Performance

Report

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| Name of service: | Rose Mumbler Village |
| Service address: | 55 Judith Drive NORTH NOWRA NSW 2541 |
| Commission ID: | 0368 |
| Approved provider: | Illaroo Co-operative Aboriginal Corporation |
| Activity type: | Site Audit |
| Activity date: | 20 June 2023 to 22 June 2023 |
| Performance report date: | 28 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 Rose Mumbler Village (**the service**) has been prepared by Katrina Platt, 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
* the provider’s response to the assessment team’s report received on 17 July 2023.

# 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

All consumers and consumer representatives interviewed were treated with dignity and respect and discussed the ways their identities and unique ways of living were respected. Staff demonstrated sound knowledge of consumer backgrounds and were observed to engage with consumers with kindness and patience. The Assessment Team observed care plans contained consumer life histories.

All consumers and consumer representatives interviewed felt care and services recognised their Aboriginal culture and were culturally safe. Staff were aware of sensitivities associated with consumer backgrounds and management discussed ways the service meets those specific needs. Culturally significant activities and events were acknowledged for individual consumers and were consistent with information contained within care and services documentation.

All consumers interviewed discussed being supported to exercise independence and make choices about food, activities, where they spend their time and who they spend time with. Staff discussed supporting consumers exercise choice, and were knowledgeable about consumer preferences and those involved in consumer decision-making processes. Clinical documentation outlined individual preferences and important connections with family and friends were maintained.

The Assessment Team found consumers were supported to take risks and clinical documentation confirmed completion of dignity of risk forms, ongoing risk review and education for consumers about the risks taken. Staff described risk assessments were undertaken and used to support consumers to make informed decisions. Policies were evidenced to guide staff in supporting consumer choice and decision-making and maintaining their independence.

Consumers interviewed confirmed they received current and timely information to exercise choice for menu options and weekly activities. Consumers were invited to monthly ‘resident’ meetings and were provided with copies of the meeting minutes. The Assessment Team found information about meals, lifestyle activities and the service environment was communicated to consumers and consumer representatives in a timely manner. Notices displayed throughout the service included the daily menu, weekly activities calendar and advocacy and complaints information.

All consumers interviewed were satisfied their privacy was respected and confidentiality protected. Staff demonstrated their understanding of individual consumer privacy preferences and discussed ways they support consumers maintain their privacy. The Assessment Team observed staff knock before entering consumer rooms and noted computers and written consumer information was accessible by staff only. A privacy policy was demonstrated and staff received regular training on meeting their obligations in adhering to the principles of 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

Consumers interviewed were regularly consulted during the care and assessment process, and included in discussions about risk and high-risk health conditions. Staff interviewed described risks managed for consumers and care and services documentation reflected risks were regularly assessed and reviewed. For one consumer who sustained several falls, care and services documentation evidenced completion of falls risks assessments which included prevention measures and mitigation strategies. The culturally sensitive Kimberley Indigenous Cognitive Assessment tool was utilised for dementia assessments.

Consumers interviewed confirmed participation in discussions about their care needs, goals and preferences and advance care or end of life planning. Care and services documentation detailed consumer needs and preferences and for one advanced care directive sampled, consumer wishes including comfort measures were evidenced. Staff interviewed demonstrated an awareness of consumer needs and preferences and management discussed information provided on advance care planning in consumer admission packs and case reviews.

Consumers and consumer representatives interviewed were satisfied assessment and planning was conducted in partnership with them. Staff demonstrated awareness of reporting changes in consumer conditions to the registered nurse for assessment and consultation with general practitioners, speech pathologists, physiotherapists, podiatrists, dieticians, the NSW Trustee and Guardian and Dementia Support Australia. Confirmation of referrals to organisations, individuals and other providers of care and services were evidenced in care and services documentation reviewed for consumers.

Consumers and consumer representatives interviewed were informed about the clinical and personal care of consumers and outcomes of assessment and planning by staff. Those interviewed were aware of consumer care plans and could obtain copies. Management described how consumers and consumer representatives were involved in assessment and planning case conferences and regular reviews. Care and services documentation reviewed by the Assessment Team evidenced assessment and planning outcomes were consistent with feedback from management and staff.

Consumers and consumer representatives interviewed were informed of changes in consumer care. For one consumer who experienced an unwitnessed fall, care plan changes included vital checking protocols, observation and pain charting, a mobility plan and mitigation review by a physiotherapist. Staff described regular review of consumer care and services occurred after incidents and changes in consumer conditions, consistent with observations made by the Assessment Team on review of consumer care and service documentation.

# 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

Consumers and consumer representatives interviewed were satisfied with personal and clinical care delivery, and one consumer discussed personal care delivered to their needs and preference. Staff described provision of personalised consumer care and review of consumer care and services documentation confirmed individualised care delivery which was safe and tailored to consumer needs and preferences.

Consumers were supported with pain management which included regular pain assessments, use of non-pharmacological strategies including massage, repositioning, mobilisation and physiotherapy and provision of pain medication when required. Care and services documentation reviewed for 2 consumers confirmed regular and consistent wound monitoring and photography and use of pressure relieving devices and repositioning. Consumers with diabetes were reviewed and monitored in accordance with medical officer instructions, with strategies developed and implemented for blood glucose monitoring and escalation if required.

The Assessment Team found a multi-disciplinary approach to falls management was demonstrated, with a focus on rehabilitation and weekly exercise classes provided by the physiotherapist. Falls were managed with pain assessments, incident reports and neurological observations and fall reduction interventions were in place for consumers with a falls history. Management discussed clinical key indicator monitoring included falls, behaviours, incidents, infections, pressure injuries and other skin conditions, with daily monitoring by clinical management and regular data trending. Staff education and training included neurological observations and head injuries and care and services documentation were updated with interventions for management of high-impact and high-prevalence risks.

The Assessment Team found consumer needs, goals and preferences for end of life were demonstrated in care and services documentation. Consumer wishes and directives were evidenced during palliation, with medications used for comfort measures and personal care provided for mouth and eye care, and pressure care. Consumers were reviewed by medical officers to ensure comfort measures were assessed regularly during palliation. Personal consumer preferences, which included music and aromatherapy, were acknowledged and respected.

Consumers with changes or deterioration in mental health, cognitive or physical function, capacity or condition were responded to in a timely manner. Staff described the escalation process and comprehensive assessments undertaken on deterioration of consumer health. The Assessment Team observed the timely escalation for a consumer experiencing mental health decline, engagement by the clinical management team, and subsequent referral to medical officer, dementia support services and Older Persons Mental Health.

Care and services documentation reviewed confirmed information was effectively communicated about consumer conditions, needs and preferences with others involved in consumer care delivery. For one consumer, effective communication was demonstrated between a service provider, support worker and hospital to ensure the ongoing management of the consumer’s medical condition. The Assessment Team observed the daily care huddle, where factual and informative information on consumer care needs was exchanged about medical appointments, clinical needs, and dietary requirements.

The Assessment Team found referrals were timely and appropriate. Care and services documentation evidenced referrals to allied health professionals, medical specialists and others when required and noted consumer preferences were considered in the referral process. Care plans reviewed confirmed referral recommendations were documented from care and services providers including the palliative care team, physiotherapists, dieticians, speech pathologists, geriatricians, podiatrists, sleep clinics and dementia support services.

Staff demonstrated a good understanding of infection prevention and control practices and antimicrobial stewardship. Clinical staff explained the use of pathology testing before referrals were made to medical officers for consideration of antibiotics. An outbreak management plan was maintained which supported readiness, response and recovery from COVID-19 outbreaks and sufficient personal protective equipment was available. A dedicated Infection Prevention and Control lead was in place and consumer rooms were utilised for isolation and infection containment when required. Registers were maintained of staff vaccinations received for influenza and COVID-19.

# 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

Consumers and consumer representatives interviewed described how the service supports their daily living needs, goals and preferences. Staff demonstrated sound knowledge of individual consumer preferences, past and current interests and social, cultural and traditions important to consumers. One staff member described knowing most of the consumers, however regularly reviews consumer information before care provision. Management explained how regular surveys, care plan reviews and consumer meetings presented opportunities for consumers to provide feedback to ensure they were supported with their daily living needs.

Consumers and consumer representatives interviewed described services and supports provided for their emotional, spiritual and psychological well-being which included cultural smoking ceremonies. Staff discussed provision of emotional support to consumers when required and one-on-one engagement for consumers with limited activity interactions. Care and services documentation recorded individual consumer emotional support strategies and details of their implementation.

Consumers interviewed felt supported to participate within their internal and external communities, have social and personal relationships and participate in things of interest to them. Consumers remained connected with family, with events like birthdays celebrated in the dedicated cultural room. Connections to the local community were evidenced through invitations for morning tea at local primary schools and a well-known Aboriginal dance presentation and ‘yard with cultural memories’ also featured. The Assessment Team observed consumers delight in a traditional Aboriginal dance performed by local primary school children, followed by an Aboriginal handprint painting activity.

The Assessment Team found information about consumer conditions, needs and preferences was effectively managed, both within the service and with others where the care responsibility was shared. A staff daily ‘huddle’ provided a forum for sharing clinical and non-clinical consumer information which included daily lifestyle activities, maintenance issues, daily consumer appointments and meal supports required. Staff communication during the huddle demonstrated a sound knowledge of consumer conditions, needs and preferences.

Consumers interviewed felt confident alternate support services would be provided when required. Review of care and services documentation confirmed referrals were made to external providers to support the individual support needs of consumers. Culturally appropriate volunteer programs included the Koori Men’s Group and an Aboriginal knitting group. Support for consumer attendance at church services across several different denominations was provided, and included onsite services for consumers with limited mobility. External service involvement for appointments and private support worker visitation were discussed at staff handover.

All consumers interviewed expressed satisfaction with the variety, quality and quantity of food, and said they were provided with plenty of choice and additional meal preferences when required. Two consumers discussed their enjoyment of the recent Aboriginal cultural cooking experience provided by the service. Staff demonstrated awareness of individual consumer preferences and dietary requirements, and preferences noted in the kitchen were consistent with information in consumer care and services documentation. Management discussed consumer involvement in menu design, with dietician review of the final menus and meals cooked onsite each day.

All consumers interviewed described equipment which was appropriate for their needs, safe, clean and well maintained, which was consistent with observations by the Assessment Team. Staff interviewed described their responsibilities for cleaning individual consumer equipment and care and services documentation confirmed consumer equipment was checked monthly during ‘resident of the day’ care and services appraisals. Management discussed all consumers were assessed to ensure they were provided with suitable equipment like grabbers, wheelchairs, shower chairs and lifters. Procedures were evident for reporting defective 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

The Assessment Team found the service was set in a peaceful and tranquil environment, with fully maintained grounds and gardens which included a specially-designed billabong area that housed wildlife including birds, lizards and frogs. Inside the service, a spacious entry area allowed consumers to move freely between their rooms and the dining and television areas. Consumer rooms were personalised with photographs, Aboriginal artwork and life memorabilia. Aboriginal art and pictures were contained within the cultural room, which was used for consumer activities, celebrations and sorry business gatherings.

All consumers interviewed indicated the service environment was safe, well maintained, comfortable and provided they could move around freely, both indoors and outdoors. Consumer rooms and communal areas were clean, free from malodour and well maintained, and all doors to the outdoor areas were unlocked. Outdoor pathways presented some falls risks to consumers, and consumers were aware of the potential hazards. Temporary measures were adopted to minimise consumer risk, with the pathways identified as an area of improvement through architectural redesign.

The Assessment Team observed the furniture, fittings and equipment were generally clean, well maintained and safe and consumers interviewed said the equipment was suitable for the needs. Consumers described reporting maintenance issues, and noted the maintenance teams functioned well. Staff discussed the process for reporting maintenance issues and were advised of any delays in maintenance completion. Preventative and reactive maintenance schedules were in place, with no outstanding reactive requests noted. Regular preventative maintenance included pest control, legionella testing, and testing and tagging of electrical 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

All consumers and consumer representatives interviewed were comfortable providing feedback and complaints and said staff were attentive and encouraging when they do so. Management and staff described multiple ways consumers were supported to provide feedback which included through the complaints and feedback forms, consumer meetings, regular contact, an ‘open door’ policy and with individual support from staff from the same mob. An information pack and service handbook were provided to consumers on entry, which included details on how to provide feedback and make complaints.

Most consumers and consumer representatives interviewed were aware of advocacy services available to them and services where they could raise or resolve complaints, with most consumers expressing they would prefer to raise concerns directly with staff and management. Management acknowledged the availability of service providers for consumers including the local Aboriginal Corporation and Senior’s Rights Service, who attended for an information session in February 2023.

All consumers and consumer representatives interviewed expressed confidence in management taking appropriate action to address their concerns. One consumer discussed the concerns raised about personal care, which were addressed with an apology from management and discussions with the staff member involved.

Consumers and staff interviewed described changes made to care and services from complaints made. Complaints and feedback were managed through a complaints register and their plan for continuous improvement as required. Consumers raised concerns that bus outings had ceased, due to significant repairs required to the bus. The board of directors approved additional funding for the repairs and weekly bus trips were resumed. Consumers discussed their appreciation that management had listened to their concerns and consumers enjoyed recent outings to Wreck Bay and Penguin Head.

# 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

All consumers interviewed said there was enough staff and their needs were met in a timely manner. Staff interviewed described completing their work during their rostered shifts and rosters reviewed confirmed management employed several strategies to ensure all vacant shifts were filled. The chief executive officer discussed employment of several experienced staff and ongoing recruitment for care staff and strategies to attract additional registered nurses to meet legislative requirements.

Consumers and consumer representatives interviewed said workforce interactions were kind, caring and respectful, which was consistent with Assessment Team observations. Consumers described staff engagement was gentle and respectful of their culture and staff were observed using culturally appropriate terminology and addressing all Elders respectfully. Staff interviewed discussed escalation procedures taken if they witnessed inappropriate behaviours towards consumers.

Management described the orientation program for all new and agency staff and the organisational staff competency matrix. Evidence was provided which confirmed competency assessments were completed by most staff and professional registration documentation reviewed confirmed registrations were current. Competencies completed included medication management, hand hygiene, personal protective equipment donning and doffing and manual handling. Staff interviewed confirmed completion of their competencies.

The Assessment Team reviewed staff training records which confirmed the majority of staff had completed mandatory training, which was corroborated by staff interviewed. Staff interviewed discussed being comfortable asking for additional training. One care staff member described the orientation process and indicated the buddy shifts worked well. Management indicated training on the new code of conduct for aged care was discussed with all staff.

The majority of staff interviewed confirmed participation in their performance reviews and the Assessment Team observed completed staff performance appraisals. Management discussed introduction of an electronic performance review register to monitor assessments completed and those due. Management described that additional online medication safety training was provided to staff following an audit of medication incidents.

# 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 consumer representatives interviewed discussed how they have a say in care and services delivery. Consumers were engaged through consumer and family meetings, consumer case conferences and care plan reviews, and were involved in discussions with the director prior to board meetings. Management described seeking continuous feedback from consumers and the clinical services manager spoke with consumers frequently. Surveys were conducted regularly across the Quality Standards and when deficiencies were identified and all consumer and consumer representative and staff meetings were monitored for trends.

All consumers and consumer representatives interviewed said the service is well run, they had confidence in management and the board placed importance on their safety. Management described clear reporting pathways to the board which included monthly reports on all Serious Incident Management Scheme (SIRS) incidents, incidents and hazards, complaints and feedback, medication incidents, staffing analysis, occupancy, complaints analysis and clinical indicators. Compliance checks on the incident management system identified areas for improvement, which were openly shared with consumers and staff. The acting chairperson confirmed performance against the Quality Standards was monitored through detailed reporting, aged care compliance tracking, internal and external audits and self-assessments.

The Assessment Team found effective organisation wide governance systems were evident. Information management included an electronic care management system, policies and procedures, human resources and finance system, incident and risk management system with reporting capabilities. Continuous improvement was identified through feedback and complaints, care and clinical meetings, clinical data, audits, incidents and surveys. The plan for continuous improvement included activities from several sources and referenced the Quality Standards.

Financial governance included oversight by the financial audit committee and directors for all income and expenditure, including out-of-budget expenditure for consumer equipment modifications when required. Workforce governance included a baseline roster framework to ensure shift coverage and succession planning for the chief executive officer and chief financial officer. A compliance tracker ensured monitoring of regulatory compliance and legislative changes and service level communication ensured management and staff were aware of the changes, relevant policies and processes were adjusted, and training and information provided. Feedback and complaints were monitored and reported to the quality care governance sub-committee and board for high level oversight and input.

Effective risk management systems and practices were evidenced for high-impact and high-prevalence risks and improvements activities were identified for an outdoor environment upgrade and medication management. Incidents were recorded, reviewed and escalated when required and managed pursuant to the incident management policy. SIRS incidents were reported and managed effectively and tested through internal auditing, feedback from consumers and their families and review and analysis of incident data. Organisational vision and values were focused on enhancement of individual consumer well-being, taking supported risks and enabling them live their best life.

A clinical governance framework directed development, implementation and monitoring of clinical governance of consumer care. Clinical and care staff were knowledgeable about infection control, antimicrobial stewardship and open disclosure. Monthly clinical governance subcommittee meetings reviewed clinical risks including psychotropic medication use, restrictive practices, falls, unintended weight loss, infections, pressure injuries, complaints, serious incidents, and medication incidents. Policies and procedures were evidenced for antimicrobial stewardship, restrictive practice, and open disclosure which guided staff practice.

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)