site audit report evidenced deficits in regulatory compliance governance systems as the Restraint policy did not reflect the current types of restrictive practices and it had not been updated with the requirement for behaviour support plans to be initiated when restrictive practices were applied.

The providers response acknowledged the findings and confirmed this deficit has already been redressed. A new restrictive practice policy was included in the provider’s response, with confirmation the policy has been reviewed by the governing body and implemented into operations on 8 April 2024, identified within the submitted, plan for continuous improvement. submitted.

As the Site Audit report did not identify any other issues with organisational governance, with evidence supporting systems and process to govern the workforce and the handling of information, finances, feedback and complaints were effective. I consider the revision of the restrictive practice policy sufficient to demonstrate compliance with this requirement has been achieved.

Based on the evidence detailed above, I find Requirement 8(3)(c) is compliant.

In relation to Requirement 8(3)(e), the clinical governance framework was found to include appropriate guidance to staff on antimicrobial stewardship, and the use of open disclosure when clinical incidents occurred. However, insufficient guidance had been provided to clinical staff on considering the risk of environmental restrictive practices when conducting assessments, due to entry to the service and exit to the community, being controlled by a keypad security system.

The providers response acknowledges and accepts the findings and submitted a plan for continuous improvement detailing actions undertaken, commenced and forecast to ensure clinical staff understand their roles and responsibilities to ensure the use of restrictive practice is assessed, identified, monitored and reviewed.

While, I acknowledge the prompt actions taken at the conclusion of the Site Audit, I also note, the need to assess consumers for environmental restrictive practice was self-identified by the service and corrective actions were planned in December 2023, however these actions though planned, had not been completed.

Additionally, the providers response has not included any information or evidence to support consumer assessment has occurred and where consumers have been found to have had restrictive practices applied, subsequent actions of consent nor behaviour support planning have been completed, for me to be satisfied the clinical governance framework has been effective in minimising the use of restraint.

Based on the evidence before me, I find Requirement 8(3)(e) is non-compliant.

In relation to the remaining 4 requirements of this Quality Standard, I find them compliant as:

Consumers gave positive feedback about how the service was managed and said they were supported to evaluate their care and services during community meetings, which they described as productive. Management explained consumers and representatives contributed to service evaluation through surveys, feedback and complaints processes, day-to-day conversations and attempts had been made to establish consumer advisory body meetings as per legislative requirements, though no one had expressed interest at the time of the Site Audit. Meeting minutes evidenced consumers were engaged in providing feedback about aspects of their care and had been asked to express interest in nominating for a position on the consumer advisory body.

The organisation’s board of directors (the board) was accountable for service delivery and satisfied itself the Quality Standards were being met through audit results against the Quality Standards and monthly meetings with service management to identity and mitigate risks and share clinical governance information. Minutes from the clinical governance and management meeting evidenced the board monitored for compliance with aged care legislation through oversight of the plan for continuous improvement, staff education and training, policy updates, feedback and complaints, reports made to the SIRS, high-impact risks, restrictive practice, infection control and medication management.

The organisation had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, identifying and responding to abuse and neglect, supporting consumers to live their best lives and managing and preventing incidents. Staff understood risks to consumers and described reporting responsibilities under the SIRS. Staff were guided by policies and processes in identifying and managing risks to consumers.

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)