Performance

Report

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| Name: | St Andrew's Village Byron Bay |
| Commission ID: | 8253 |
| Address: | 29-33 Marvell Street, BYRON BAY, New South Wales, 2481 |
| Activity type: | Site Audit |
| Activity date: | 10 September 2024 to 12 September 2024 |
| Performance report date: | 17 October 2024 |
| Service included in this assessment: | Provider: 930 St Andrew's Village Ballina Limited  Service: 28952 St Andrew's Village Byron Bay |

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 St Andrew's Village Byron Bay (**the service**) has been prepared by Kimberley Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the Assessment Team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the Approved provider’s response to the Assessment Team’s report received 04 October 2024
* other information and intelligence held by the Commission in relation to the service.

# 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

Consumers and representatives confirmed consumers were treated with respect and dignity, and their identity was considered and valued by the service. Staff understood consumers’ interests and life history. Consumers’ care documentation reflected what was important to the consumer and provided information to guide staff in delivering care and services tailored to consumer preferences. Staff were observed to be treating consumers in a dignified and respectful manner.

Consumers stated the service was providing care that made them feel valued and respected, staff provided inclusive care and make them feel safe. Staff demonstrated their understanding of and practical ways they supported consumers to feel safe, valued and respected. Care documentation evidenced the service considered and supported consumers to identify their needs relating to spirituality, culture, ethnic and linguistic diversity, and their relationships.

Consumers were supported by staff to make decisions about the care they received including if they change their mind or preferences. Consumers were able to choose to involve others such as family and friends in care decisions, and those choices were respected by the service. Staff described their understanding of how consumers were supported to maintain relationships of importance, to make decisions, and communicate those decisions.

Consumers were supported by the service to make choices, even if those choices posed a risk to their safety or health. Staff described supporting consumers to take risks and how strategies were implemented where appropriate to mitigate risk of harm to consumers. The service had policies guiding staff to enable consumers with taking risks.

Consumers and representatives confirmed the service provided them with correct and accurate information, in a timely manner that enables their understanding. Staff described, and documentation evidenced multiple ways information was provided to consumers enabling them to make informed choices.

Consumers were satisfied their privacy was respected by staff and were confident staff ensured personal information was kept confidential. Staff described how they ensured consumers’ privacy was protected. The service had policies, procedures and systems in place to guide staff in confidentiality and privacy for consumers.

Based on the information recorded above, it is my decision this Standard is compliant.

# 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 and representatives stated assessment and planning of care and services included consumers’ current needs, goals, and preferences. The service had systems in place to ensure assessment and planning of care identified risk to consumers’ health and well-being.

The Site audit report contained information that for consumers subject to an environmental or mechanical restraint, risk assessments, behaviour support plans, authorisation and consent had not been completed by the service. Staff had not considered redirection of consumers, and not permitting consumers to exit the service environment independently, in the context of meeting the threshold of environmental restraint. Assessment and planning relating to restrictive practices for these consumers had not occurred. Care documentation indicated consumers who had a bed pushed against the wall were subject to mechanical restraint, despite the consumers not being subject to physical restraint, due to their ability to get out of their beds.

The Approved provider in its written response to the Site audit report committed to actions to address the deficiencies identified in the Site audit report. Actions included identifying the consumers subject to restrictive practices, assessing those consumers in relation to their cognitive function and completing the appropriate and correct documentation to reflect the restrictive practice. According to the Approved provider’s response six consumers were identified as being subject to environmental restraint, a restrictive practice and behaviour support plan has been completed for the six consumers. Five consumers were assessed as being subject to mechanical restraint due to their beds placed against a wall. These consumers have had risk assessments completed, and their risk assessment care plan includes dignity of risk information. Policies relating to restrictive practices have been reviewed to reflect the intention of the need for restraint. Education records for 10 staff that attended a session relating to environmental and mechanical restraint was submitted as part of the response, however, no date was recorded to support when the training was provided.

While I acknowledge the actions taken by the service to address the deficiencies identified in the Site audit report, I also note the following. The numbers of consumers identified as being subject to environmental restraint is different within the plan for continuous improvement and the register of review dates which indicates five consumers were subject to environmental restraint. I also have doubt staff at the service have understood the intention and meaning of mechanical restraint, which does not include a device for therapeutic or non-behavioural purposes. Beds placed against a wall when a consumer can freely enter and exit the bed do not meet the threshold of mechanical restraint. The restrictive practices consent form for a male consumer submitted as part of the Approved provider’s response contains reference to a female named consumer, which leads me to question the individual response utilised when staff completed the restraint documentation.

In coming to my decision of compliance for Requirement 2(3)(a), I have weighted my decision considering consumers were not placed at risk of having unnecessary restraint authorisation.

Consumers and representatives confirmed, and review of care documentation evidenced individual consumer’s current needs, goals and preferences were addressed, and this included advance care planning, and documentation of consumers’ wishes. Registered staff stated there was discussion about a consumer’s advance care planning, including end of life wishes when a consumer entered the service and if a consumer's condition deteriorated. Documentation evidenced advance care directives were in place, or there was evidence of a discussion with consumers and representatives regarding end of life wishes.

Consumers and representatives stated the service involved the consumer and other relevant individuals in the planning and delivery of care and services. Assessment process worked in partnership with other organisations, individuals, and service providers in assessment and care planning and communicated regularly regarding the changing needs of consumers.

Consumers and representatives confirmed staff discussed consumers’ care needs and the information in the consumers’ care plan. Staff had access to care plans for consumers through the electronic care management system and information was shared at handover. Care planning documents were readily available to staff delivering consumer care and services. Care planning documentation was readily available to visiting health professionals, such as the dietitian, physiotherapist, podiatrist, psychologist and medical officers who had access to the electronic care management system.

Consumers and representatives stated staff discussed consumers’ care needs and preferences with them and were responsive when there was a change. Care plans were reviewed every three months by registered staff, when circumstances changed, or if there was an incident involving a consumer. When an incident occurred, this triggered a review of the care plan which included relevant allied health professionals when necessary. Management described processes to ensure care plans are reviewed when scheduled.

Based on the information recorded above, it is my decision this Standard is compliant.

# 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 representatives confirmed consumers received safe and effective personal and clinical care. The service had systems to ensure consumers’ clinical care for wounds, falls prevention and management, pain, unplanned weight loss, diabetes management, and chemical restraint were met. Best practice guidance, policies and procedures were followed by staff to ensure optimisation of consumer health and wellbeing. Clinical care was aligned with each consumer’s unique needs, incorporating best practice. Staff demonstrated knowledge of individual consumer’s personal and clinical care needs and ensured that care offered and provided maximised consumer health and wellbeing.

The service demonstrated the effective management of high-impact and high-prevalence risks associated with the care of consumers within the service. Consumers and representatives were confident the service was managing risks effectively. Risk management strategies were informed by clinical assessment and interventions implemented after consultation with consumers and representatives. The service sought the contribution of allied health professionals, medical officers and other specialists as required for care delivery. Strategies to mitigate risks were implemented, management reviewed, trended and analysed clinical incident and quality indicator data which was reported within the organisation.

The service demonstrated the wishes of consumers nearing end of life were honoured. Consumers’ comfort and dignity was maintained through discussions with consumers and their representatives, medical officers, palliative care teams and anyone else they wished to be included in their end-of-life care. Registered staff described the palliative care pathway, resources available to them to support consumers nearing their end of life and ways in which they maintained the comfort of consumers at the ending of life, including one-on-one support for the consumer and their family.

The service identified changes in consumers’ health and wellbeing and responded in a timely way. Care documentation confirmed staff recognised, reported and responded to changes in consumers’ condition. Registered staff acted when a consumer had been identified with deterioration which included assessment of the consumer, referral to a medical officer or other allied health professional, discussion with the consumer and representative and transfer to hospital if necessary. Care staff explained how, if they identified any changes in a consumer’s physical or psychological wellbeing, they reported to registered staff straight away.

Consumers and representatives confirmed consumers’ care needs and preferences were effectively communicated between staff and consumers received the care they required. Care documentation contained adequate information to support effective and safe care delivery. Registered staff had processes relating to information sharing of consumers’ needs to other health care services and staff.

The service demonstrated referrals to other healthcare providers or organisations were made in a timely way and were appropriate. Care documentation identified, and consumers and representatives confirmed, other health professionals assessed consumers and provided directives for their care. Management and staff described how changes in consumers’ health or well-being would prompt referral to a relevant health professional.

The service demonstrated effective infection control processes, outbreak management planning and antibiotic stewardship. The service had policies and procedures in relation to antimicrobial stewardship, infection control, and an outbreak management plan. Staff provided examples of practices to prevent and control infections such as hand hygiene, encouraging fluids, the use of personal protective equipment and obtaining pathology results prior to commencing antibiotics.

Based on the information recorded above, it is my decision this Standard is compliant.

# 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 representatives confirmed services and supports for daily living met consumers’ needs and preferences in relation to daily living. Care documentation evidenced initial and ongoing assessments of consumers’ needs and preferences relating to lifestyle. Staff demonstrated knowledge of consumers’ needs and preferences. Staff developed consumer activities to align with consumers’ preferences from the entry assessment and planning and from feedback for consumers. The September 2024 activities calendar included body movement classes, intergenerational engagement with pre-school children, garden club and many games and craft activities.

Consumers were satisfied their emotional and spiritual needs were met. Consumers had access to chaplains and individual social support. Consumers’ emotional, spiritual, and psychological needs were assessed with care strategies incorporated into their care and service plan. Staff were observed providing emotional support to consumers.

Consumers confirmed they could participate in activities of interest, participate within and outside the service’s community, and have relationships with those important to them. Care documentation included personal goals, social interests, personal strategies and important relationships. Consumers were observed having social relationships, attending appointments outside of the service and doing things of interest to them.

The service had effective processes for the communication of information about consumers’ condition, needs and preferences. Consumers were satisfied with communication of their care between other services where care was shared. The service used the electronic care system, daily handovers and meetings to manage and communicate consumers’ information. Care documentation evidenced, and staff confirmed they were provided adequate information to support safe and effective daily living care.

Consumers stated where appropriate referrals were made to other services. Policies and procedures guide the referral process, staff make appointments or support consumers to make the appointment. Staff were always looking for opportunities for consumers to join outside community services to support consumers with their interests and hobbies.

Consumers and representatives confirmed meals were served at appropriate temperatures, varied, of suitable quality and quantity and there was an improved dining experience. There were systems in place to ensure consumers’ meals meet consumers’ preferences and needs. Consumers’ dietary needs and preferences were accessible to staff within care documentation and summary sheets on trolleys and in the kitchen and servery areas.

The service was found to be non-compliant in this requirement following the Site Performance Assessment conducted on 15 to 16 May 2024, and this related to meals of unsuitable quality and temperature and food delivery processes were not safely executed. The service took action to address these deficiencies including the implementation of meals cooked onsite, previously meals were cooked elsewhere and transported to the service. Meal temperatures were taken and recorded including for first and last meals delivered. Thermal covers were implemented for meals delivered to consumers’ rooms. Individual name cards were created capturing consumers’ likes, dislikes and allergies. The availability of snacks was increased including bowls of fruit in each cottage, coffee and tea making facilities and the daily replenishment of snacks in the kitchenettes. A food committee was established with fortnightly meetings capturing feedback from consumers. Dining rooms and kitchenettes were renovated as part of a larger renovation project at the service. Based on consumer satisfaction and the implementation of the above actions, it is my decision Requirement 4(3)(f) is now compliant.

Consumers were satisfied the equipment provided to support daily living was suitable, clean, and well-maintained. Management had the capacity to purchase new equipment if required. Equipment was observed to be safe, suitable, clean, and well maintained.

Based on the information recorded above, it is my decision this Standard is compliant.

# 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

Consumers described the service as their home. The service environment promoted each consumer’s independence and catered to their abilities. The service environment was observed to be welcoming and supported consumers to maintain independence. The service environment consisted of four individual cottages, each contained consumer rooms, a kitchenette, communal lounge and a central courtyard. A central administrative building included a shared activities room and a hair salon for consumer use. The service’s outdoor environment featured gardens and lawns, paths between buildings, communal outdoor seating areas and an aviary. Signage throughout the service enabled consumers to orient and navigate the service independently.

Consumers felt safe at the service, could freely move within and outside the grounds of the service and were satisfied with the cleanliness of the environment. The service implemented and monitored adequate practices, systems and procedures to ensure the service environment was clean, safe and well maintained.

The service was found to be non-compliant in this requirement following the Site Performance Assessment conducted on 15 to16 May 2024, and this related to consumer dissatisfaction with the cleanliness of the environment, hazards existing in communal areas and dangers in the living environment. The service took actions to address these deficiencies, including daily cleaning of the service, an increase in allocated cleaning staff, staff training, the introduction of a cleaning schedule, security of chemicals, improvement in lighting and the removal and deterrent measures relating to snakes sighted at the service. The service underwent major renovations, and these have now been completed. Based on consumer satisfaction and the implementation of the above actions, it is my decision Requirement 5(3)(b) is now compliant.

Consumers confirmed the service environment included furniture and equipment which suited their needs, was safe, well maintained and kept clean. Staff described systems and processes ensuring equipment, furniture and fittings were well maintained and cleaned. The service installed new furnishings throughout individual consumer rooms and within communal areas during recent renovations. Furnishings were observed to be appropriate to consumer needs.

Based on the information recorded above, it is my decision this Standard is compliant.

# 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

Consumers and representatives felt encouraged, safe, and supported to provide feedback and make complaints and described the various methods available for them to do so including speaking to management or staff directly. Staff described how they escalated consumers’ and representatives’ feedback or complaints to management or assisted the consumer or representative to fill out feedback forms. The service facilitated a monthly consumer and representative meeting, and food focus groups and feedback provided was actioned.

Consumers and representatives were aware of external advocate organisations and language services available to assist in making complaints. Staff had a shared understanding of the external services available and how they would support the consumer. Management confirmed advocacy and language services were promoted within the service.

Consumers and representatives stated the service appropriately actioned and addressed complaints. Complaints documentation demonstrated the service always included consumers and representatives in the resolution process to ensure complainants were satisfied with the outcomes. Staff stated they apologised when things went wrong and complaints documentation confirmed, open disclosure was practised at the service.

Feedback and complaints were used to improve the quality of care and services. Consumers confirmed their feedback was used to improve the quality of care and services they received. All complaints were investigated by management and where appropriate the services and care were reviewed and improved. Feedback and complaints were discussed during staff meetings, as well as handovers, to provide staff the opportunity to contribute to improvements and be part of the solution.

Based on the information recorded above, it is my decision this Standard is compliant.

# 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

Consumers and representatives stated there was sufficient staff and contracted workers to provide consumers’ care and service needs. The service had systems to ensure the number and skill mix of the workforce, staff and contracted workers, enabled the delivery of consumers’ care and service needs and preferences. When unplanned leave occurred, management reviewed the need to replace staff as the roster for registered and care staff is planned for 40 consumers, and the service was not fully occupied. Strategies such as offering staff more shifts and the use of contracted workers were deployed if required. Registered nurses were allocated 24 hours a day and management provided an on-call service for staff to escalate concerns after hours.

Consumers and representatives advised staff interactions were kind, caring and respectful. The service had systems in place to ensure staff interactions were respectful and kind and uphold consumers’ identity. Interactions between staff and contracted workers were observed to be respectful and staff appeared kind and caring. Records such as care and service plans, incident reports and complaints evidenced respect for consumers and the use of appropriate language.

The service had systems in place to ensure the workforce was competent and had the qualifications and knowledge to perform their roles in providing care and services for consumers. Consumers were confident the service ensured clinical, care and support staff were competent and had the appropriate qualifications for their role. Staff demonstrated knowledge of the requirements of their role and consumers’ clinical, care and support needs and preferences. Documentation demonstrated staff and contracted workers’ qualifications and police checks were current.

Consumers confirmed staff had the skills required to deliver care and services to meet their preferences and needs. The service had systems in place to ensure staff and contracted workers delivered care and services as required by the quality standards. The service had an annual training program, online training program via the staff portal, toolbox talks, competencies and ad hoc training. A yearly training program was developed relating to staff identified needs and the Approved provider’s requirements to meet the quality standards. Review of training records confirmed staff had completed training in the quality standards, serious incident response scheme, elder abuse, infection prevention and control, open disclosure and consumer related care needs such as risk management and supporting consumers to take risk to live the life consumers chose.

Based on the information recorded above, it is my decision this Standard is compliant.

# 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 advised they consider the service was well run and they could provide feedback and suggestions to management which were considered. The service had systems in place to support consumer and representative engagement in the development, delivery and evaluation of care and services. Consumer meeting minutes identified management informed consumers and representatives of actions taken from consumers’ and representatives’ feedback and actively sought feedback from consumers and representatives on provided care and services.

The service demonstrated the implementation of the Approved provider’s governance systems to promote a culture of safe, inclusive and quality care and services and the governing body demonstrated accountability for the delivery of care and services. Consumers felt safe at the service and were part of the service’s community. The Approved provider had a governance framework which included the Chief operations’ officer and Board’s responsibility with compliance of the quality standards, risk management, legislation requirements, financial sustainability, and setting strategic direction.

The Approved provider had a governance framework, and the service demonstrated Approved provider wide governance systems had been implemented. The organisation developed procedures to guide management and staff in information management. Examples included privacy and confidentiality of consumers’ information. Consumers stated information was appropriate for their needs, easily understood and provided by the service via a variety of mechanisms such as written, verbal and meetings. The organisation developed a continuous quality improvement procedure to guide management and staff. Continuous improvement was managed by the service’s management with oversight from the executive team. The service’s management had a budget allocation that was designed to meet the financial needs of the service and ensure the delivery of quality care and services. Meeting minutes evidenced the Approved provider had a workforce planning committee which had oversight of staff and Board position descriptions, staff training needs, developing staff workforce sustainability, capability and diversity. The Approved provider had established memberships of professional organisations to monitor aged care legislation and regulations. These organisations provided advice to the Approved provider’s governing body about new aged care legislation and regulations, and changes in existing regulations and legislation. Consumers advised the service was responsive to feedback and complaints. The feedback and complaints register evidenced complaints and feedback were documented and actioned at the service level if appropriate.

The service had systems in place to identify and manage risks associated with consumers’ care and lifestyle choices, and to support consumers to live the best life they can. High impact or high prevalence risks associated with consumers’ care was identified and mitigated by the use of risk assessments tools for the planning of consumers’ care and service needs. The service identified and responded to abuse and neglect of consumers through an electronic incident management system which identified reportable serious incident response scheme incidents. The service had policies and procedures describing abuse and neglect, and reporting requirements for serious incident response scheme incidents. Consumers advised the service supported them to live the life the best life they could. Care documentation demonstrated completion of risk assessments with risk strategies discussed with consumers.

A clinical governance framework was in place at the service. The Approved provider developed and implemented a clinical governance framework, which included clinical safety and open disclosure. The monthly clinical governance committee meeting minutes confirmed the service’s data in relation to antimicrobial stewardship, minimising restraint and open disclosure was reviewed and areas of concern were analysed with actions taken.

Based on the information recorded above, it is my decision this Standard is compliant.

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)