Performance

Report

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| Name of service: | South Port Community Residential Home |
| Service address: | 18-30 Richardson Street ALBERT PARK VIC 3206 |
| Commission ID: | 4328 |
| Approved provider: | Claremont and Southport Aged Care Limited |
| Activity type: | Site Audit |
| Activity date: | 27 March 2023 to 30 March 2023 |
| Performance report date: | 20 April 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 South Port Community Residential Home (**the service**) has been prepared by L Glass, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is Compliant as six of six Requirements have been found Compliant.

Most consumers and/or representatives said the consumers are treated with dignity and respect and feel the service values their identity, culture and diversity. One representative expressed dissatisfaction with the services’ understanding of their mother’s background and what is important to her. Staff demonstrated an understanding of consumers’ cultural preferences and what is important to them and treat consumers with dignity and respect. Care planning documentation includes a ‘key to me’ section detailing the consumer’s background, preferences and people who are important to them. The Assessment Team observed respectful interactions between staff and consumers.

Overall consumers and/or representatives are satisfied the service provides culturally safe care and services. Management and lifestyle staff cater to consumers from a variety of cultural backgrounds. Care and clinical staff described ways in which they communicate with consumers from non-English speaking backgrounds. Care planning documentation contained information regarding consumers’ ethnicity, languages spoken and cultural needs. The Assessment Team observed material displayed around the service which evidenced the acceptance of diverse cultural groups.

Consumers and/or representatives interviewed are satisfied with the support received to exercise choice and independence by making decisions consumer about care. Staff demonstrated an understanding of consumer’s preferences and choices for care and maintaining relationships. Care planning documentation recorded information regarding consumer’s preferences for maintaining relationships of their choice.

All consumers interviewed said they do not consider there are any risks they are engaged in. Management and staff confirmed they do not currently have any consumers who participate in activities which pose significant risk, however demonstrated an understanding of dignity of risk. Management explained the service has supported consumers to take risks in the past. The Assessment Team reviewed dignity of risk forms previously completed with consumers.

Most consumers and/or representatives interviewed are provided with accurate and timely information which allows them to exercise choice. Homemaker and lifestyle staff explained provide consumers information in writing and verbally. The Assessment Team observed activities calendars in consumer’s rooms and activities listed on the living room notice board.

All consumers and/or representatives interviewed are satisfied consumer privacy is respected, and personal information is kept confidential. Staff explained strategies to maintain consumer’s personal privacy while providing care and how personal information is kept confidential. The Assessment Team observed a range of actions taken by staff to protect consumer’s privacy.

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# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is Compliant as five of five Requirements have been found Compliant.

Consumers and/or representatives were satisfied with the assessment and care planning process. Risks were considered and informed safe and effective consumer care. Care planning documents provided evidence of a comprehensive suite of assessments and care plans to inform and support the delivery of safe and effective care in line with the consumers’ goals, needs and preferences. Risk assessments and management processes consider and mitigate identified risks through individual interventions. Clinical staff demonstrated knowledge of the assessment and care planning process and how risk is assessed and minimised in collaboration with consumers to ensure safe and effective care.

Consumers and/or representatives said consumer care and services are planned around what is important to them. Assessment and care planning documents reflect and address consumers’ needs, goals and preferences, including documentation of advance care plans. Staff demonstrated knowledge of sampled consumers’ needs and were able to describe what is important to consumers about how their care is delivered.

Consumers and/or representatives confirmed their satisfaction with involvement in care planning and the inclusion of others they wish to include. Assessments and care plans demonstrate partnership with consumers and representatives in their initial development and subsequent reviews. Staff and management described the involvement of other organisations consumers wish to involve, such as the dietitian, speech pathologist, physiotherapist, occupational therapist, geriatrician, medical practitioner and dementia specialists.

A review of a sample of consumers’ care documents reflects the outcomes of assessment and planning are communicated to the consumer and their representatives. The care and services planned are available in a summary care plan offered at regular reviews or on request. Documentation in progress notes details consultation of the regular monthly review. Consumers interviewed could recall being offered a copy of their care plan as part of the review process. Staff can access the electronic care file system to chart, document and review care and services.

Consumers and/or representatives are satisfied with how the service reviews care and services provided to consumers following changes in care needs and incidents. All clinical staff interviewed were able to identify the types of reviews required depending on the incident or change in circumstances. Documentation for sampled consumers evidenced timely and responsive review of care and services following all incidents, deteriorations in health, changes in clinical presentations and following hospital admissions.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is Compliant as seven of seven Requirements have been found Compliant.

Consumers and/or representatives are satisfied with the safe and effective personal and clinical care consumers receive. Staff interviews and documentation reflect best practice principles are implemented and followed in relation to skin integrity, pain, behaviours and restrictive practices to optimise health and wellbeing. A suite of policies and procedures is accessible to guide staff in clinical and personal care delivery in line with best practices.

The service demonstrated effective processes to manage high-impact or high-prevalence risks associated with the care of each consumer, such as challenging behaviours, diabetes management, falls, and complex needs management. Documentation viewed by the Assessment Team reflects effectively managed high-impact and high-prevalence risks. Management and staff described the high impact and high prevalence risks to consumers at the service and ways risk is minimised. The service has a range of clinical policies and procedures to guide staff practice in areas such as the care and management of falls, pressure injury, nutrition and hydration and diabetes.

Consumers and/or representatives are satisfied with the palliative care approach provided by the service. Care documentation demonstrates end-of-life needs are met in line with consumer wishes and comfort is maintained. Staff described the palliative care pathway and available resources to support consumers nearing the end of life. Established policies and procedures guide the provision of palliative care.

Consumers and/or representatives are satisfied with how the service responds to a change or deterioration in the consumer’s condition, health or ability. Staff interview and care planning documents reflected actions taken as appropriate in response to a deterioration or change in a consumer’s health. Organisational policies and procedures guide staff in the timely identification and response to consumer deterioration. All consumer care files reviewed reflected a timely identification of and response to, deterioration or changes in function, capacity and condition.

Consumers and/or representatives interviewed indicated consumer needs and preferences are effectively communicated in a timely manner. Care documentation showed consumer conditions, needs and preferences are communicated, and information exchange occurs with others who share responsibility for care. Staff described communication mechanisms including how they ensure information is captured in the electronic documentation system and demonstrated knowledge of the needs and preferences of each consumer they cared for. The Assessment Team observed handover processes occurring and changes in consumer needs, preferences, and health status being communicated.

Consumers and/or representatives are satisfied with access and referral to their medical practitioner and other health professionals as needed. Care planning documentation reflected timely and appropriate referrals to individuals, organisations, and other care and service providers. Management and staff described processes and examples of results of referrals to other services. Policies and procedures guide referral processes. Overall, care documentation demonstrated regular and ongoing contributions from medical practitioners, physiotherapists, podiatrists, geriatricians and the residential in-reach team. Input from other health specialists, including the dietitian, speech pathologist, and wound specialist, is arranged when required.

The service demonstrated preparedness in the event of an infectious outbreak. Clinical staff were able to demonstrate an understanding of antimicrobial stewardship. Consumers and/or representatives interviewed said they were satisfied with the service’s management of infections and the prescribing of antimicrobials. Representatives said they understood the rationale for the screening process and the required wearing of masks while visiting their consumers. The service has an infection prevention and control (IPC) lead who has completed training. The service maintains infection prevention and control policies, including outbreak management plans for acute respiratory and gastroenteritis outbreaks.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is Compliant as seven of seven Requirements have been found Compliant.

All consumers and/or representatives interviewed are satisfied that the services consumers receive are safe, effective and support the consumer to optimise independence, health, wellbeing and quality of life. Clinical and lifestyle staff demonstrated knowledge of individual consumers, their preferences, choices and the supports required to allow consumers to do the things they enjoy. Care plans viewed by the Assessment Team included the consumer’s interests and choices to maintain their independence. The Assessment Team observed consumers engaged in a variety of social, leisure and lifestyle activities.

All consumers and/or representatives interviewed described the support provided for the consumer’s emotional, spiritual and psychological well-being. Staff demonstrated knowledge of individual consumers and how they support consumers at times when they are feeling low. The organisation arranges for visiting religious representatives who provide spiritual support for consumers. Care plans noted the spiritual choices of the consumer, suggestions about the activities they enjoy and what can be used to lift individual’s mood I needed.

All consumers and/or representatives interviewed felt consumers are supported to participate in their community within and outside the service, as they choose. Consumers are able to maintain the social and personal connections most important to them, and the service supports their personal relationships. Care planning documents contained information about significant relationships within and outside the service and information about consumers’ interests and their participation in activities outside the service. Lifestyle staff are able to describe the different ways the service supports consumers to access the community.

All consumers and/or representatives interviewed are satisfied staff who care for consumers are aware of their needs and preferences and when these needs change. Staff are informed of changes to consumer needs and preferences through emails, alerts in the electronic management system, progress notes and handover meetings and notes. Documentation viewed by the Assessment Team noted changes in consumer care needs. The Assessment Team observed lifestyle staff updating the progress notes of consumers attending the morning activities and the food service assistants referring to food cards of consumers prior to dishing meals.

All consumers and/or representatives interviewed have access to other services if needed. Lifestyle, and clinical staff identified the involvement of others in the provision of support and services. This includes input from volunteers, community groups, allied health professionals, representatives of faith and specialist organisations. The activity calendar viewed by the Assessment Team included activities with entertainers and volunteers. The Assessment Team observed there was a hairdresser on site for consumers.

All consumers and/or representatives interviewed said consumers are provided with a sufficient amount and variety of meals at each meal service. The chefs and food services staff explained the menu is seasonal and rotated monthly. The menu is sent to a dietician for review and approval and any new recipes are trialled on staff before implementing as an option for consumers The Assessment Team observed the dining experience during lunch service.

All consumers and/or representatives interviewed are confident the equipment used is safe, suitable, clean and well maintained. Staff confirmed they have access to equipment when they need it and the Assessment Team observed equipment stored safely and those not in use labelled and stored separately.

# 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 Compliant as three of three Requirements have been found Compliant.

Consumers and/or representatives said the service environment is welcoming and homely. Staff said consumers feel safe and are happy with the living environment. Consumers have free access to the service and can utilise communal places when they choose. Consumers can bring personal items into their rooms to make them like home. The Assessment Team observed consumer rooms had their names on the door, and their rooms were personalised to reflect their interests. The service had several outdoor spaces for consumers to enjoy on warmer days.

Consumers and/or representatives reported the environment is clean and well-maintained. Maintenance programs include essential services, preventative maintenance schedules, reactive maintenance processes and the use of external contractors when required. Consumers and/or representatives commented positively about how the rooms, communal areas and outdoor areas are maintained. Preventative and essential services maintenance is scheduled with documents viewed confirming regular preventative maintenance occurs with oversight of the organisation. Reactive maintenance is documented on logs, and maintenance signs off when issues are resolved. The Assessment Team noted a timely resolution occurred. The indoor and outdoor areas of the service were clean and maintained.

The Assessment Team observed a range of equipment available to meet consumers’ care and clinical needs. Staff effectively demonstrated the maintenance process if any equipment requires repair and cleaning shared equipment before and after use. Most consumers and/or representatives are satisfied with the equipment used at the service and that it is clean and safe to use. Consumers were observed utilising various equipment, including wheelchairs and comfortable chairs.

# Standard 6

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

Findings

This Quality Standard is Compliant as four of four Requirements have been found Compliant.

All consumers and/or representatives interviewed are comfortable with and supported to provide feedback and complaints. Homemaker and clinical staff explained how they record and escalate feedback provided to them. Management explained the various ways in which consumers and representatives can provide feedback. The Assessment Team observed feedback forms and feedback boxes displayed throughout the service. The minutes from the ‘residents, families and friends meeting’ showed consumers and representatives are supported to and regularly raise issues and complaints within this forum. Management explained feedback, compliments and complaints are raised via various methods including feedback forms and emails and staff will record them for consumers in progress notes.

Most consumers and/or representatives interviewed demonstrated an understanding of external services available to them to provide feedback or make complaints. The service promotes external services available to consumers and representatives for raising complaints which include displaying contact information for Aged Care Quality and Safety Commission (Commission) complaints in a variety of languages. Overall staff demonstrated an understanding of advocacy services available to consumers and were able to explain how they support consumers to access language services. The minutes from the ‘residents, families and friends meeting’ showed management informed consumers and representatives they could access the Commissions complaints if they are not satisfied with the service’s response and provided contact details.

The Assessment Team observed posters displayed around the service promoting the Commission’s complaint line and booklets at the entrance of the service with information about advocacy services. The service’s ‘resident handbook’ is available in various languages and includes information about the Older People’s Advocacy Network (OPAN) and how to access their services as well as information about the Commissions complaints service.

All consumers and/or representatives sampled are satisfied with how the service manages incidents particularly when a mistake has been made. Homemaker and clinical staff demonstrated understanding of the service’s processes for managing incidents and the open disclosure process. The service has policies and procedures in place for managing incidents which include the open disclosure process.

Feedback from consumers and/or representatives indicated they are satisfied with how the service responds to complaints and this supports improvements to the quality of care. Management explained how they capture feedback, analyse it, identify and highlight trends and how this informs continuous improvement strategies. ‘Residents, families and friends meeting’ minutes show management utilise these meetings to discuss common feedback trends and work in consultation with consumers and representatives to make improvements.

The Assessment Team reviewed the service’s complaints and feedback policy and procedure which states, all feedback and complaints are recorded on the feedback and complaints register folder, to be analysed monthly and trends identified for opportunities for improvement. There is no centralised place where all feedback and complaints are recorded, however management were able to provide an explanation regarding their process for ensuring feedback and complaints are used to drive continuous improvement. Plans are in place for the implementation of an electronic complaints management system to allow the records management of all complaints and to streamline the complaints and feedback analysis process. Feedback, and complaint trends are presented at the monthly management meeting.

The Assessment Team reviewed the monthly management meeting minutes and noted there were minimal complaints raised for the month, all complaints, compliments and feedback were included in the month’s trend analysis and discussed at the meeting. During the site audit the organisation ran a training session for homemaker and clinical staff to ensure staff understand the complaints and feedback processes and how they can support consumers to provide complaints and feedback.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is Compliant as five of five Requirements have been found Compliant.

All consumers and/or representatives interviewed are satisfied overall, that there are enough staff to enable the delivery and management of safe and quality care and services. The organisation has a process used by the organisation’s roster coordinator to ensure the service has sufficient staff to meet consumers’ needs. The Assessment Team viewed the call bell response times which were answered in a timely way and observed homemakers responding to call bells, in some cases this was immediate and under a minute.

All consumers and/or representatives said they were satisfied staff were kind, caring and gentle when providing care and services. Interviewed nursing, lifestyle, and homemaker staff were knowledgeable and respectful of consumers, their background and cultural preferences. The organisation has policies and guidelines for staff to refer to, relating to duty of care and diversity. The Assessment Team noted the policies and procedures the organisation has in place including code of conduct, and inclusion and diversity. The Assessment Team observed kind, caring and respectful care provided to consumers during the site visit including during lifestyle activities, meal services, and transporting consumers around the service to and from their rooms.

All consumers and/or representatives interviewed are overall satisfied staff are qualified and competent in performing their roles. Mandatory training of staff is monitored across the organisation and staff are notified if they are not up to date. Qualification and registration checks are conducted to ensure staff are appropriately qualified. In addition to mandatory training the organisation has regular education via electronic communication systems which is in the training calendar. The Assessment Team viewed the calendar which is accessible on the intranet and makes it clear to all staff what training is available and what training they must complete.

Management advised once staff are recruited, they are assigned courses at the commencement of employment, annually and as required to ensure they continue to meet industry, organisational or service requirements. All staff are required to complete mandatory training and competencies tailored to the needs of their specific role. Staff confirmed the requirements and obligations. The organisation has policies and procedures relating to the recruitment of staff.

The organisation has a formal process for monitoring and reviewing the performance of each member of the workforce. The organisation has policies and procedures used by line managers relating to performance review. Staff interviewed confirmed there was a formal appraisal process, which had been completed within the last 12 months. The Assessment Team noted the organisation has a performance review and planning procedure and a discipline and performance management procedure to be followed in relation to staff performance and disciplinary matters. The staff handbook also outlines the processes for performance and conduct management.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is Compliant as five of five Requirements have been found Compliant.

All consumers interviewed described providing feedback to staff and management about their care and services and felt included and supported. Management said the organisation has a number of mechanisms in place it uses to engage consumers in the development, delivery and evaluation of care and services including consumer meetings, food focus meetings, case conferences and care plan evaluation.

All consumers felt safe and considered they are living in an inclusive environment where they are provided quality care and services. The service promotes safe and inclusive care and provides guidance documents for staff practice. Management described the organisational structure which governs the delivery of quality care and services across the organisation.

Management and staff demonstrated processes and mechanisms are in place for effective organisation wide governance system relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

The organisation has frameworks, policies and procedures to support the management of high impact high prevalence risks and response to incidents. The service can demonstrate the implementation of these frameworks, policies and procedures. Staff and management interviewed provided examples of these risks and how they are managed within the service.

The organisation has policies and procedures as part of its clinical governance framework to guide staff in the areas of antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff have been educated about the policies and are able to describe their application in their roles.

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)