Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | St Basil's at St Peters |
| Commission ID: | 6767 |
| Address: | 9 Winchester Street, ST PETERS, South Australia, 5069 |
| Activity type: | Site Audit |
| Activity date: | 21 May 2024 to 24 May 2024 |
| Performance report date: | 3 July 2024 |
| Service included in this assessment: | Provider: 1051 St Basil's Homes for the Aged in South Australia (Vasileias) Inc  Service: 4237 St Basil's at St Peters |

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 at St Peters (**the service**) has been prepared by Katherine Richards, 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 consumers, representatives, staff, management, and others; and
* the provider’s response to the assessment team’s report received 24 June 2024.

# Assessment summary

|  |  |
| --- | --- |
| 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 | **Not 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.

* **Requirement 8(3)(e)**: The approved provider ensures the Clinical Governance Framework includes policies and procedures reflective of legislative and best practice requirements, with effective monitoring and oversight practices to support staff to recognise, assess, and support consumers subject to restrictive practices, including environmental and perimeter restraint.

# Standard 1

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

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant.

Consumers and representatives described consumers as being treated with dignity and respect by all staff. Care planning documentation reflected consumer’s backgrounds, history, and cultural needs and preferences. Staff demonstrated understanding of consumer identity and cultural preferences, outlining how they demonstrated respect and optimised consumer dignity.

Consumers reported awareness and understanding of cultural backgrounds and needs. Staff described how the service provided culturally safe care and services and adapted the approach to care to suit the individual. Policies, procedures, and training provided guidance to staff on the provision of culturally safe care.

Consumers outlined how they were supported to make informed choices in order to remain independent, maintain relationships, and communicate their needs. Staff explained how they supported and encouraged consumers to make decisions and maintain personal relationships. Care planning documentation identified who was involved in care and decision-making.

Management explained how consumers were supported to take risks, ensuring they were informed of potential harm as well as associated benefits. Care planning documentation for consumers identified as taking risks of choice included a signed assessment form with agreed strategies. Consumers said they felt supported to take risks in order to live a life of choice and do things they enjoyed.

Staff explained how consumers were provided information through verbal and written communication and were observed reminding consumers of activities and offering choices in attendance. Consumers said they received sufficient information to make choices, including on meals, activities, and events. Meeting minutes demonstrated consumers attended and participated in consumer meetings, the printed menu was available in English and Greek and displayed in each dining room.

Consumer feedback confirmed their privacy was respected, with staff seeking consent to enter rooms, and closing doors and curtains during care. Staff explained actions to ensure consumer’s personal information was kept confidential, including having conversations in private and securing documentation when not in use. Policies and procedures instructed on securing personal information for access by authorised personnel only.

# Standard 2

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

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Management explained the assessment and planning process, commenced upon consumer entry to the service, used to develop a care and services plan identifying risks and management strategies. Care planning documentation reflected individual risks and tailored mitigation strategies. Representatives verified staff used assessment and planning processes, including consultation, to identify and understand consumer risks and develop personalised management plans. Whilst management described assessment and planning processes used to identify consumers subject to restrictive practices, these had not effectively identified all consumers impacted by a locked front gate. As this arose due to organisational and management interpretation of policies and procedures, I have considered this related to organisational governance processes within Standard 8, and it is reflected within my determination for Requirement 8(3)(e).

Care planning documentation clearly outlined consumer’s needs, goals, and preferences, and included advance care planning information. Representatives said consultation occurred to understand needs, goals, and preferences, with opportunities to discuss end of life wishes. Management explained the approach to discussing advance care planning in a culturally appropriate manner, reviewing information on a regular basis.

Consumers and representatives described their involvement in assessment and planning, including discussions to ensure appropriate care and interventions, and were aware of involvement of other providers. Management explained they encouraged consumers and representatives to contribute with assessment and planning processes to ensure care was personalised and reflective of preferences. Care planning documentation evidenced involvement of consumers and/or their representatives through care planning discussions and case conferences.

Consumers and representatives verified they had been offered a copy of the care and services plan, and said staff ensured there were opportunities for input and feedback. Management said it was routine to provide a copy of the care and services plan during reviews or following requests. Care planning documentation included record of discussion with consumers and representatives regarding the outcomes of assessment and planning, including the content within the care and services plan.

Management explained the frequency of reviews of care and services, including processes to ensure strategies remain effective. Consumers and representatives said they were aware reviews were routinely undertaken, including following an incident or change in consumer care needs. Care planning documentation demonstrated reviews were undertaken regularly, and updates made in response to changes or following incidents.

# Standard 3

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

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers and representatives said staff were aware of specific needs and preferences for care, with monitoring for changes in health. Management stated they were confident consumers received best practice care through available policies, procedures, training, and monitoring practices, including reviewing consumer documentation daily for identification of concerns. Care planning documentation was personalised, including tailored strategies for specific needs, and staff demonstrated awareness of this information.

Management explained how risks were identified, including through assessment and planning, monitoring, and feedback, with oversight through weekly clinical evaluation of risk management strategies. Where trends in risks were identified, a multidisciplinary approach could be taken, and programs developed, such as a consumer falls prevention program. Care planning documentation identified risks and included strategies, with consumers and representatives stating staff were aware of consumer risks and how these were managed.

Staff described how they identified consumer’s nearing the end of life, and adapted care to focus on physical and emotional needs. Best practice palliative care was supported through policies, procedures, and specialist referrals. Care planning documentation for a late consumer included a palliative care plan and management pathway focused on comfort care, including management of pain and symptoms, and meeting emotional, spiritual, and cultural needs.

Consumers and representatives said changes to consumer health or condition were identified and responded to. Staff described how they identify signs of deterioration and responsive steps, including assessment with monitoring and/or escalation pathways. Care planning documentation demonstrated change of health was promptly recognised and triggered appropriate response in line with policies and procedures.

Consumers considered staff were well-informed of their needs and preferences, and communication between staff was effective at sharing changes. Staff described communication processes, including handover, documentation within progress notes and charting, emails, and meetings. Observed handover practices ensured sharing of changes, incidents, and matters requiring follow up.

Care planning documentation reflected prompt and appropriate referrals to meet consumer needs. Management explained access to onsite practitioners, and external allied health and specialist services accessed through referrals. Representatives feedback reflected referrals were promptly made when consumer needs were identified.

Consumers described infection control practices used by staff, including wearing personal protective equipment and hand hygiene, adding entry screening procedures require everyone to wash their hands. The Infection prevention and control lead explained actions to minimise infection related risk, and responsibilities in event of an outbreak. Staff were aware of practices to ensure appropriate antibiotic prescribing, including assessment for clinical need and advocating for pathology testing. Policies and procedures informed staff practice for infection control and management.

# Standard 4

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

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers outlined how services and supports were tailored to optimise independence and well-being needs, goals, and preferences. Staff explained how they took time to understand needs, goals, and preferences within assessment and planning processes, and this information was used to build an individual services and support program.

Staff explained activities to support consumer’s emotional, psychological, and spiritual well-being, including one on one supports and available religious services. Staff also outlined how they identified low mood in consumers, aided by knowing consumers well, and would provide emotional support and escalate concerns. Care planning documentation included spiritual and emotional needs and preferences with support strategies. Consumer representatives described the supports provided to consumers to support emotional and spiritual well-being, including religious services and visits, and staff spending extra time when needed.

Consumers gave examples of how they were supported to do things of interest, including participating within the service and broader environment, and maintain important relationships. Staff explained taking time to get to know consumers to support needs and facilitate connections, with community transport and activities coordinated to meet needs and interests. Personal and group activities had been coordinated aligning with consumer interests. Care planning documentation included information to support consumers maintain connections and interests.

Staff in various roles explained how relevant information about consumers was shared, including through accessing the electronic care management system for updates. Consumers said information was effectively shared between staff, and staff were aware of required supports.

Consumers and representatives gave examples of referrals made to external organisations to meet needs. Care planning documentation included timely referrals to meet consumer needs, such as to a volunteer service for communication and companionship.

Consumers provided positive feedback on the provided meals, verifying suitable quality and quantity, and alternate food was available if preferred. Staff explained the seasonal menu was developed with input from consumers, considering preferences and cultural foods, with Dietitian review for nutritional quality, but alternate meals could be prepared if consumers did not enjoy available options. The menu offered options and choices, and Food focus group meeting minutes showed planning and consultation actions, including taste testing and records of feedback.

Consumers described the equipment for activities and personal care as safe, clean, and well-maintained. Staff explained equipment was readily available, and outlined cleaning and maintenance processes, including reporting concerns. Equipment was observed to be clean and in good repair, with documentation confirming regular maintenance was undertaken where required.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant.

Consumers and representatives described the service environment as welcoming, with features to optimise belong in and independence, such as the communal garden. Management explained how the environment catered to the needs of consumers and considered their cultural background to encourage interaction, belonging, and well-being. Consumer rooms were decorated and personalised, and navigation through the environment was supported through signage and bright and spacious corridors, with consumers observed socialising or engaging in activities of choice.

The service environment was clean, and well maintained, and consumers could move freely through internal areas and gardens. However, the gate to enter and exit the service was locked, impeding free movement of consumers who were not provided a swipe card, and management were unaware this may constitute environmental restraint for some consumers. As this arose due to organisational and management interpretation of policies and procedures, I have considered this related to organisational governance processes within Standard 8, and it is reflected within my determination for Requirement 8(3)(e). Staff explained cleaning undertaken in line with schedules, and how this changed in event of infection outbreak or to meet consumer needs. Consumers and representatives reported satisfaction with the processes to clean and maintain the service environment.

Staff explained how they reported maintenance issues, evidenced within documentation which also reflected timely actions. Preventative maintenance activities were undertaken in line with schedules, and staff explained how this was managed and monitored. Furniture and fittings were clean and in good condition, with service tags demonstrating recent review. Consumers verified equipment and furniture was clean and suitable for needs.

# Standard 6

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

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant.

Consumers and representatives reported feeling encouraged and supported to provide feedback. Staff explained methods in place for sharing feedback, concerns, or complaints, including verbally to staff or management, through feedback forms, emails, or meetings. Meeting minutes demonstrated feedback was welcomed and discussed, and feedback and suggestion forms with deposit boxes were readily available.

Consumers, representatives, and staff explained available advocacy and language services. Management said contact details for advocacy and complaint services were on displayed posters and within newsletters, and language services could be accessed by staff. Information on support services were included within the consumer handbook, meeting minutes reflected advocacy newsletters were provided to consumers, and printed information was available in English and Greek at reception and on noticeboards.

Staff described the open disclosure process used when concerns were raised, which included an apology, investigation, transparent communication, and evaluation of outcomes. Consumers and representatives said complaints were managed quickly and effectively, with management following up to ensure matters were rectified. Complaints in the register included details of feedback, actions, and steps of the open disclosure process.

Consumers and representatives said the service listens to feedback and makes changes. Management explained how feedback is gathered and reviewed, with trends or suggestions requiring time or planning to implement added to the Continuous improvement plan. Continuous improvement initiatives were documented, with actions, goals, and evaluation or progress.

# Standard 7

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

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers and staff reported there were sufficient staff to provide quality care without rushing. Staff said it was unusual for a shift to go unfulfilled, and all staff work together to meet consumer needs. Management explained practices to ensure sufficient staff were rostered, filling vacancies with existing staff, and monitoring to ensure consumer needs were met in a timely manner and regulatory obligations for nursing hours and care minutes were met. Roster documents and allocation sheets for the sampled period verified shifts were filled, including for unplanned leave.

Consumers and representatives described staff interactions as kind, caring, and respectful. Management explained processes to optimise workforce interactions with consumers through recruitment processes, monitoring of staff, training, and feedback. Staff are provided an employee information guide and training to focus on supporting person-centred care, and said they were encouraged to report staff who did not meet expectations.

Management explained recruitment processes ensure staff have appropriate qualifications and experience, with competency assessments and monitoring to ensure ongoing capability. Position descriptions included detailed information about the role and responsibilities along with requirements for employment, such as qualifications, skills, training, and experience. Monitoring was undertaken to ensure requirements of employment were maintained, including security checks, professional registration, and mandatory training.

Staff said they received adequate training pertinent to their roles, including on the Quality Standards and relevant topics, such as restrictive practices, incident management, elder abuse, and infection control. Management explained the education program, and monitored compliance with mandatory training which was essential to complete before staff could be rostered. Infection prevention and control leads had undertaken appropriate training for the role.

Management explained methods of monitoring and reviewing staff performance, including through informal observations, reviewing documentation, and seeking feedback from consumers and other staff. Where improvement opportunities were identified, such as following mistakes, processes were followed including offering additional training and support if required. Staff explained the formal performance review, including the self-assessment component and ability to identify further training needs.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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. | Not Compliant |

Findings

This Quality Standard is assessed as Not Compliant as one of the 5 Requirements have been found to be Not Compliant.

The assessment team recommended Requirement 8(3)(e) Not Met. Whilst the organisation’s clinical framework, inclusive of policies, procedures, practices, and training, informed and oversaw staff practice relating to clinical care, it did not effectively support the identification of all consumers subject to environmental restraint. Management stated they did not consider the locked gate on the perimeter fence of the service to be a restrictive practice for consumers who were unable to independently open the gate, operate a swipe card for the gate, locate the gate, or consumers who had not been observed to be attempting to exit through the gate. The Restrictive Practice Policy provided instruction on assessment of consumers, outlining declining offer of a swipe card was not a restrictive practice, however, the service could not demonstrate an assessment process was used, nor that swipe cards were routinely offered to consumers. Management advised they believed the current practice was appropriate, and there was no need to make change.

The provider’s response outlined their historical understanding of environmental restraint and work undertaken to meet regulatory requirements. The response includes the provider’s concerns on the complexity of environmental restraint, particularly on clarity of when perimeter restraint and security measures may be viewed as a restrictive practice. The provider states all consumers had a behaviour support plan developed, regardless of whether subject to restrictive practice, along with individual assessments of cognitive and mobility capacity. Information within assessment and planning processes identified some consumers were subject to environmental restraint where the primary purpose was to restrict movement to influence their behaviour. However, the provider has acknowledged the need to consider whether the locked gate on the perimeter fence had restricted the free access to all parts of the environment for consumers. Identified improvement activities included updating procedures, undertaking review of assessment and planning for consumers, updating documentation to show swipe cards were offered, and training for staff.

I acknowledge the provider’s response and actions. The provider’s response recognises the service’s practices did not consider the locked gate on the perimeter fence as being a potential form of environmental restraint through the restriction of free movement to consumers’ environment, which includes the community. This led to ineffectiveness within assessment and planning processes to identify all consumers subject to environmental restraint.

Whilst the provider states all consumers who were assessed as being safe to leave the service independently had been offered security swipe cards, the provider has demonstrated this was undertaken for only one consumer. The historical documentation reflected the swipe card offered to the consumer was to be offered as part of an Additional Services checklist, which references a required daily fee to access the ‘benefit’, however, the provider has not referenced whether provision of a swipe card is dependent upon payment.

Feedback from management did not align with the organisation’s Restrictive Practice Policy directives on environmental restraint, and the ineffectiveness within assessment and planning processes was supported through the provider’s explanation of their historical approaches. The provider states they understand the Not Met recommendation referred to minimising the use of restrictive practice, however, Requirement 8(3)(e) is broader than this, as it relates to role and function of the clinical governance framework to inform and oversee the provision of clinical care. I find the find the organisation did not demonstrate effective clinical governance systems resulting in subsequent deficiencies in the identification and minimisation of restrictive practice for all consumers, and accordingly, Requirement 8(3)(e) is Not Compliant.

I have determined the other Requirements in Standard 8 Organisational governance are Compliant.

Consumers and representatives explained how they were engaged in the service, such as through attending meetings or providing feedback, and the service had a Resident experience committee to advocate and offer feedback on behalf of consumers. Meeting minutes evidenced attendance and involvement of consumers and resulting actions. Management explained ongoing efforts since 2023 to form the Consumer advisory body without any interest to date.

Management outlined the structure and reciprocal reporting pathways through reporting and meeting outcomes. Accountabilities of the Board were reflective within the Clinical governance framework. Meeting minutes demonstrated the governing body oversaw and addressed risks and remained accountable in ensuring compliance with the Quality Standards.

The organisation wide governance systems in place included clear reporting structures, policies, procedures, with monitoring practices evident within meeting minutes and reports. Changes to legislation or regulatory requirements were monitored at organisation level, reported to the Board, adapted into policies and procedures and communicated to the service through memos, meetings, and training. Feedback and complaint processes require management to be actively involved in responding to and resolving complaints with reporting to executive management for review and oversight.

Risk management systems and practices ensured risks were identified and consequences understood to develop appropriate mitigating steps and escalated to the governing body. Management described how they identified high impact and high prevalence risks, including through tracking and analysis of clinical data for trends, with additional monitoring and reviews for consumers determined to be at highest risk at service and governance levels. Consumers were supported to live their best lives, inclusive of risks, through established assessment and planning processes supported through policies. Staff could describe incident reporting processes, including escalation pathways, and received regular training in recognising elder abuse and neglect. The incident management system reflected investigation and analysis, along with risk assessment of outcomes.

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)