Performance

Report

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| Name of service: | Southern Cross Care Campbell Residential Aged Care |
| Service address: | 2 White Crescent CAMPBELL ACT 2612 |
| Commission ID: | 2937 |
| Approved provider: | Southern Cross Care (NSW & ACT) Limited |
| Activity type: | Site Audit |
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| Performance report date: | 14 July 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 Southern Cross Care Campbell Residential Aged Care (**the service**) has been prepared by T Solomon, 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 27 June 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Consumers and/or representatives stated that consumers are treated with dignity and respect. Consumers indicated their identities, culture and diversity are respected and valued. Staff across a range of roles demonstrated knowledge of consumers’ backgrounds, and care plans reviewed by the Assessment Team contained comprehensive information regarding consumers’ life histories. Staff were also observed interacting in a respectful manner with consumers.

Consumers and/or representatives reported staff knew them, their background and who and what is important to them. Consumers indicated they feel the care provided by staff is culturally safe, and care planning documentation contained information regarding consumer backgrounds, diversity, and cultural needs.

Consumers and/or representatives stated consumers are supported to exercise choice and independence. Consumers described making choices in relation to food, activities, where they spend their time, and who they spend time with. Staff outlined how they provide choice and support independence and were observed offering choices to consumers. Consumers and staff outlined how relationships are supported, and care plans contained individual preferences and important connections.

Consumers and/or representatives felt they are supported by the service and the staff to take risks and to live the best life they can. Staff described how risk assessments are undertaken to identify the risks involved in various activities and how these are used to facilitate consumers to make informed decisions. Policies guide staff in supporting consumers in choice and decision making and to maintaining their independence.

Consumers and/or representatives confirmed they receive current and timely information that enables them to exercise choice, such as the daily menu and weekly activity options. Consumers are invited to attend the monthly resident meeting and the three-monthly food forums. A range of notices were observed to be on display within the service which includes the weekly activity calendar, and advocacy and complaints information.

A documentation review of resident meeting minutes and other correspondence generated by the service for consumers and/or representatives indicate that information about meals, lifestyle activities, and the service environment is communicated to consumers and their representatives in a timely and appropriate manner.

Consumers and/or representatives were satisfied that consumer privacy is respected and confidentiality is protected. Staff explained actions they take to protect privacy, and observations made by the Assessment Team confirmed these actions. Care plans contain information regarding the privacy needs and preferences of consumers.

The service has a current privacy policy and staff receive ongoing training regarding their obligation to adhere to the principles of privacy and confidentiality. Staff were observed knocking and waiting before entering consumers’ rooms, and computers and written consumer information were observed to be contained within areas not accessed by consumers or visitors.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service demonstrated assessment and planning, including consideration of risk is identified and considered on a regular basis, and informs the delivery of safe and effective care and services. Consumers and/or representatives expressed satisfaction with the assessment and care planning process at the service. The service’s management advised each consumer has their care needs assessed on entry, using a suite of assessments that include risk assessments.

Documentation indicated risks are generally identified as part of the assessment and care planning process to inform the delivery of safe and effective care and services. The service has policies and processes in place that guides assessment, planning and identification of risk for consumer care. The clinical manager has oversight, in conjunction with the director of care, for the assessment and planning of the care, for each consumer at the service. Staff explained the assessment and planning process of consumers’ health and wellbeing and how it informs the delivery of consumer care.

The service demonstrated that assessments and planning identify consumers’ current needs, goals, and preferences, which includes documented advanced care decisions and choices to assist with end-of-life planning. A review of consumer files demonstrated assessment and planning reflect consumers’ goals and preferences. Advance care directives and/or end of life discussion outcomes are in place for consumers. The management team advised end of life and advance care planning is discussed with consumers and/or representatives at admission and/or care conferences/reviews, and documentation reviewed supported this process.

The service demonstrates it has a partnership with consumers and/or representatives in the assessment and planning of consumer care. Documentation reviewed indicated assessment and planning includes other organisations, individuals and providers of care and services that are involved in the care of the consumer. Consent is obtained from the consumer to make referrals to other health providers who provide specialist care where the service itself has been unable to meet the need or preference of the consumer. Consumers and/or representatives indicated satisfaction with the ongoing partnerships with others involved in the consumers’ care.

The service demonstrates it has processes in place to communicate information to consumers and/or representatives in relation to the care plan, and the care and services plan is readily available. Consumers and/or representatives indicated they are well informed about the outcomes of assessment related to their clinical and personal care.

Consumers and/or representatives confirmed case conferences occur with staff, and care and services are discussed and reviewed. Management advised care plan reviews occur with consumers and/or representatives every three months and case conferences are completed yearly. The care plan is evaluated at this time and the care and services for consumers are formally discussed. Management advised there are ongoing discussions regarding the outcomes of assessment and planning when consumer needs change or there are changes in the consumer’s care and services. Staff reported they attend a daily handover prior to commencing their shifts to communicate any changes to consumer care needs.

Consumer care planning documents show adjustments are made to care planning documentation, including reviewing consumer needs goals and preferences after there are changes in consumer condition or following an incident.

# Standard 3

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

Findings

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

The service demonstrated that consumers receive care that is within best practice guidelines, is personalised and aims to optimise their health and wellbeing. Consumers and/or representatives indicated they are satisfied with personal and clinical care the service delivers and the care is safe and right for consumers.

Staff described how they provide, and personalise consumer care needs, and this is in line with current care documentation. Management advised that the service’s policies and procedures are reviewed to ensure that they are current with best practice guidelines and legislation. A review of consumer care documentation demonstrates individualised care delivery that is safe and tailored to the specific needs and preferences of consumers.

Staff could describe how they use assessment tools to assess consumer pain and use non-pharmacological interventions such as massage and repositioning before analgesics are offered. Staff explained how they recognise consumers in pain and their actions based on the results of assessment. Documentation reflects the use of non-pharmacological strategies and indicates that pain assessments are being completed for consumers on a regular basis. Consumers and/or representatives said they are satisfied with the way staff assist them to manage their pain.

The service demonstrated high impact and high prevalence risks are effectively managed through clinical governance systems and procedures to identify and manage risk. Management and staff were able to describe the high impact and high prevalence risks for consumers at the service, and the service demonstrated effective management of those risks. Risks were updated in care planning documents, and planned interventions to minimise risk were implemented. Consumers and/or their representatives indicated satisfaction with the management of risks associated with the care of consumers.

Management stated they monitor key clinical indicators related to incidents, including behaviour, falls, infection, medication management, pressure injuries and other skin injuries/conditions. Data is reviewed by the director of care and the management team on a regular basis to identify trends and manage risks.

The service was able to demonstrate a process for recognising and addressing the needs, goals and preferences of consumers nearing the end of life. Consumer care and service records reflect their comfort was ensured and dignity preserved when receiving end-of-life care. The consumer's wishes and directives are incorporated into their care and services records, and associated documents show a substitute decision-maker is noted. Staff described strategies they use while delivering end-of-life care, including involving the palliative care team and using end-of-life care medication to minimise pain and discomfort.

The service demonstrated consumers who have experienced a deterioration or change in their cognition, condition, function and/or mental health have their needs recognised and responded to in a timely manner. Care staff will inform the registered nurses when a change or deterioration occurs, who then complete a comprehensive assessment and liaise with the clinical manager and the consumer’s medical officer. Communication and consultation with the consumer and/or representative occur during this process. Documentation reviewed reflect the identification of, and response to deterioration or changes in consumer capacity.

The service was able to demonstrate that information about the consumer's condition, needs and preferences are documented and effectively communicated with those involved in the care of consumers. A review of care planning documentation demonstrated they contain adequate information to support effective and safe sharing of the consumer's information to support care.

The Assessment Team observed a shift handover and noted necessary information regarding the consumers is communicated effectively. The handover was factual and informative and all aspects of care for consumers is discussed. The service also uses a clinical software system and important and/or time sensitive messages are communicated via this system.

The service demonstrated referrals are timely and appropriate. Care planning documents show referrals to allied health professionals, medical specialists, and others occurs, and consumers’ preferences are considered in this process. Documentation indicated the input of allied health professionals and the implementation of their care recommendations, including referrals for the palliative care team, physiotherapist, dietitians, speech pathologists, geriatricians, podiatrists, and dementia support services.

The service demonstrated they minimise infection related risk, using an infection control program that also supports the principles of antimicrobial stewardship. The service has policies and practices that guide staff on how to minimise the risk of infection for consumers, staff, and visitors. Staff demonstrated a good understanding of infection prevention and control practices and antimicrobial stewardship.

The Assessment Team observed staff performing hand hygiene in between attending consumers, wearing appropriate personal protective equipment, and wiping equipment after each use. Clinical staff explained how they obtain pathology samples, prior to the medical officer prescribing antibiotics to consumers.

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers and/or representatives stated care and services provided by staff meet their needs and support their independence and well-being. Staff were able to outline how they support consumers’ independence, and care plans reviewed outline how consumer independence is supported by the service. The Assessment Team observed staff monitoring consumer well-being and providing care and support to optimise health and quality of life.

Consumers and/or representatives described services and supports available to promote emotional, spiritual, and psychological well-being. Staff demonstrated knowledge of consumers’ emotional and spiritual needs and described how they support individual consumers. Care planning documentation includes information about the emotional, spiritual, and psychological needs and preferences of consumers.

Consumers and/or representatives reported consumers are encouraged to participate in the service community, have relationships, and do things they enjoy. Staff outlined activities which assist consumers to remain connected to the outside community, and group activities offered within the service. A documentation review evidenced the involvement of consumers in activity planning, and care plans outline how consumers like to spend their time.

The Assessment Team observed friendly and respectful interactions between consumers and staff during one-on-one conversations and group activities. Staff demonstrated a good knowledge of consumers’ interests and their relationships of significance, both within and outside the service.

Consumers and/or representatives expressed satisfaction that information regarding consumer needs and preferences is communicated internally, and with family and external providers who are involved in their care. Staff said they are informed of changes to consumer needs through progress notes, emails, handovers and meetings, and a document review completed by The Assessment Team evidenced this communication.

The service produces a monthly residential dietary summary report, which details dietary preferences, needs and food consistencies for consumers. Care plan documentation reviewed by the Assessment Team indicated consumers’ preferences are recorded in the care and services plans.

Consumers and/or representatives indicated that consumers have access to externally offered services if required. Lifestyle, clinical and care staff identified the involvement of others in the provision of support and services. This included visits by National Disability Insurance Scheme providers, allied health professionals, family and friends, and volunteers.

Lifestyle staff reported the service has a volunteer program to assist the lifestyle team with delivering its activities and pastoral care programs at the service. Several consumers participate in a book exchange service operated in partnership with a local community library.

Consumers and/or their representatives provided positive feedback regarding the meals at the service. Consumers and/or representatives reported they receive sufficient food, and that consumer needs and preferences are catered to. Catering management outlined dietitian oversight of the menu, the provision of texture-modified meals for those who require them, and the use of consumer feedback when developing menus. Catering staff were aware of consumer dietary needs, and these needs were reflected in care plans and other clinical documentation.

Consumers were observed sitting in the dining areas at mealtimes, being assisted by staff in a dignified manner, who were observed confirming consumers’ meal choices prior to serving them their meals. Documentation review confirmed the service operates a seasonal menu, with resident meeting minutes confirming consumer input for improving meals at the service.

Consumers and/or representatives expressed satisfaction that equipment at the service is safe, suitable, clean, and well maintained. Staff outlined how issues with equipment are addressed, and cleaning is conducted. The equipment sighted by the Assessment Team appeared to be well maintained and clean.

Staff stated they have sufficient and suitable equipment to enable them to effectively attend their work and to support consumer participation and independence. They described how shared equipment is wiped down with sanitising wipes between consumer use. The Assessment Team reviewed an equipment cleaning schedule, which included mobility aids, wheelchairs and lifting devices.

# 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 Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The service environment was observed to be welcoming and comfortable. Consumers and/or representatives stated there are adequate private areas, both indoors and outdoors for consumers and visitors to utilise when socialising. Consumer rooms are personalised, containing photos, pictures, and artwork on their walls.

The service environment was observed to be safe, clean, and well maintained. The service has an electronic maintenance system for staff to lodge service requests and staff are aware of the process to lodge a request for work to be completed. Preventative maintenance is managed through a spreadsheet that is managed by the maintenance manager.

Doors between the memory support unit and the rest of the service stay open during the day, allowing consumers to move freely within the service. Doors to the outdoor areas are unlocked to allow all consumers to move freely within the service and the outdoor areas.

The Assessment Team observed the furniture, fittings, and equipment to be safe, clean, well maintained, and suitable for consumers. Consumers and/or representatives were satisfied with the furniture, fittings, and equipment. Management and staff demonstrated effective systems are in place for cleaning and regular maintenance of furniture, fittings, and equipment.

# Standard 6

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

Findings

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

The service demonstrated consumers and/or representatives are encouraged and supported to provide feedback and make complaints. There are processes for complaints to be made internally and externally. Staff were able to describe complaints processes and how they can assist consumers to provide feedback. Internal processes to provide feedback and complaints include feedback forms, a secure mailbox at the service for anonymous complaints, consumer meetings and verbal communication with staff and management.

Consumers and/or representatives were aware of advocacy services available to them and were able to reference where material could be found at the service. Consumers and/or representatives reported they would raise concerns with the staff and/or their family. Management reported they have consumers who require language services and has feedback brochures available in different languages for those consumers.

The Assessment Team observed brochures and posters displayed around the service which provided information on external complaint agencies, advocates, and language services. The service has a letter box at the front entry with feedback forms available for consumers to complete if required.

The service has an open disclosure policy which explains their process when things go wrong. Staff were able to demonstrate how open disclosure is used should they receive feedback or a complaint. Consumers and/or representatives indicated if things go wrong the service practices the principles of open disclosure and addresses their concerns in a timely manner.

The Assessment Team reviewed the service’s feedback and complaints register which showed feedback and complaints have been managed in accordance with the service’s feedback and complaint policy, which included their open disclosure policy.

The service demonstrated feedback and complaints are reviewed and used to improve the quality of care and services. The service has a plan for continuous improvement which is used to log improvements from different sources, including their feedback and complaints register.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service demonstrated the workforce is planned to enable the delivery and management of safe, quality care and services. The number and skills mix of staff is maintained and managed effectively. Overall, consumers indicated their needs are met in a timely manner and staff raised no concerns on their workload during their rostered shift.

Management stated, and documentation review confirmed, vacant shifts are filled by permanent staff, casual staff or from their sister site. Rarely do they need to fill shifts from agencies; however, management indicated the service does have access to agency staff when required. The service was able to demonstrate staffing allocations meet consumer needs and are adequate to ensure the delivery of safe and quality care and services.

Consumers and/or representatives stated staff are kind, caring and respectful to consumers and will do their best to meet consumer needs. Observations made by the Assessment Team confirmed staff interactions with consumers were respectful and caring.

Feedback from consumers and/or representatives confirmed they feel the workforce is competent and staff have the knowledge to deliver care and services which meet their needs. Management stated staff have mandatory competencies which are monitored and completed on an annual basis. Staff may be required to undertake competency tasks earlier than planned based on performance issues identified, or upon staff requests for additional training. The service’s training system allows staff to independently elect and complete further training modules if they wish.

The service demonstrated the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards. The service has processes to ensure staff complete mandatory training and have the appropriate experience and skills to perform their roles.

New staff are placed on buddy shifts with a more experienced staff member during their orientation period. New staff members have a probationary performance review after one month and again after six months, then reviews are completed annually. For any identified gaps in knowledge, additional training is provided.

The service demonstrated assessment, monitoring and review of the performance of staff members are undertaken. Staff confirmed how often they undergo the performance appraisal process, and reported they complete documentation prior to the review with management. Staff were able to demonstrate where they can access training material to further develop their skills and knowledge if required.

# 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

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

The service demonstrated it supports consumers to actively participate in the development, delivery and evaluation of care and services. Management explained consumers and/or representatives contribute at a corporate level through their participation in consumer meetings and surveys, which provides the board with information indicative of the service’s performance against the Aged Care Quality Standards.

Meeting minutes reviewed by the Assessment Team demonstrate consumers and/or representatives are involved in, and actively contribute ideas towards service improvements, including variations to the menu in accordance with individual and cultural preferences.

The service was able to demonstrate that the organisation has overarching policies and procedures which promote a culture of safe, inclusive care and quality services, and explained how the service is accountable for their delivery.

Organisational supports are provided through board, committee and sub-committee structures which facilitates a hierarchy of oversight, adherence to accountability at an organisational and service level, and generally, the continuous monitoring of care and services through the review of key performance indicators, incidents, and consumer feedback and complaints.

The service conducts regular audits in various areas of care and service delivery to identify and analyse trends. The results are then delivered directly to staff and the board via meetings. Where incident trends and gaps in staff practices are identified, they are included in the service’s plan of continuous improvement for action and reported to the board for consideration of any required changes to policies and procedures. Any deficiencies in practice are also referred to the organisation’s staff education program.

The service demonstrated it has effective governance systems in place in relation to information management, continuous improvement, financial accountability, regulatory compliance, and feedback and complaints. The organisation’s board has established processes to satisfy itself that systems for appropriate care and services operate in accordance with the Aged Care Quality Standards.

Staff reported they have access to relevant information from several sources such as progress notes, care plans, electronic mail, meeting minutes, staff handovers and relevant training, to ensure the safe delivery of care and services for consumers.

Management demonstrated it reviews quality performance data, clinical indicator details, consumer feedback/complaints, and incidents, to ensure continuous improvement, and that it conducts regular staff meetings to report audit results and the service’s operational plan to improve care and services.

Regulatory compliance is managed at an organisational level, and any updates or changes to legislation and its policies and procedures are communicated to staff at a service level via staff meetings, emails, and printed notifications in the workplace. Management and clinical staff confirmed their knowledge of their legislative obligations relating to reportable and non-reportable incidents, and a documentation review by the Assessment Team confirmed a regularly updated incident register is maintained by the service. Clinical staff effectively demonstrated their knowledge of the Serious Incident Response Scheme and correctly outlined their responsibilities based on their position.

The service has risk management systems in place which are supported by a clinical governance framework, policies, and procedures, and reporting mechanisms. Management and staff were able to describe the processes followed, provided examples of risks identified and investigated, and the training undertaken to ensure risks to consumers are minimised. The Assessment Team reviewed documentation, including incident and complaints data and training records.

Management reported that all high impact or high prevalence risks associated with consumer care are identified through assessments such as falls risk assessments conducted at multidisciplinary post-falls meetings, internal and external audit results, and the regular review of the clinical care needs of consumers. Its aim is to ensure that appropriate actions are taken to minimise risk, and to maintain best practices.

The service provided policies and procedures related to antimicrobial stewardship, restrictive practices and open disclosure and demonstrated an understanding of how these policies are implemented within the service and how staff are supported via formal education, e-learning modules, and feedback from internal audits, to understand their respective principles.

The organisation’s clinical governance committee oversees and reviews the service’s use of antimicrobial medication, with a view to minimising antimicrobial usage when possible. The service has current guidance documentation for practicing antimicrobial stewardship, and a review of sampled consumers’ clinical records indicates that it is successful in minimising the use of antimicrobial medication where possible.

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)