

**Performance Report**

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| Name: | RFBI Moonbi Masonic Village - Moonby |
| Commission ID: | 2741 |
| Address: | New England Highway, 52 Churchill Drive, KOOTINGAL, New South Wales, 2352 |
| Activity type: | Site Audit |
| Activity date: | 22 October 2024 to 24 October 2024 |
| Performance report date: | 3 December 2024 |
| Service included in this assessment: | Provider: 5146 Royal Freemasons' Benevolent Institution  Service: 1097 RFBI Moonbi Masonic Village - Moonby |

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 RFBI Moonbi Masonic Village - Moonby (**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 report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/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 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

Consumers and representatives consider management and staff treat consumers with dignity and respect. A process ensures they receive the charter of aged care rights (the Charter) requiring signature to demonstrate awareness of their rights. Interviewed staff respectfully referred to consumers demonstrating recognition of cultural diversity. Documents detail celebrations, anniversaries, and interests of importance. A demonstrated process supports consumers to maintain connections to rural life experiences as many have spent time living/working on rural properties in surrounding areas; examples include farm animals on site and gardens for consumers to tend.

An effective system ensures care and service provision is culturally safe. Consumers advise feeling safe and their physical, spiritual, cultural, and social needs respected and catered for. Connections are maintained via a range of external cultural, spiritual, and religious groups. Religious services occur with representatives from different denominations visiting consumers one-on-one by choice. Activities are organised to align with consumers cultural experiences.

Effective systems promote independence, choice and decision making, and documents demonstrate choice is consistently offered. Consumers and representatives’ express satisfaction decision making support and choice to engage in activities, including those with an element of risk. Policies and procedures guide staff relating to organisational expectations; examples include implementation of strategies to support choice and mitigate associated risks.

Consumers and representatives’ express satisfaction with receipt of accurate, timely information and staff explained several methods of ensuring they remain informed. Lifestyle and catering staff conduct daily visits to each consumer to advise of activity program changes and obtain meal choices. Information is displayed throughout the service.

Processes ensure confidentiality of consumer’s personal information and staff demonstrate awareness of respecting privacy and personal information. Consumers and representatives expressed satisfaction. Documents detail consumers’ consent/preference regarding photograph or name in publications. Methods to inform staff of consumer’s current needs ensures privacy. Personal information requires password access and nurse's stations are locked/accessible via secure key code.

# 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 identify 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

An effective system ensures assessment and planning includes consideration of risk, to inform delivery of safe, effective care and services. Consumers consider they receive safe, effective care specific to their needs. Staff described risk management for sampled consumers and documents demonstrate regular review, assessment/discussion with consumers and representatives. Consumers are referred to medical officers, allied health professionals and other medical specialists when required.

Examples include risk assessment conducted with consumer/representative input and documented mitigation strategies to support one consumer’s choice regarding dietary requirements post speech pathologist review. Management advised regular meetings, review of clinical indicator data, incident reports are used in determining effective care delivery. Documents demonstrate initial and ongoing assessment/planning in accordance with organisational policy, and in response changes and/or following an incident.

A system ensures consumers’ needs/goals/preferences are met, including advance care/end of life planning documented within the electronic care management system (ECMS). Management and clinical staff advised consumer’s end of life wishes are discussed upon admission, during care plan reviews, care conferences and/or when changes occur.

Effective processes ensure assessment and planning is based via ongoing consumer partnership and those they wish involved. Consumers and representatives advised involvement in care planning (and documents demonstrate this). Other health care providers/organisations are included as required. Registered nurses (RN) describe referral processes and allied health professionals note receipt of referrals in a timely manner.

Consumers and representatives consider involvement in care planning discussions noting receipt of a documented care plan if they choose. Assessment/planning outcomes are documented within the ECMS. RNs advised use of handover documents and verbal discussions occur at shift commencement and care planning documents/handover records were observed readily accessible to staff.

A system monitors regular care review to ensure effectiveness, when circumstances change, or incidents occur, and documents demonstrate adjustments to care plans as required. Staff demonstrate awareness of incident reporting processes noting incidents may trigger reassessment/review. A care planning/case conference schedule is used to ensure currency. Examples include falls risk and mobility assessment conducted by a physiotherapist in response to an unwitnessed fall for one consumer, plus incident report/investigation and preventative measure implemented to mitigate reoccurrence. Referral to a specialist occurred for another consumer due to an incident.

# 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

The service demonstrates consumers receive safe, effective best practice personal/clinical care tailored to their needs/preferences. Examples include pressure injuries, wounds, restrictive practices, pain management and complex clinical care. Documents detail care aligned to consumer’s individual needs and consumers/representatives expressed satisfaction with care and staff knowledge. Comprehensive assessments are regularly reviewed. Examples include regular review of one consumer’s pressure injuries, use of pressure relieving equipment and wound care aligned with wound management directives. Another consumer living with chronic pain is prescribed regular and, as needed, analgesia. Documents demonstrate pain is monitored, assessed, and pain-relieving medication administered as per medical officer directives. Non-pharmacological measures are documented to assist with pain management including regular repositioning, massage, and heat therapy. Documentation for 6 consumers living with diabetes mellitus, demonstrate individual diabetic management plans, blood glucose levels monitored as per directives and levels outside reportable range escalated/actioned. A system monitors use of medications including antimicrobials and psychotropic medication.

Governance systems and procedures effectively manage high impact/prevalence risks. Management and staff demonstrate knowledge of individual risks and effective management noting incidents, pressure injuries and unplanned weight loss as most prevalent risks. Management strategies include regular weight monitoring, dietitian review for significant weight loss and strategies to reduce risk of further weight loss/malnutrition/dehydration. Pressure injury/wound management includes, incident reporting, wound assessment, photographic evidence/measurements, and wound care conducted by RNs. Referral to specialists occurs when needed. The service maintains a risk register containing individual consumer risk/mitigation strategies, reviewed/updated on a regular basis.

The service demonstrates appropriate care delivery for consumers nearing end of life via assessment, pain management and review of one consumer’s document demonstrates this occurred. Staff described methods to assist consumers on their end-of-life pathway, noting discussions occur during assessment processes and advanced care directives reviewed during case conference discussion and/or when deterioration/change occurs.

The service demonstrates deterioration or change in consumer’s condition is recognised and responded to in a timely manner and policies and procedures guide staff. Consumers and representatives expressed positive feedback regarding actions taken to changed conditions. Staff described escalation processes such as informing RNs, medical officer review and contacting an ambulance and documents demonstrate timely responsive action. One consumer received RN assessment and recording of vital signs/neurological observations and medical officer referral in response to an elevated temperature. Falls management documents for sampled consumers detail consistent documentation of vital signs/neurological observations, escalation of care to ambulance services, hospital transfer and/or physiotherapist review. Care staff described triggers to identify changes in consumer’s condition and the assessment team observed care staff reporting changes during handover discussions.

Information relating to consumer’s condition, needs and preferences is documented and communicated with those where responsibility for care is shared. Consumers/representatives consider consumers receive appropriate care. Documents demonstrate adequate details to support effective transfer of information, with staff noting receipt of current information, including dietary information to hospitality staff. Allied health providers and medical officers’ access ECMS and communicate care needs to RNs. The assessment team observed dietitian recommendations not effectively communicated to staff and medical officer for one consumer. Management conducted a review of all recent dietitian assessments, notifying medical officers responsible for relevant consumer care.

Timely and appropriate referrals occur, and consumers/representatives gave positive feedback regarding access to health professionals. Staff demonstrate knowledge of required processes and documents detail referrals to relevant health professionals in a timely manner. One consumer was referred to a mental health clinical to support behaviour management. Sampled consumers’ documents demonstrate regular care provision by medical officers and allied health professionals. The service’s physiotherapist advised receipt of referrals via the ECMS in response to an incident or change in condition. Allied health professionals were observed attending consumer’s needs.

Effective processes minimise infection related risks, support appropriate antibiotic use and reduce risk of antibiotic resistance. Policies/procedures guide staff regarding infection control, outbreak management and antibiotic management. Staff complete infection control/prevention training and demonstrate an awareness of minimising infection transfer. Documents detail antibiotic use is monitored and reviewed. Influenza and COVID-19 vaccination programs exist. Two infection prevention and control (IPC) leads provide oversight of practices, and management in the event of an infection outbreak. Management advised increase screening requirements dependent on risk and COVID-19 cases in the community. Clinical staff demonstrate knowledge of antibiotic stewardship contacting medical officers for pathology prior to commencing antibiotics. Staff were observed practicing appropriate hand hygiene and visitors complete screening process prior to entering the service.

# 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

Sampled consumers and representatives gave positive feedback relating to safe and effective services/supports for daily living, noting staff support consumers well-being and quality of life. Consumers advised they participate in various activities of choice including group exercise sessions, games and receive support to maintain individual interests, acknowledging staff support individual preferences. Students from the local agricultural college engage in consumer activities.

Consumers and representatives consider staff support their emotional needs and effective systems ensure consumers are supported to engage in their chosen faith, with regular, non-denominational church services held on site. Many advised enjoyment of being outside due to living in rural areas. Staff demonstrate knowledge of consumers’ emotional well-being, and support strategies.

Consumers expressed satisfaction to participate within the community, have social and personal relationships and activities of interest. Assessment processes identify consumers’ goals/preferences documented in care plans to guide care delivery. Bus outings occur with consumer input.

Consumers and representatives consider involvement in processes to determine needs/preferences during admission processes and ongoing review to ensure currency. Information relating to life story, religious affiliations, personal/family relationships, and emotional needs informs care planning. A process ensures staff are aware of consumers current needs as lifestyle staff receive information from clinical staff when consumers require emotional support. Management and staff gave details of processes to ensure consumers are referred to mental health/volunteer services. Examples included referral of one consumer to an advocacy service for advice and support.

Overall, interviewed consumers/representatives gave positive feedback regarding quality, quantity, and meal variety. Most meals are prepared on site however texture modified meals are sourced from an external supplier to ensure nutritional balance, flavour, and presentation. Menus are dietitian reviewed to ensure nutritional balance, suitability, variety and consumers provide input/feedback via regular meeting forums, and/or directly to hospitality staff. The kitchen is undergoing renovations.

Equipment used to support consumers’ needs was observed to be safe, clean, well-maintained and consumers/representatives expressed satisfaction. A system ensures regular cleaning/maintenance and appropriate storage. Care staff advised access to equipment to support consumers and demonstrate knowledge of processes for cleaning and repair work.

# 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

The environment appears welcoming, paintings, pictures and ornaments create a home-like environment with adequate communal spaces for dining, seating/socialisation. Consumers reside in individual rooms (some with ensuite) most sharing a bathroom between two rooms. Consumers are encouraged to personalise rooms and processes ensure easy navigation with clear wayfinding signage. The service was observed to be well lit and maintained at a comfortable temperature via air conditioning. Corridors have railings to support consumer independence and mobility. Processes ensure the service is clean, and the building well maintained. The environment is single level and indoor/outside areas are easily accessible for consumers living with varying levels of mobility. Consumers were observed to be moving throughout the service, accessing activities conducted both inside and out.

Maintenance is managed by a maintenance officer and team and a process exists for management of safety, hazards, and contractor oversight/orientation to the environment plus management of ad-hoc maintenance requests. Cleaning staff demonstrate a cleaning regime. A representative expressed positive feedback in relation to cleaning and quality of individual rooms.

Furniture, fittings, and equipment were observed to be safe, clean, well maintained, suitable for consumer use and consumers expressed satisfaction. Management and staff demonstrate effective systems to ensure cleaning and regular maintenance, noting awareness of processes to report issues/requiring repair. A preventive maintenance program includes an ongoing painting program, and regular professional carpet cleaning. Consumers were observed using clean, well-maintained mobility aids, electric beds, recliner chairs and furniture. Cleaning staff were observed regularly sanitising high touch surfaces and a dedicated smoking area with appropriate safety equipment.

# 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

The service demonstrates consumers, family, friends, carers, and others are encouraged and supported to provide feedback and make complaints. Consumers and representatives demonstrate awareness of the service’s formal mechanisms for providing feedback/complaints, noting availability of a consumer advocate if needed. Consumers and representatives expressed confidence in providing feedback directly to Management and staff who described methods to garner feedback, citing multiple ways of doing so. Posters and forms are on display/accessible.

Management demonstrate feedback/complaints used as an opportunity to inform/improve care/services noting recent examples include staff recruitment and meal service. Feedback/complaints are used to identify process deficiencies, staff training and performance management issues. Effective systems ensure consumers and representatives have awareness/access to advocacy, interpreter services and other methods for complaints resolution. Advocacy, language services, senior’s rights brochures and the Commissions complaints posters are on display and documents demonstrate consumer awareness. A consumer expressed satisfaction with assistance to access advocacy services.

The service demonstrates appropriate responsive action to feedback/complaints, including use of open disclosure practices when needed. Consumers and representatives consider complaints to be fairly dealt with in a timely manner, giving examples of concerns being addressed and receipt of apology. Management advised preferred methods to ensure immediate resolution. Staff receive training regarding feedback, complaints, and open disclosure.

Policies/procedures guide staff in relation to open disclosure and methods of best practice complaints handling. Management provide Board reports detailing complaints trends. An effective process ensures complaints are reviewed, considered/used to inform/improve quality of care and services, involving consumers in evaluation.

# 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

An effective system demonstrates a planned workforce to enable delivery of safe, quality care and services. Consumers consider enough staff meet their needs and respond to requests in a timely manner. Contingency plans ensure staff replacement and Management review rostering to ensure staff allocations adequately meeting consumer’s current needs/preferences, noting recent amendments to meet legislative requirements. Staff advised Management and clinical staff assist with care provision. Staff were observed attending consumers in a timely manner demonstrating kind/respectful interactions and documents demonstrate meeting regulatory compliance requirements.

Consumers/representatives consider staff to be kind, caring and treat consumers with respect. Management explained the organisational vision, mission and values promote kind/caring/respectful interactions conscious of consumer’s identity, culture, and diversity. Staff demonstrate thorough knowledge of consumer’s needs, referring to them in a respectful manner. Staff were observed providing emotional support and assisting consumers during mealtimes.

Management advised recruitment processes consider applicants’ suitability for aged care; consumers’ needs and staff culture. A suite of documented policies/procedures guide staff practice, and outline organisational expectations.

A system ensures the workforce possess skills, qualifications, and knowledge to provide effective care and services, compliance checks and Australian Health Practitioner Regulation Agency registrations are conducted prior to employment. Consumers and representatives expressed confidence in staff’s ability to perform their roles. Staff note Management support to improve skills and knowledge. A clinical staff member was observed providing staff training. Management advised education is provided via multiple formats and a training calendar alerts staff of planned education topics relevant to the Quality Standards. Staff demonstrate knowledge of outbreak management practices and their responsibility in the event of an infection outbreak. Management advised IPC leads report to the organisation's infection control lead. The outbreak management plan includes checklists for clinical staff, role specific responsibilities and escalation contacts.

The service demonstrates a workforce supported to deliver requirements of the Quality Standards. Documents detail ongoing support through training, professional development, and supervision. Staff note attending induction/ orientation program covering topics such as incident management and Serious Incident Response Scheme (SIRS) reporting requirements plus other topics relevant to the Quality Standards. A process ensures staff are advised when regulatory updates and changes to policy/procedures occur.

Regular assessment, monitoring, and review of staff performance exists. Management conduct staff performance appraisals via a structured process which includes staff self-assessment and measurements against key performance indicators, plus a process manages underperformance. Staff are supported to undertake further education including scholarship programs.

# 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**

Consumers and representatives consider the service to be well run and expressed satisfaction of their involvement/engagement in the development, delivery and evaluation of care and services. Management described multiple methods of supported engagement and examples of consumer feedback leading to improved outcomes. Documents demonstrate consumer participation and evaluation of improvements.

Organisational systems and processes monitor service performance and ensure Board accountability for the delivery of safe, inclusive, and quality care and services. Governance policies identify leadership structure and outlines Board members roles/responsibilities, governance committees, service and quality management processes and shared responsibility/accountability for maintaining compliance and accountability. The Board consists of qualified and experienced personnel and decisions are based on information provided via formal governance structures, leadership channels, and reporting pathways. Electronic platform enables Board review/analysis of clinical governance, continuous improvement, feedback and complaints, incidents, and SIRS at service level. Prudential statements/reports are available to consumers and representatives.

Management describe Board methods to promote a culture of safe, inclusive, quality care. A Board member and the executive leadership team meet with consumers onsite to observe service activities, enabling consumers, representatives and staff opportunity for discussion and receipt of updates/future planning developments. The organisation’s strategic plan holds the Board accountable for organisational quality, safety, and cultural goals.

Organisational processes relate to continuous improvement, financial and workforce governance, regulatory compliance, plus management of feedback and complaints to ensure consistency. Structured information systems are monitored at an organisational level. Consumers/representatives consider they receive appropriate information to enable choice/informed decision making and staff advise receipt of relevant information to deliver safe, quality care/services.

Management oversees day-to-day budgeting, and additional expenditure is referred for Board approval. Management advised positive response to budgetary requests supporting consumers’ needs. The service’s PCI details organisational review/process to improve consumer outcomes as initiatives are sought from a variety of sources. Documents detail improvements relating to relevant Quality Standards, improvement action/plan, responsibility, expected completion date and outcome/evaluation.

A workforce is planned to facilitate delivery/management of safe, quality care and services. Position and job descriptions exists for each role. Staff demonstrate awareness of their role, accountability/responsibilities and receive regular training relevant to the Quality Standards. Changes to aged care regulations/legislation are monitored, policies/procedures updated, and staff receive education in line with legislative changes. Systems encourage provision of consumer feedback/complaints ensuring appropriate and proportionate action. Evidence of open disclosure exists relating to incidents and feedback/complaints.

Effective organisational risk management systems are evident. A risk management framework includes strategies, responsibilities, and guiding policies/procedures. The system is monitored by senior management at service level through clinical assessment, daily review, and continued collection/analysis of clinical data. The Board are informed of risks via reporting mechanisms. Individual consumer risks/minimisation strategies are managed via a range of meetings to ensure receipt of care/services in a timely/effective manner. A process ensures incidents (including SIRS) are escalated, appropriate actions taken and reported within the legislative timeframes. Staff receive education relating to incident management and their responsibility under SIRS. Consumers/representatives consider appropriate support regarding choice with an element of risk. Root cause investigation incident/analysis occurs to determine preventative/minimisation strategies.

A clinical governance framework includes policies/procedures, detailing responsibility, planning, monitoring, and improvement mechanisms, overseen by Management. Collection and reporting of data relates to clinical indicators, incidents, complaints, surveys, to enable analysis and necessary actions. Infections are monitored, and antimicrobial stewardship discussed at meeting forums and the service aims to minimise use of chemical restrictive practices. RNs and staff demonstrate a sound understanding of antimicrobial stewardship. Organisation polices (aligned to current legislation) guide use of restrictive practices, antimicrobial stewardship and open disclose. Principles of open disclosure is used relating to incidents and/or when things go wrong.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)