

**Performance Report**

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| Name: | St Basil's Aegean Village |
| Commission ID: | 6151 |
| Address: | 10 Morton Road, CHRISTIE DOWNS, South Australia, 5164 |
| Activity type: | Site Audit |
| Activity date: | 22 October 2024 to 24 October 2024 |
| Performance report date: | 5 December 2024 |
| Service included in this assessment: | Provider: 1051 St Basil's Homes for the Aged in South Australia (Vasileias) Inc Service: 4168 St Basil's Aegean Village |

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 Basil's Aegean Village (**the service**) has been prepared by J Wilson, 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, older people/representatives, and others.
* the provider’s response to the assessment team’s report received 13 November 2024. The response includes commentary and supporting documentation relating to the deficits identified, as well as planned corrective actions.

# 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 | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Not 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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 3 requirement (3)(b)**

* Ensureeffective management of high impact or high prevalence risks associated with the care of each consumer.

**Standard 5 requirement (3)(c)**

* Ensure furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

# 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 confirmed they were treated with dignity and respect and felt accepted. Staff provided examples of how they promoted consumers’ dignity and showed respect and staff were interacting with consumers in a respectful and dignified manner. Documentation showed personal information about consumers’ identity was recorded in consumer care records and known by staff.

Records showed staff complete cultural diversity training to assist them to recognise culturally safe care and deliver culturally safe care and services. Documentation showed consumers are provided information on culture and diversity and their rights relating to this. Consumers were satisfied the service provides culturally safe care, including supporting them to maintain routines and aspects of their identity which are important to them.

Consumers confirmed they are supported to make their own decisions about the care they wish to receive and said their preferences are met. Consumers were satisfied they could involve others in decision making when they wish and are supported to maintain relationships with family and friends as well as forming new relationships within the service.

Care documentation recorded consumer preferences, relationships of importance, and those they wished to support them in decision making. Staff confirmed they receive training in relation to consumer choice, decision making and independence.

Staff were knowledgeable about consumers’ choices and the importance of supporting consumers to live their best lives, and minimising risks. Consumers were confident they were supported to take risks to enable them to live the best life they can, including mobilising independently to access the community. Documentation showed risk assessments had been completed and strategies to minimise risks to consumers were implemented, and consumer participation in this process.

Consumers and representatives confirmed they receive current information which is easy for them to understand and enables them to exercise choice. Staff described the variety of ways information is provided to consumers and provided examples of how they tailor communication to meet the needs of consumers with sensory or language barriers.

Consumers were confident staff kept their personal information confidential and expressed satisfaction with the way staff maintained their privacy through care and service delivery. Staff confirmed they receive training on privacy and confidentiality and how to manage consumers personal information. Consumer records were stored securely, and staff respected consumers privacy when in their rooms.

For the reasons detailed above I find Standard 1, Consumer dignity and choice, 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 confirmed they participate in assessment and planning processes. Documentation showed staff use a clinical admission pathway and complete risk assessments using validated risk assessment tools, to identify risks. Strategies to minimise risks to consumer’s health and safety are recorded and communicated to staff. Policies and procedures provide guidance to staff on the assessment and planning process and managing risks related to care.

Consumers and representatives were satisfied how staff discuss their needs, preferences and goals with them, and provide care and services in line with these. Care documentation showed consumer needs, goals and preferences, end of life wishes, and advanced care directives are documented to guide staff in providing tailored care and services.

Consumers confirmed they participate in the planning and review of their care and can involve family members or others if they wish. Documentation demonstrated a range of allied health professionals, medical officers and specialists are involved in consumers’ care, where required. Recommendations from health professionals involved in consumers’ care are documented in consumer care plans to guide staff in delivering appropriate care.

Consumers and representatives were confident staff were knowledgeable about their needs, goals and preferences, care plans are available to them if they wish and they are satisfied staff communicate about care and services. Care documentation included consumers’ needs, goals and preferences, risk assessments and risk minimisation strategies. Staff confirmed they have access to consumer care records and consumers are offered a copy of their care plan.

Consumers and representatives were confident their care and services were reviewed regularly. Staff confirmed planned assessments and a review of each consumer’s care is completed, with additional reviews completed following incidents and changes in consumer’s condition or circumstances. Staff confirmed they are kept up to date of changes in care and services through various communication and handover processes. Documentation showed consumers care and services are reviewed following incidents and changes to the consumers’ condition.

For the reasons detailed above I find Standard 2, Ongoing assessment and planning with consumers, 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. | Not 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

In relation to **Standard 3, requirement 3(3)(b)** the assessment team recommended this requirement not met as they were not satisfied high impact high prevalence risks associated with the care of each consumer were effectively managed, specifically in relation to consumers subject to chemical restraint, who are administered psychotropic medications to assist with changed behaviours.
The assessment team’s report included the following information and evidence gathered through interview, observations, and documentation review, which is relevant to my finding:

* The service’s chemical restraint register showed 4 consumers were subject to chemical restraint; however, medication charts showed approximately 20 consumers are prescribed medications to assist in the management of changed behaviours.
* Two named consumers with changed behaviours were administered psychotropic medication to modify their behaviour; however, were not identified by the service as subject to chemical restraint.
* Behaviour monitoring charts and progress notes did not document non-pharmacological strategies trialled prior to the use of the psychotropic medication, for the two named consumers.
* While on site management provided feedback acknowledging one named consumer was subject to chemical restraint and did not have a restrictive practice authorisation form in place as required. Management acknowledged monitoring charts did not always include non-pharmacological strategies trialled prior to the use of psychotropic medication.

In their response the provider acknowledged the deficits identified in the assessment team’s report and provided details of corrective actions they have undertaken to address the deficits identified, including:

* Revised behaviour support plans to ensure they include detailed strategies for non-pharmacological interventions for two named consumers.
* Email alerts have been created to notify when as required (PRN) medication is administered, for monitoring to ensure evidence of implementation of personalised non-pharmacological strategies, and evaluation of their effectiveness is documented.
* Educational sessions on administration of psychotropic medication and chemical restraint to relevant staff.

I acknowledge the information in the provider’s response, including actions taken by the provider to address the deficits identified. However, I find the service did not demonstrate effective management of each consumer in relation to the use of psychotropic medication for consumers with changed behaviours. In coming to my finding, I have considered information presented in the assessment team’s report which highlighted several consumers who are prescribed psychotropic medication as a strategy to manage changed behaviours have not been identified as subject to chemical restraint, which demonstrates a systemic issue impacting multiple consumers. I have also considered the information in relation to two named consumers which shows the consumers’ behaviour was not effectively monitored or strategies evaluated, including behaviour charting, which is not consistently completed to enable behavioural changes to be identified or effective management strategies to be implemented to minimise risks to the consumer and others. Further, personalised non-pharmacological strategies were not documented as trialled prior to the use of psychotropic medication to ensure it is administered as a last resort.

For the reasons detailed above, I find requirement 3(3)(b) in Standard 3 Personal care and clinical care non-compliant.

In relation to **Standard 3, requirements 3(3)(a),** **3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f), 3(3)(g).**

Consumers and representatives said they get the care and services they need, and staff know the consumers’ needs and preferences. Staff provided examples of how they ensure care and services are delivered in a safe and effective manner, tailored to each consumer and were knowledgeable about best practice care.

Consumers and representatives were confident staff would provide appropriate palliative and end of life care when required. Documentation confirmed staff established end-of-life pathways, including regular monitoring, pain management, and psychosocial support. Staff demonstrated awareness of individual preferences, including cultural and personal goals, and explained processes for recognising and respecting consumer wishes.

Consumers and representatives felt confident staff would notice if there was a change in their condition and respond appropriately. Staff described processes to report and respond to changes related to consumers. Care documentation showed evidence of identification and actions taken when consumers’ health changed or deteriorated.

Consumers and representatives described how staff were familiar with consumers’ preferences, needs, and goals and they received updates following reviews, changes in condition, and when an incident occurs. Staff confirmed they have access to care plans and various mechanisms and processes to understand clinical information and care updates for consumers.

Consumers and representatives confirmed referrals meet personal and clinical needs effectively and included referrals to allied health professionals, medical officers, and other health specialists. Documentation showed consumers had been appropriately referred in a timely manner.

Consumers and representatives were satisfied staff keep them safe from infection using personal protective equipment, cleaning and COVID-19 testing. Staff confirmed they had access to and use guidelines and resources provided to manage COVID-19 and demonstrated they understood processes relating to infection control. Staff were using hand hygiene techniques and management confirmed an infection control lead oversees infection control procedures. Documentation showed monthly infection audits and proactive antimicrobial stewardship, infection prevention and control training and regular communications to staff and consumers and representatives during an infectious outbreak.

For the reasons detailed above I find requirements (3)(a), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) in Standard 3, Personal and clinical care, 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 confirmed they receive supports for daily living which optimise their wellbeing, including, meeting with visitors, spending time with their partner, attending activities of their choice, support to access the wider community and to improve their mobility and wellbeing. Staff were knowledgeable about consumers’ needs, goals and preferences and described ways they adapt care and services to optimise consumers independence and wellbeing. Documentation showed consumers’ needs goals and preferences are discussed with consumers and tailored to optimise independence and quality of life.

Consumers and representatives were satisfied staff knew them well and offered emotional support when consumers needed. Consumers were confident staff provide additional emotional, psychological, and spiritual supports if they needed. Consumers described pastoral care services provided to aid their spiritual wellbeing and they could access appropriate supports. Documentation showed information about consumers’ emotional, spiritual and psychological wellbeing is recorded and supports provided as needed.

Consumers and representatives confirmed consumers are supported to participate in activities within the service and in the wider community and do things of interest to them. Consumers said they receive visits from family members, and friends and volunteers, which helps them maintain social connections of choice. Consumers in intimate partnerships confirmed they were able to maintain their relationship, and consumers described friendships formed within the service. Staff described various activities which are available to consumers to participate and how they support consumers to do engage in the lifestyle program. this. Documentation showed consumers interests and relationships of importance were documented to guide staff in supporting consumers’ needs and preferences.

Consumers and representatives were confident staff know their needs, goals and preferences for services and they share information with other providers of care and services, where appropriate. Consumers confirmed they had received information on admission which outlined under what circumstances information would be shared and had consented to the information sharing process.

Consumers confirmed they are timely and appropriately referred to other organisations and providers of care. Management and staff described the processes for referring consumers to other providers of services and supports and documentation reflected these processes.

Consumers expressed satisfaction with meals, and confirmed the food is of good quality, there is always enough to eat and there are snacks available throughout the day if they prefer. Consumers confirmed they have a choice of meals, and they are aligned with their dietary requirements. Consumers were observed being offered choice and receiving meals in line with their dietary requirements. Staff showed an understanding of consumer’s dietary requirements, likes, dislikes, allergies and intolerances. Staff described the process for updating consumers dietary requirements and meal preferences to ensure meals provided are in accordance with preferences and assessed needs.

Consumers confirmed they are provided with safe, suitable, clean, and well-maintained equipment, which is fit for purpose, and assists them with mobilising, accessing activities, and other areas of the service. Staff demonstrated there are processes in place to ensure equipment is cleaned after each use and well maintained. Observations showed various equipment in use was clean and well maintained.

For the reasons detailed above I find Standard 4, Services and supports for daily living, 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. | Not Compliant |

Findings

In relation to **Standard 5, requirement 3(3)(c)** the assessment team recommended this requirement as not met as they identified many electrical items throughout the service were past review dates, not tagged appropriately, were not included in the services preventative maintenance schedule, and did not adhere to the services electrical equipment policy. Numerous items including, meal hot boxes, laundry chemical pumps, fridges throughout the site, and personal electrical items in consumers rooms, were past review dates and not safely used with double adaptors. Some lifting equipment was also found with incomplete testing review dates or past their review dates.

In their response the provider acknowledged the deficits identified by the assessment team and provided details of corrective actions they have undertaken to address this issue including:

* A review and inventory of all electrical equipment.
* Implementation of a tagging and testing schedule which is integrated into the preventative maintenance program.
* Completion of testing of all overdue equipment.
* Education to relevant staff regarding policy and procedures and appropriate use of electrical items.

I acknowledge the information in the provider’s response, including actions taken by the provider to address the deficits identified; however, I find the service did not demonstrate fittings and equipment are safe, well maintained, and suitable for the consumer. In coming to my finding, I have placed weight on the extent of electrical items and lifting equipment which were not tested and reviewed according to policy, which demonstrates the service did not have an effective system to ensure review and testing of all equipment occurred, to ensure consumer safety. While I acknowledge the actions undertaken by the provider to address the identified deficits, the education and system implementation will require time to become fully embedded into staff practice, and evaluated for effectiveness.

For the reasons detailed above, I find requirement 5(3)(c) in Standard 5, Organisation’s service environment, non-compliant.

In relation to **Standard 5, requirements 5(3)(a) and 5(3)(b)** consumers and their representatives expressed satisfaction with the service environment and confirmed it is welcoming and inclusive and supports a sense of belonging and independence. Observations showed areas supporting consumers' cultural needs and a shared activity room with accessible signage and space for mobility aids.

Consumers were satisfied the environment’s cleanliness and is well maintained and they can move freely indoors and outdoors. Staff demonstrated an understanding of cleaning and maintenance processes and procedures and were clear on their roles and responsibilities in relation to this. Consumer rooms, dining areas, and courtyards were tidy with comfortable seating options. Consumers were observed accessing outdoor areas throughout the site audit.

For the reasons detailed above I find requirements (3)(a) and (3)(b) in Standard 5, Organisation’s service environment, 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 were aware of feedback and complaint mechanisms and confirmed their feedback was addressed promptly. Staff described the ways they support consumers to provide feedback.

Consumers and representatives were confident the service manages feedback and complaints well, and consumers confirmed they are aware of advocacy services, and external complaints handling services, for raising and resolving complaints. Staff demonstrated knowledge of processes in place for consumers who require assistance to understand information and provide their feedback. Observations showed information about advocacy services, and internal and external complaint avenues is displayed throughout the service.

Consumers and representatives were satisfied the service responds to their feedback or concerns in an appropriate and timely manner. Staff demonstrated understanding of open disclosure and advised they have received training in open disclosure and responding to feedback and complaints. Documentation showed the service is capturing feedback and recording actions taken by the service to address complaints and identifying opportunities for service improvement. Policies and procedures guide the service in responding to feedback and complaints and using open disclosure.

For the reasons detailed above I find Standard 6, Feedback and complaints, 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 were satisfied there are enough staff and the right mix available to provide quality care and services, and they did not wait too long to be assisted. Staff confirmed they are supported with enough staff rostered each shift, and if they have concerns about staffing levels and their capacity to meet the needs of consumers, they are comfortable raising this with management and confident this is addressed. The service has processes in place to ensure the workforce is planned and there are enough staff allocated to provide quality care that meets the needs of consumers. Staffing mix and levels are adjusted in response to the needs of consumers. Documentation showed rosters, allocations and timeliness of care is reviewed to identify any gaps in staffing levels.

Consumers confirmed staff are kind, caring and respectful of their identity, culture, and diversity. Staff were knowledgeable of consumers' needs and preferences and knew where to locate their individual information if needed. Care documentation captured consumers preferences and cultural requirements and the service has policies and procedures to guide staff in providing person centred care, which is kind, and respectful of consumers’ identity, culture, and diversity. Staff interactions with consumers throughout the site audit visit were kind, caring and respectful.

Consumers were confident staff have the right knowledge, skills and are competent to effectively perform their roles. Human resource records showed staff have the appropriate qualifications to perform their roles, and position descriptions included the qualifications and experience required for each role. Training records show staff complete a range of training across all areas of care and service delivery.

Consumers were satisfied the service provides training to staff to enable them to provide a good standard of care and services. Staff interviewed described how the service supports them to deliver safe, quality care and services, including through training, professional development, and management discussed a comprehensive induction, onboarding process and training programme.

Consumers were satisfied with how the staff deliver care and services and can provide feedback regarding staff performance. Staff described performance monitoring processes which occur regularly. Monitoring and review processes are in place and informed by feedback from consumers, staff, and observations of staff performance.

For the reasons detailed above I find Standard 7, Human Resources, 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 and representatives described ways the organisation includes them in the development, delivery and evaluation of care and services, including via surveys, meetings, and participation in the consumer advisor committee. Management described mechanisms in place to promote consumer engagement including the food focus group, consumer advisory committee, resident and relative meetings. The Board has a resident experience committee responsible for ensuring customer satisfaction and promoting consumer engagement.

Consumers and representatives were confident the service is well run, and they have confidence in management. Staff were able to describe their roles and responsibilities in relation to delivering a high standard of care and service to consumers. The organisation has a code of conduct and organisational strategy which provides a framework and sets expectations in providing safe, quality care to consumers. The governing body receives information across the various care and service delivery areas and quality, safety and governance subcommittees provide information and recommendations to the Board for discussion and recommendations for service improvements.

Effective governance systems relating to information management, workforce governance, financial governance, regulatory compliance, and continuous improvement are in place. Management and staff described the various information processes in place, to enable staff to share consumer information, to ensure safe, quality care and services are provided.

A range of policies, procedures, and processes are in place to ensure an effective risk management system. Clinical incident data is collected, analysed, and trended to mitigate high impact high prevalent risks to consumers and improve the standard of care and services. Where adverse events occur, incidents are reviewed and investigated, and the organisation has processes in place to ensure transparency and clear oversight. Documentation shows staff receive education on managing risk, incident management, including serious incidents reportable under the Serious Incident Response Scheme, elder abuse, antimicrobial stewardship and infection management, prevention, and control.

An effective clinical governance framework, inclusive of antimicrobial stewardship, minimising the use of restraint and open disclosure is demonstrated. The framework is supported by clinical staff, leadership and oversight at a service and organisation level, including a clinical governance committee, and reporting mechanisms to the Board. Policies, procedures and education guide staff in understanding restrictive practices and minimising restrictive practice usage in accordance with relevant legislation. The application of open disclosure principles is evident through the review of incident and complaint data, and training records show staff receive education on open disclosure and staff could demonstrate their understanding of open disclosure and its application.

For the reasons detailed above I find Standard 8, Organisational government, compliant.

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)