Performance

Report

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| Name: | Rockpool Pelican Waters |
| Commission ID: | 8248 |
| Address: | 17 Spitfire Banks Drive, Pelican Waters, Queensland, 4551 |
| Activity type: | Site Audit |
| Activity date: | 25 June 2024 to 27 June 2024 |
| Performance report date: | 16 August 2024 |
| Service included in this assessment: | Provider: 7088 Rockpool RAC Pty Ltd  Service: 27828 Rockpool Pelican Waters |

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 Rockpool Pelican Waters (**the service**) has been prepared by P. Wallner, 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 was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* other information and intelligence held by the Commission.

# 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 assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Overall, consumers and representatives said consumers were treated with dignity and respect, with their identity, culture and diversity valued. Some consumers and representatives gave examples of agency staff not always being respectful towards consumers, and slow response times to call bells impacting consumer dignity. Management explained the actions they had taken to address these incidents. Staff and management described how they treated consumers with dignity and respect and knew all consumers’ cultural backgrounds and life history, which was consistent with care planning documents. The service had documented policies and procedures to guide staff in treating all consumers with dignity and respect. Staff were observed treating consumers with dignity and respect.

Consumers and representatives confirmed the service consistently delivered culturally safe care and services. Staff could identify consumers from diverse cultural backgrounds and described how their care was tailored to meet their individual cultural needs and preferences. Care planning documents noted each consumer’s cultural needs and preferences. The service’s diversity and inclusion policy supported the delivery of culturally safe care and services.

Consumers and representatives reported consumers were supported to exercise independence and choice in relation to the delivery of their care and services, and the relationships they wished to maintain. Staff explained how they supported consumers to make choices, maintain their independence, and engage in relationships of their choosing. Care planning documents showed the service supported consumers’ choices around their care and services, and their relationships.

Consumers and representatives said the service supported consumers to take informed risks, to live the best life they could. Management and staff were aware of the risks taken by consumers, and confirmed they supported consumers to take risks to live the way they chose with appropriate risk mitigation strategies in place. Management completed risk assessments for couples who chose to have their beds placed together after the Assessment Team identified the issue. Care planning documents showed risks were assessed and discussed with consumers, and with agreed management strategies put in place. The service had written policies to guide staff in the assessment and management of risks to consumers.

Consumers and representatives confirmed they received current, clear and accurate information to inform their choices around care and services, meals, lifestyle activities and events. Staff and management described how consumers were kept informed about their choices through daily communication with staff, printed material, consumer meetings and food focus meetings. Staff described strategies to clearly communicate information to consumers living with sensor and cognitive impairment. Information being presented to

Consumers and representatives said their privacy was respected and their personal information kept confidential. Management and staff described practical ways they respected the privacy of consumers and kept their personal information confidential, such as by knocking before entering rooms. Staff were observed respecting consumers’ privacy and keeping their private information confidential. The service had documented policies and procedures to guide staff in maintaining consumers’ privacy and confidentiality.

# 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 assessed as Compliant.

Consumers and representatives said they were involved in the assessment and planning of care which identified and addressed risks to consumers’ health and well-being. Management and clinical staff described how assessment and care planning assessed risks to consumers well-being and informed the delivery of safe and effective care and services. Care planning documents mostly showed assessment and care planning considered risks to consumers and identified suitable mitigation strategies. The Assessment Team noted documented risk assessment had not been completed for some couples that had their beds placed together. Management completed documented risk assessments during the site audit.

Consumers and representatives described how assessment and planning addressed consumers’ needs, goals, and preferences, and their end of life care wishes. Management and staff described how assessment and planning captured each consumer’s current needs, goals and preferences, and advance care directives were documented. Care planning documents reflected individualised advance care directives and end of life wishes. The service had policies and procedures to guide staff practice in assessment and care planning.

Consumers and representatives confirmed assessment and planning was based on an ongoing partnership between them, staff, and external care and service providers. Management, staff and allied health practitioners outlined how assessment and care planning was done in partnership with consumers, and others they wished to involve in their care. Care planning documents confirmed the input of consumers, representatives, and a range of external health care providers.

Consumers and representatives said outcomes of assessment and planning were effectively communicated to them, and they were offered a copy of the consumer’s care plan. Management and clinical staff described how they effectively communicated with consumers and representatives through ongoing assessment and care planning. Care planning documents confirmed the communication of assessment outcomes to consumers, representatives and other health professionals.

Consumers and representatives confirmed consumers’ care was reviewed regularly, and reviewed when circumstances changed, or incidents impacted on their needs, goals, and preferences. Management and staff explained how care plans were reviewed regularly, and reviewed when circumstances changed, to ensure they remained effective. Care planning documents confirmed they had been regularly reviewed for continued effectiveness.

# 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 assessed as Compliant.

Consumers and representatives said consumers received personal and clinical care that was safe, right for them, and met their needs and preferences. One representative considered the use of agency staff compromised the quality of personal care however, management explained they did not reuse agency staff if any concerns around their performance were identified. Staff described consumers’ individual needs and preferences for personal and clinical care, and how these were delivered in line with consumers’ care plans. Consumers’ care planning documents confirmed staff followed documented policies and procedures to deliver individualised personal and clinical care in line with best practice. The service had a suite of policies and procedures supporting the delivery of best practice personal and clinical care. Consumers were observed to be appropriately dressed, well-groomed, and pain-free.

Consumers and representatives said the service effectively managed high impact and high prevalence risks to consumers. Management and clinical staff described how they identified and effectively managed the high-impact, high-prevalence risks to consumers at the service. Care planning documents confirmed high impact and high prevalence risks had been identified, and effective mitigation measures were in place.

Consumers and representatives confirmed consumers’ advance care directives, including their end of life care plan, was discussed and recorded. Management and staff described how they ensured end of life care met consumers’ needs, goals, and preferences, and they were guided by medical officers and the hospital based palliative care team, to maximise the dignity and comfort of consumers. The service had an electronic palliative care assessment which could be accessed at any time.

Consumers and representatives said the service identified and responded to a deterioration or change in consumers’ condition in a timely manner. Staff described how deterioration or change in condition was identified and escalated promptly, with referral to other healthcare professionals when needed. Care planning documents showed deterioration or change in a consumer's condition was identified and responded to in a timely manner.

Overall, consumers and representatives said information about consumers’ condition, needs and preferences was effectively communicated between relevant staff and care providers. One representative described a communication issue between a specialist and pharmacist which delayed the delivery of medication. Management explained the prescription from the specialist had not initially been provided however, this was resolved during site audit and the medication was in use. Staff described effective processes for communicating current information about consumers’ condition, needs and preferences, such as through shift handovers, and the electronic care management system. Care planning documents contained adequate current information about consumers’ condition, needs and preferences to support safe and effective care.

Consumers and representatives said referrals made to appropriate other organisations and health professionals were timely. Clinical staff described how referrals were made to other organisations and providers of care and services to supplement the care delivered at the service. Care planning documents evidenced prompt referrals of consumers to appropriate other providers of care and services.

Consumers and representatives expressed satisfaction with the service’s infection prevention and control measures, and how the service managed COVID-19. All staff confirmed they had received training in infection prevention and control and antimicrobial stewardship. The service had 3 trained infection prevention and control leads on site, and documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# 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 assessed as Compliant.

Overall, consumers and representatives reported the services and supports for daily living met consumers’ needs, goals, and preferences, and maximised their independence and quality of life. Some consumers and representatives felt the activities were not sufficiently adapted to consumers with physical and cognitive deficits. Management acknowledged this feedback and raised a continuous improvement action to address the concern including through developing a list of suitable activities and increasing the relevant staffing and volunteers. Management and staff explained how they assessed and documented consumers’ lifestyle needs and preferences, and the supports needed to optimise their quality of life. Care planning documents confirmed the service provided consumers with the necessary services and supports to optimise their independence, quality of life, health, and wellbeing. Consumers were observed participating in a variety of activities.

Consumers and representatives confirmed consumers’ emotional, spiritual, and psychological needs were supported and they were assisted to stay in touch with family and friends. Staff described how they documented and supported consumers’ emotional, psychological, and spiritual well-being, such as by providing religious services, spending one-on-one time with consumers, and facilitating activities and relationships. Consumers’ care planning documents described how to support their emotional, spiritual, and psychological well-being. The weekly activities calendar including various activities to promote consumers’ emotional, spiritual, and psychological well-being.

Consumers and representatives said the service supported them to participate in activities and events, within and outside the service, maintain important relationships, and do things of interest. Staff described how they supported consumers’ participation in the community, activities and interests, and important relationships. Care planning documents reflected consumers’ important relationships and their lifestyle needs, goals and interests.

Overall, consumers and representatives confirmed the service effectively communicated current information about consumers’ condition, needs and preferences between staff, and to external organisations. Staff explained how they communicated information about consumers’ condition, needs and preferences through shift handovers and the electronic care management system. However, the Assessment Team noted consumer’s dietary allergies and food intolerances information was not accurately captured in the service’s digital nutrition and dietary list. Management explained there was technical issue impeding the alignment of dietary requirements recorded in the electronic care management system into the kitchen’s digital system. Management rectified the situation with a hard copy solution and scheduled a meeting their information and communication technology department to resolve the issues.

Consumers and representatives said the service provided timely referrals to external organisations and individuals providing services and supports. Staff described how the service referred consumers to other individuals and organisations for additional lifestyle supports. Care planning documents showed timely referrals of consumers to a range of external services and supports, such as local churches, pet therapy and the community visitor scheme.

Most consumers and representatives expressed satisfaction with the quality, variety and quantity of the food provided during mealtimes and outside meal service. Some consumers expressed dissatisfaction with the temperature of the meals served however, management detailed various continuous improvement actions underway to improve the temperature of the meals served, including additional staff training. Staff explained how they communicated consumers’ dietary needs and preferences, and the chef explained how consumer feedback was gathered through food focus and consumer meetings, speaking directly to consumers, and from written feedback. The kitchen was observed to be clean and well-organised.

Consumers and representatives said the equipment provided was safe, clean, well maintained, and suitable for their needs. Staff said there was sufficient suitable equipment and described how it was kept clean and well maintained. The equipment appeared to be safe, suitable, clean and well maintained.

# 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 assessed as Compliant.

Consumers and representatives reported the service environment was welcoming, easy to understand, and optimised consumer’s sense of belonging and independence. Management and staff described how consumers and visitors were made to feel welcome, and described features that optimised each consumer’s sense of independence, interaction and function. Consumers’ rooms were personalised, and the service appeared welcoming, with sufficient lighting, handrails and clear signage to aid navigation. Consumers were observed moving throughout the service and socialising with consumers, staff and visitors.

Consumers and representatives said the service environment was safe, clean, and well-maintained, and they could move around freely, indoors and outdoors. Management and staff described the maintenance and cleaning processes, and how they ensured the service environment was kept safe and clean. All doors to courtyards, gardens, and external pathways were unlocked, free of obstruction, and the code to the keypad operated entry/exit doors was prominently displayed. Outdoor pathways were wide and level, and consumers were observed navigating around all areas of the service with ease.

Consumers and representatives confirmed the furniture, fittings and equipment were safe, clean, and well-maintained. Staff described the systems in place for ensuring the furniture, fittings and equipment were cleaned and maintained regularly. The furniture, fittings and equipment appeared to be safe, clean, and well-maintained.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they felt encouraged and supported to provide feedback and make complaints through various mechanisms, such as speaking to staff/management, using feedback forms, attending meetings, emailing and completing surveys. Management and staff described how they encouraged and supported consumers and representatives to provide feedback and make complaints. Feedback forms and locked suggestion boxes were displayed around the service. The electronic complaints register, and meeting minutes documented feedback, compliments and complaints received.

Consumers and representatives were aware of the language, external complaints, and advocacy services available to them however, they said they preferred raising concerns directly with staff and management. Management and staff described how the service promoted external complaint, advocacy and language services to consumers, including those consumers living with cognitive decline. Information related to advocacy, language services, and external complaint agencies such as the Commission, was available around the service.

Consumers and representatives said the service responded to complaints appropriately and resolved their concerns. Management and staff displayed an understanding of the complaints management system and the use of open disclosure, when something went wrong. Staff said they had attended mandatory training regarding open disclosure. The complaints register confirmed appropriate action was taken in relation to complaints and open disclosure was used. The service had documented policies to guide staff in the management of complaints and the use of open disclosure.

Consumers and representatives stated the service used feedback and complaints to improve the quality of care and services. Management and staff gave examples of how feedback and complaints were reviewed and used to identify opportunities for improvement on the continuous improvement plan. The electronic complaints register, and the plan of continuous improvement confirmed feedback and complaints were used to improve the quality of 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 assessed as Compliant.

Most consumers and representatives expressed satisfaction with the level of care provided and felt there were sufficient staff to meet consumer’s needs and respond to call bells promptly. Some consumers and representatives reported there was a lack of staff and cited incidents of delays in the delivery of care or services. Management explained how these incidents had been addressed and call bell records demonstrated 95% of call bells were answered within the service’s target time of 7 minutes. Management explained the service is a commencing site and staffing levels were based on occupancy and consumer needs. Management explained how vacant shifts were filled, and records showed vacant shifts were filled while recruitment was ongoing. Management detailed actions being taken to address workforce planning and the high usage of agency staff, which included ongoing staff recruitment and retention programs. Management demonstrated the service met the mandatory care minutes and registered nurse

Most consumers and representatives said staff were kind, caring, and respectful. Two consumers reported isolated incidents where they felt agency staff were not respectful, and both consumers said management acted appropriately when they reported it. Management and staff knew and respected consumer’s individual identity and culture. Management detailed the staff training and documented policies and processes in place to support the provision of respectful and inclusive care. Staff were observed interacting with consumers and representatives in a kind, caring and respectful manner.

Consumers and representatives expressed confidence that staff were sufficiently skilled and competent in their roles. Staff confirmed they had the appropriate qualifications for their roles. Management described how they recruited against position descriptions and the process ensured all staff employed had the required competencies, qualifications, registrations and security checks for their roles. Records confirmed staff were appropriately qualified with the relevant registrations, knowledge, and competencies to perform their duties.

Consumers and representatives felt staff were adequately trained and equipped to meet their care needs. Management described how staff were supported, trained and equipped to deliver safe and quality care and services. Management identified additional staff training would be provided arising from the Site Audit, including in the areas of meal service and catheter management. Staff confirmed the service provided adequate training and support to perform their roles. Records confirmed staff were recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards.

Consumers and representatives felt encouraged to provide feedback on the performance of staff. Staff confirmed their performance was monitored and assessed through an appraisal process. Management described how the performance of staff was regularly monitored, assessed, and reviewed, through observations, feedback from consumers and staff, and probationary and annual performance appraisals. The service was a commencing site, and records showed probationary performance appraisals were on track. The service used an electronic human resource system to keep track of performance reviews.

# 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 assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said the service was well run, and they were actively engaged in the development, delivery and evaluation of their care and services. Management and staff described various ways they supported consumers and representatives to be engaged such as through consumer meetings, surveys, feedback processes, and care plan reviews. Records confirmed consumers and representatives were engaged in the development, delivery and evaluation of care and services.

Consumers and representatives said the service provided a safe and inclusive environment, with access to quality care and services. Management described the organisational structure and how the Board oversighted the delivery of safe and quality care and services through effective governance and reporting arrangements. Management described how the Board received regular reports on areas of performance such as, feedback and complaints, incidents and quality indicators. The organisation has established a Consumer Voice and Diversity Council and a Quality Care Advisory Body. Documentation confirmed the Board was accountable for the delivery of safe and quality care and services, and compliance with the Quality Standards.

The service demonstrated an effective organisational governance framework which included policies and procedures related to continuous improvement, information management, financial and workforce governance, regulatory compliance, and feedback and complaints. Management initiated a continuous improvement action to rectify the electronic access to consumers’ dietary information using the kitchen software. Management and staff described how they accessed and implemented the service’s policies and procedures.

The service had effective risk management systems and practices to manage high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Management detailed how they analysed incidents and identified and reported on risks to the Board to identify risk management strategies and improvements.

The service had a documented clinical governance framework with policies related to antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. Management and staff were aware of the clinical governance framework and could explain the principles and practical application of the policies and procedures related to antimicrobial stewardship, restrictive practices, and open disclosure.

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)