Performance

Report

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| Name of service: | Regis Hornsby |
| Service address: | 245-247 Peats Ferry Road HORNSBY NSW 2077 |
| Commission ID: | 2742 |
| Approved provider: | Regis Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 21 June 2023 to 23 June 2023 |
| Performance report date: | 4 August 2023 |

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 Regis Hornsby (**the service**) has been prepared by G Cherry, 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; 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

# 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 all requirements have been assessed as compliant.

The service demonstrates effective systems to ensure consumer’s dignity and choice are respected and maintained. Sampled consumers/representatives consider consumers are treated with respect and dignity, expressing satisfaction with staff care/support. Staff demonstrate knowledge of consumers’ individual needs/preferences, referring to each in a respectful manner. Documentation details information relating to individual consumer’s reflect their diversity, cultural/spiritual needs/preferences to inform care and service delivery. An organisational diversity framework including procedures/policies guide staff relating to expectations. The assessment team observe staff interacting with consumers in a respectful manner and documentation reflects respectful language when communicating consumer’s needs.

Sampled consumers gave examples of how staff respect their culture, values, and diversity, expressing satisfaction of staff support relating to cultural, spiritual, and personal preferences. Care documentation captures relevant cultural needs including dietary and spiritual preferences. Staff demonstrate awareness of consumer’s cultural/religious backgrounds, describing how this influences individual care delivery and were observed delivering culturally appropriate/person centred care.

Consumers/representative’s express satisfaction of support consumers receive to exercise choice/maintain independence/relationships of importance and who is involved in decision making. Examples include support for consumers to participate in visits external to the service, during times when legislative restrictions prevent regular visitors and attending external organisations to continue membership. Staff demonstrate processes of accessing information to support individual choice/independence and documentation contains information to ensure individuality in care and service delivery.

Effective methods to support consumers in risk taking activities is evident. Processes include conducting risk assessments, discussion/agreement of risk mitigation strategies with consumers/representatives. Staff participate in education/training regarding consumer dignity and choice making. Documentation reflects information to guide staff in care provision, detailing examples of how consumers are supported to achieve positive outcomes. Consumers express satisfaction in support received to do things they want to.

The service demonstrates multiple methods of providing consumers with current, accurate and timely information to enable informed choice. Consumers/representatives express satisfaction information is current, timely and easy to understand. Staff gave examples of supporting choice in care/service delivery. Management advised communication cards/translator services are utilised when needed providing examples of recent assistance to enable consumers to understand information being asked of/provided to them.

Information is displayed in multiple locations throughout the service. The assessment team observed staff providing care demonstrating respect and protecting consumers’ privacy including discreate discussions relating to consumer’s individual needs. Sampled consumers express satisfaction their privacy is respected. Interviewed staff describe practical methods to ensure respect of consumers personal privacy and confidentiality of information, including use of passwords to the electronic care management system. Organisational procedure/policy documentation guides staff of organisational expectations relating to the Quality Standard.

# 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 all requirements have been assessed as compliant.

The service demonstrates effective systems to ensure ongoing assessment and planning. Sampled consumers/representatives consider regular consultation occurs during assessment/care planning regarding risks consumers wish to take, they are involved/informed of outcomes and have access to documentation if they choose. Via documentation review the assessment team note risk assessment/care planning informs/guide staff in care delivery. Care plans are regularly reviewed, assessed, and discussed with consumers/representatives. Interviewed staff describe processes for identifying risks and how these risks are managed. Organisational procedure/policy documentation guides staff of organisational expectations relating to this Quality Standard.

Sampled consumers express satisfaction of staff responsiveness and assessment/planning conducted to address their needs/goals/preferences, including advance care and end of life planning. Documentation detail preferences and current needs are included in assessment and care planning discussed with consumers/representatives during admission and ongoing review processes. Interviewed staff gave examples of supporting consumers in exercising choice and accommodating individual requests. A palliative care trajectory toolkit is utilised to implement a comprehensive/evidence-based palliative approach. Management explained the process relating to advance care planning discussions and sampled consumer documents note advanced care directives guide staff in supporting wishes.

The service demonstrate assessment and care planning decisions are based on ongoing partnerships, including with other providers of care. Interviewed representative’s express satisfaction discussions about consumers care and services regularly occur with both consumers and representatives. Care documentation includes evidence of partnership with other care providers/organisations. Management and staff describe assessment and planning discussions occur during admission processes and ongoing case conference meetings.

Sampled consumers/representatives’ express satisfaction of involvement when changes to consumer’s care occurs. Interviewed staff describe notification of changes via an ‘alert’ in the electronic care system. Clinical staff advise medical officer consultation, allied health professionals and other care provider input is sought after obtaining consumer/representative consent and recommendations recorded into the care plans. Care plans for sampled consumers reflect involvement and subsequent directives implemented by staff.

The service demonstrates a system of regular care review, including when circumstances change and/or incidents occur. Consumers/representatives express positive feedback relating to the regularity of reviewing consumer’s needs. All consumers’ care is evaluated 3 monthly and/or more regularly if needs change. Care planning documentation for sampled consumers detail evidence of adjustments made after changes in condition and/or preferences. Interviewed staff describe care planning review processes. The care manager conducts daily review of progress notes/incidents reports to ensure full investigation occurs. Care documentation includes evidence of referral to medical officer/specialists and communication with consumer/representatives.

# 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 all requirements have been assessed as compliant.

Sampled consumers/representative’s express satisfaction with clinical and personal care including positive feedback of safe care provision and confidence staff know what they are doing to provide appropriate consumer care. Consumer feedback includes receiving appropriate pain medications and well-managed wound care. Representatives note positive consumer outcomes achieved. Review of documentation detail provision of care tailored to consumer’s individual needs and mostly effective monitoring methods to ensure clinical needs are met. Comprehensive assessment and care planning processes are evident.

The service demonstrates high impact/prevalence risks are effectively managed through clinical governance systems/procedures to identify and manage risks for example, relating to falls, behaviours of concern, wounds/pressure injury, pain, and weight loss. Management and staff demonstrate knowledge of individual risks and how they provide care to optimise health/well-being including monitoring/management and provision of specialised nursing care consistent with guidelines and best practice. Alternatives such as heat packs, massage, exercise, repositioning and non-pharmacological strategies are trialled prior to administration of medication. Positive consumer outcomes are evident including actively working to minimise use of psychotropic medications, via ceasing some psychotropic medication with assistance of medical officer/geriatrician and pharmacist. Effective processes include data collection of clinical indicators, reported incidents are investigated/analysed and reports provided to overarching management teams. Clinical risks are discussed at clinical governance forums. Documentation demonstrate identification and mitigating strategies to manage individual risks and management/staff demonstrate knowledge of both individual and service-related risks.

Sampled consumers/representatives’ express satisfaction with the level of involvement in end-of-life care planning. Care documentation reflects consumers needs and wishes nearing end of life including circumstances for hospital transfer. Palliative care is supported by a specialist service when required and interventions such as pressure area care, continence/oral care and pain management demonstrate maximising consumers’ comfort and dignity. Sampled consumers have completed advance care directives. Policies/procedures guide staff and clinical/care staff describe care delivery changes for consumers and practical ways in which consumers’ comfort is maximised near end of life.

Via documentation review the assessment team note timely identification and response to changes and/or deterioration in consumer’s condition. Examples include engagement of medical officer/allied health professionals/specialists for review/management and/or hospitalisation when required. Staff escalate issues of concern to clinicians who conduct appropriate assessments and/or referrals. Consumers/representatives consider staff are responsive and representatives well informed of changes in condition, expressing satisfaction consumers’ needs are met in a timely manner.

Interviewed consumers/representatives consider they are informed of changes and express satisfaction staff are aware of consumers individual needs. Staff demonstrate knowledge of multiple methods to obtain current information and the assessment team note care plans, handover reports, meeting minutes include shared information about consumer mobility needs, dietary preferences/swallowing, and recommendations from others. Consumers/representatives consider appropriate access to relevant allied health professionals, medical officers, local hospital/emergency, and specialist services when required. Staff describe regular referrals to medical officers, geriatricians, physiotherapists, dieticians, speech pathologists, Dementia Support Australia, and other community services, consistent with care documentation.

Sampled consumers/representatives note satisfaction with infection control practices and confidence in management/staff ability to manage infection related risks giving examples of care provision received. Clinical staff and managers describe pathology processes and antibiotic use. Interviewed staff demonstrate understanding of infection control protocols and monitoring consumers for signs of infection. Appropriate use of personal protection equipment was observed and documentation detail staff training relating to infection control/prevention. Guidance documentation and Infection Prevention and Control lead and organisational infection control teams assist staff in responding to/managing outbreaks as per legislative requirements. Organisational procedure/policy documentation guides staff of organisational expectations relating to the Quality Standard.

# 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 all requirements have been assessed as compliant.

Sampled consumers/representatives consider receipt of effective services/supports for daily living, giving positive examples of how this occurs including participation in group activities program (according to their preferences) and support to participate in individual interests. Documentation details individual needs/preferences, staff demonstrate knowledge consistent with consumer feedback and guidance documentation. An activities program informed by consumers is regularly reviewed/evaluated to ensure satisfaction/currency and response to changed needs/preferences. Consumers and staff work together to set/achieve ongoing goals, examples include knitting for charity organisations, bus trip to area of childhood, dancing and kite making. A ‘Resident at Home Volunteer Program’ enables consumers to participate/volunteer their time to do useful and meaningful activities within the service.

Staff demonstrate knowledge of individualised care needs to support emotional and spiritual well-being. Spiritual services are regularly conducted as well as individual visits from local church representatives. Staff interactions were observed to be supportive and demonstrate knowledge of individual cultural, emotional, spiritual, and psychological needs as documented in care plans. Positive feedback from consumers/representatives include improved emotional well-being and increased participation in spiritual activities. Several volunteers conduct visits with consumers to support their individual needs/interests.

Sampled consumers consider receipt of support to participate in community activities, do things of interest and be involved in relationships of choice. Staff detail several activities provided including group settings and/or individual basis plus adjustments to programming when consumer’s condition/needs change. Engagement in community-based organisations assist consumers in maintaining independence and continue to participate in activities of interest. Management and staff gave examples of library services, Vision Australia providing visual aids to assist with independence and Legacy Club visits. The service facilitates social and personal interaction and provides external activities such as regular bus outings, community visitors such as volunteers, entertainers, and Community Visitors Scheme. Care documentation aligns with consumer/representative feedback regarding continued community participation.

Consumers/representative’s express satisfaction information is communicated including with external care providers relating to spiritual, emotional, lifestyle needs and meals choice. Staff handover documentation/discussions ensure accessibility to accurate information. Hospitality staff describe information transfer relating to dietary needs/preferences, and specific requests for cleaning and laundry. Overall sampled consumers express satisfaction meals are varied and of appropriate quality and quantity. Senior staff demonstrate processes to ensure consideration and inclusion of feedback in meal servery/choice and meal planning considers dietary needs/preferences including cultural options.

Consumers consider appropriate availability of safe, suitable, clean, well-maintained equipment and feel comfortable in providing feedback relating to repair work. Staff demonstrate knowledge of equipment use and processes to report repairs. Lifestyle staff have access to equipment and supplies to support the activities program and staff were observed to be competently using clean, fit for purpose and well-maintained equipment.

# 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

Sampled consumers/representatives consider the environment to be clean and well-maintained. Management and maintenance staff demonstrate preventative and responsive maintenance programs. There are a variety of common and private areas for consumers to enjoy including access outdoor areas. The assessment team observe the environment to be well presented with various indoor/outdoor areas for consumer/visitor enjoyment. Signage, navigational aids, painted doors in differing colours guide consumers in wayfinding and the décor appears welcoming, comfortable, functional with natural lighting throughout.

Consumers have access to outdoor garden areas, seating options and representatives’ express satisfaction their family member (living with cognitive impairment) is comfortable in navigating throughout the service and courtyard. Consumers consider they feel at home and representatives consider they are welcomed. Management and staff explain systems for cleaning, maintenance, and repair work to ensure environmental safety. A reactive and preventative maintenance program demonstrate responsive maintenance conducted in a timely manner and preventative maintenance as per schedule.

An effective system ensures furniture, fittings and equipment are safe, clean, and well maintained. Regular equipment testing occurs to ensure suitability. Interviewed staff consider they have sufficient, safe, and well-maintained equipment with a regularly cleaning program. The assessment team observed furnishings and equipment to be 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 all requirements have been assessed as compliant.

The service demonstrates multiple effective methods to support consumers/representatives in providing feedback/suggestions/complaints. Sampled consumers/representatives consider they are encouraged, supported, and feel safe in raising matters as management and staff are approachable/responsive when issues are raised. Staff demonstrate knowledge of supporting consumers in raising issues and staff/management demonstrate proactive methods in seeking feedback via regularly visiting consumers in their rooms or during meal delivery.

Consumers/representatives are aware of advocacy and language services, and other methods for raising and resolving complaints. The service provides advocacy, language services including translation services and external complaints information to consumers upon entry and ongoing via display throughout the service. Management explained consumers from culturally and linguistically diverse background have access to translation and interpreting service (TIS) and evidenced this being utilised and resources such as Older Persons Advocacy Network (OPAN), are available.

Appropriate action is demonstrated in response to complaints including use of open disclosure principles when things go wrong. Documentation details recording/monitoring processes to ensure issues are responded to and satisfactory outcomes achieved. Management demonstrate open disclosure processes, providing a recent example of changes made as a result of a complaint. Evidence includes acknowledgement/investigation/response and analysis conducted to prevent future occurrences. Review of the service's continuous improvement plan demonstrate consumers feedback is used to inform improvement activity.

# 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 compliant as all requirements have been assessed as compliant.

Sampled consumers/representatives consider enough suitably skilled staff to meet consumer needs and respond to requests for assistance in a reasonable timeframe. Interviewed staff note when unplanned leave occurs consumer care may be delayed however most receive personal care/services in a timely manner. Management team monitor consumer care needs to determine number and skill mix of staff making adjustments for unplanned leave and direct care staff allocation.

Consumers/representatives consider staff to be kind and respectful and this was observed by the assessment team. Staff demonstrate knowledge of how to report incidents of staff not treating consumers with respect. Management explain organisational vision, mission and values that promote kind/caring interactions and respect for consumer’s identity, culture, and diversity. A philosophy of ‘knowing is caring’ underpins/and provides a person-centred, effective, integrated, and safe approach. Staff are required to follow a code of conduct and interviewed staff demonstrate sound knowledge of consumers individual needs/preferences. A suite of organisational policies/procedures guide staff practice. All interviewed staff demonstrate awareness of how to access these.

Processes ensure staff have appropriate qualifications and knowledge to effectively perform their role. Sampled consumers/representatives consider staff are trained and competent to deliver required care. Annual skills and competency assessments are required for varying roles. Staff describe responsibilities of their roles and documents detail how monitoring of qualifications, registrations, and competencies is conducted. Training via an online platform and sessions provided by organisational educators ensure staff receive training relative to the Quality Standards.

Management demonstrate a formal process of staff performance conducted by management and/or team co-ordinators. Staff performance is monitored via consumer and staff feedback, investigation of incidents, review of clinical data, staff meetings, and observations by senior staff. Organisational processes are implemented when/if staff do not comply expectations, or in breach of organisational code of conduct. Interviewed staff acknowledge they receive regular performance reviews. Management provide staff feedback when incidents and concerns occur to ensure performance issues are immediately addressed.

# 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 all requirements have been assessed as compliant.

Evidence of board member engagement and support of consumer involvement was demonstrated. Multiple methods are available for consumer/representatives to make suggestions and engage in running of the service including general improvements in care and service delivery. Sampled consumers/representatives consider the service is well run and feel comfortable making comments and suggestions noting management is responsive. An example relating to consumer choice relating to renovations is evident.

The organisation’s governing body promotes a culture of safe, inclusive care/services and is accountable for their delivery through engagement and implementation of changes via consumer feedback, incidents in this service and/or others within the organisation. Board members bring diverse experience and knowledge. Accountability and assurance of compliance with the Quality Standards is achieved via reporting structures, regular meeting forums and analysis of data obtained from key performance indicators, clinical data, complaints, incidents, high impact/prevalence risks, human resource management and monitoring/auditing. The Board has initiated several organisational changes as a result of feedback and/or identified risks.

Effective organisation systems are evident relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Systems ensure all stakeholders have the information they need. Staff communication systems include access to organisational policy/procedure, electronic clinical documentation systems, alerts within consumers electronic documents, meeting forums; Interviewed staff advise accessibility to information they need to deliver appropriate individual care and responsibilities of their roles. A program of regular meeting forums for consumers/representative ensures timely transfer of information and communication.

Continuous improvement opportunities are varied, interview and documentation demonstrate both organisational and specific service improvements. Budgetary delegation ensures timely purchase of needs and a process available to gain authorisation for further spending as required. The organisation conducts regular reviews to track the service’s budget and spending. Workforce monitoring occurs at both the service and organisation level via ongoing review of consumer care needs, clinical data, feedback from consumers and staff. Duties/responsibilities are communication via position descriptions and regular monitoring/review of staff performance. Organisational teams identify/monitor compliance with regulatory requirements, update policy/procedures accordingly and provide staff education.

Organisational risk management systems and practices are evident. The service demonstrates effective management of risks appropriately escalated through organisational reporting processes for Board member review/actioning. The incident management system is utilised to identify/mitigate risks and drive/inform continuous improvement. Staff receive training on incident reporting and legislative requirements. A comprehensive clinical governance framework relating to antimicrobial stewardship, minimising restrictive practice use and open disclosure practices are evident. Organisational policies/procedures guide staff in expectations.

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)