Performance

Report

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| Name: | St Francis Hostel |
| Commission ID: | 7152 |
| Address: | 678 North Beach Road, GWELUP, Western Australia, 6018 |
| Activity type: | Site Audit |
| Activity date: | 4 September 2024 to 6 September 2024 |
| Performance report date: | 9 October 2024 |
| Service included in this assessment: | Provider: 683 Mt La Verna Retirement Village Inc  Service: 4680 St Francis Hostel |

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 Francis Hostel (**the service**) has been prepared by P. Wallner, 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 response to the Site Audit report from the approved provider received on 30 September 2024.
* other information and intelligence held by the Commission.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

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

Consumers and representatives said consumers were treated with dignity and respect, and staff understood their identity and background. Staff were aware of consumers’ backgrounds, culture and identity, and explained how they treated them with dignity and respect. Care planning documents reflected consumers’ background, identity and culture. Staff were observed engaging with consumers in a respectful manner.

Consumers and representatives reported the service was respectful of their culture, beliefs and values, and provided culturally safe care and services. Staff were aware if consumers’ cultural backgrounds and identity and described how this influenced the delivery of their care and services. Care plans captured consumers’ diverse cultural needs and preferences. The service had policies, procedures and training to guide staff in providing culturally safe care and services.

Consumers and representatives said consumers were supported to make and communicate decisions about their care and services, choose who was involved in their care, and maintain important relationships. Staff described how they supported consumers to make independent choices about their care, and to maintain their chosen relationships. Care planning documents detailed consumers’ choices about their care, who they wanted involved in their care, and their important relationships. Consumers were observed enjoying socialising together.

Consumers and representatives said consumers were supported to participate in activities involving risks, to live the best life they could. Staff described the risk assessment process, and how they supported consumers to understand the potential risks involved in their chosen activities, and to minimise those risks. Care planning documents identified and assessed risks taken by consumers, and outlined the agreed mitigation strategies. The service had policies and procedures to guide staff in supporting consumers to take risks,

Consumers and representatives stated they received current, accurate and timely information about their choices, which was communicated in a clear and easy-to-understand way. Staff described how they communicated information to consumers to ensure it was clear and easy to understand. Current information about the activities, meals, and other information was displayed around the service and in the resident handbook.

Consumers and representatives described how staff respected consumers’ privacy and kept their personal information confidential. Staff described how they maintained consumers’ privacy when delivering care and kept their personal information secure. Staff were observed knocking on consumers’ doors before entering, closing the doors to provide personal care, and conducting handover discussions in private areas. The service had a privacy and confidentiality policy to guide staff practice.

# Standard 2

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

Findings

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

The Assessment Team recommended Requirement 2(3)(d) was Not Met. The Assessment Team found the service did not always effectively communicate the outcomes of assessment and planning to consumers and representatives and make the care and services plan readily available to the consumer. Evidence brought forward included:

* Some consumers and representatives stated staff did not discuss the consumer’s care plan with them, and they had not been offered a copy of the care plan, nor were they aware they could request a copy.
* Management and clinical staff stated care planning information was provided to representatives during care plan reviews however, it was not provided to consumers.
* Care planning documents did not indicate the outcomes of assessment and planning were consistently communicated to consumers and representatives.
* Management acknowledged the Assessment Team’s findings and identified actions on the service’s plan for continuous improvement to improve their current practices.

The provider’s response received 30 September 2024, acknowledged the inconsistencies identified in the Site Audit report and provided additional information and evidence of continuous improvement actions taken, or planned. The provider advised:

* Some consumers may not always recollect communications about their care plan.
* Several actions have been added to the plan for continuous improvement including conducting regular family care conferences. Annual family care conferences have now been scheduled and are underway.
* The relevant assessment and planning policy has been updated, and templates for scheduling, invitations and reporting have been created.
* All registered nurses were advised in writing of the changes to the care conference arrangements and the related policies.
* All care plans which were overdue for review have been identified and will be reviewed.

I acknowledge the approved provider’s additional information around the communication of consumer’s care plans. I note the service acknowledged the gaps identified by the Assessment Team in the communication of assessment and care planning and moved quickly to initiate improvement actions. I consider these improvement actions, some of which have been completed, are likely to address the issues identified. Therefore, on the balance of the evidence before me, I find Requirement 2(3)(d) Compliant.

I am satisfied the remaining 4 Requirements in Standard 2 are Compliant.

Consumers and representatives confirmed the assessment and care planning process, identified risks to consumers’ health and well-being and management strategies. Management and clinical staff described how the assessment and planning of care identified, assessed and mitigated risks to consumers’ health, and informed the delivery of safe and effective care and services. Care planning documents showed the assessment and care planning process included assessment of risks and identification of mitigation strategies. The service had policies and procedures to guide the assessment and care planning process.

Consumers and representatives said assessment and care planning identified and addressed consumers’ current needs, goals, and preferences, and their end of life wishes. Management and clinical staff described how assessment and planning captured each consumer’s current needs, goals, and preferences, and their end of life wishes. Care planning documents reflected consumers’ needs, goals, and preferences, and their advance care directives and end of life wishes.

Consumers and representatives confirmed they were involved in assessment and care planning along with other health professionals they wished to involve. Care planning documents confirmed consumers, representatives, and other health professionals were involved in the assessment and planning of consumers’ care and services. Management and clinical staff described how assessment and care planning was done in partnership with consumers, representatives and other health professionals.

Consumers and representatives confirmed consumers’ care plans were reviewed when circumstances changed, or incidents occurred. Staff and management explained the process for evaluating care plans 4-monthly, and when consumers’ condition or circumstances changed. Care planning documents showed they were reviewed when circumstances changed, or incidents occurred however, multiple consumers’ care plans had not been reviewed in the last 4 months. Management detailed a continuous improvement action to identify, review and update all care plans which were overdue for review.

# Standard 3

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

Findings

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

Consumers and representatives expressed satisfaction with personal and clinical care provided, which met their needs, goals and preferences. Management and clinical staff knew consumers' individual needs, goals and preferences, and described how they delivered their care in line with their documented care plans. Care planning documents confirmed staff delivered individualised, safe, and effective personal and clinical care, consistent with best practice. The service had policies and procedures to guide staff in the delivery of best practice personal and clinical care.

Consumers and representatives said the service identified and managed high-impact and high-prevalence risks to consumers. Management and staff described how they monitored and managed the high-impact and high-prevalence risks to consumers at the service. Care planning documents showed risks to consumers had been identified, assessed, and mitigation strategies put in place. The service had policies and procedures to guide staff in the management of high impact and high prevalent risks to consumers.

Consumers and representatives said consumers’ needs, goals and preferences for end of life care had been discussed with them and documented. Management and clinical staff described the processes in place for end-of-life care, which ensure consumers’ dignity and comfort was maximised, and their wishes respected. Care planning documents recorded consumer’s end-of-life wishes. The service had policies and procedures to guide palliative and end of life care.

Consumers and representatives said the service identified and responded promptly to a deterioration or change, in consumers’ condition. Clinical staff described how they recognised deterioration or change in consumers’ condition and responded promptly. Care planning documents confirmed the service responded promptly to a deterioration, or change, in consumers’ condition. The service had policies and procedures to guide staff in the clinical escalation process.

Consumers and representatives said current information about consumers’ condition, needs and preferences was documented and communicated effectively between relevant staff. Management and clinical staff described how current information about consumers’ condition, needs and preferences was documented and communicated through shift handovers, meetings, and care planning documents. Care planning documents showed effective communication of information to support the delivery of safe and effective personal and clinical care.

Consumers and representatives confirmed the service provided timely and appropriate referrals to medical officers and a range of other health services. Management and clinical staff described the process for referring consumers to other health professionals to meet their individual care and service needs. Care planning documents showed timely referrals to other individuals and organisations providing care and services.

Consumers and representatives said the service was clean and staff followed appropriate infection prevention and control measures and use of personal protective equipment. Staff described the service’s infection prevention and control measures, and practices in place to reduce antimicrobial resistance. The service had a vaccination program for influenza and COVID-19. The service had an infection prevention and control lead onsite, and policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# Standard 4

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

Findings

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

Consumers said the services and supports for daily living met their needs, goals, and preferences, and optimised their independence and quality of life. Staff explained how they identified consumers’ lifestyle needs, goals, and preferences, and the supports they required. Care planning documents reflected consumers’ background and lifestyle interests, and the supports needed to optimise their independence and quality of life. Consumers were observed participating in different activities suited to their needs and preferences.

Consumers and representatives said the service supported consumers’ emotional, spiritual, and psychological well-being. Staff said they could recognise consumers’ emotional state, and described their role in supporting consumer’s emotional, psychological, and spiritual well-being. Care planning documents detailed the supports needed for each consumer’s emotional, psychological, and spiritual well-being.

Consumers said they were supported to participate in activities, within and outside the service, maintain important relationships, and do things of interest to them. Staff described how they supported consumers to participate in their community, do things of interest, and socialise with whom they chose to. Care planning documents detailed consumers’ activities of interest and important relationships. Consumers were observed engaging in activities, receiving family visits, and leaving the service to participate in external activities.

Consumers and representatives confirmed information about consumers’ condition, needs, and preferences was communicated effectively between staff. Staff described how accurate and current information about consumers’ condition and needs was shared between staff and external providers, through handover processes and by accessing care records. Care planning documents confirmed current information was communicated effectively to support safe and effective care and services for daily living. Staff were observed sharing current information about consumers in private at shift handover.

Consumers confirmed receiving timely referrals to appropriate other individuals and organisations providing care and services. Staff described how consumers were referred to other individuals and organisations for additional services and supports for daily living. Care planning documents showed the service collaborated with external services to support consumers’ needs.

Consumers and representatives expressed satisfaction with the quality, quantity, variety, presentation and temperature of the meals provided. Staff explained how they identified and documented consumers’ dietary needs and preferences, and provided meals they met their requirements. Care planning documents recorded consumers’ dietary needs and preferences, and staff explained how consumers had input into the menu. The kitchen appeared clean and well-organised, with current food safety certification. Consumers appeared to be enjoying their meals, which looked appealing and of suitable size.

Consumers said the equipment provided was safe, suitable, clean, and they knew how to request maintenance. Staff confirmed there were effective processes in place for keeping the equipment safe, clean, and well maintained. The equipment was observed to be safe, clean and well-maintained.

# Standard 5

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

Findings

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

Consumers said the service environment was welcoming, comfortable, easy to navigate, and promoted their independence, function and social interactions. Staff explained how they created a welcoming environment through building friendly rapport with consumers and supporting their independence and activities. Consumers’ rooms were personalised, and the service had features which promoted consumers’ sense of belonging, independence, interaction, and function. The service environment appeared welcoming, well-lit, with wide uncluttered corridors, handrails and adequate signage to aid navigation. Outdoor areas were well-maintained with adequate shade and seating. Consumers were observed entertaining friends and family in communal and private areas.

Consumers said the service environment was safe, clean, comfortable and well-maintained, and enabled them to move around freely, both indoors and outdoors. Staff described how they supported consumers to mobilise within and outside the service environment. Management explained how consumers were assessed for potential environmental restraint if they could not exit/enter the service freely. Cleaning and maintenance records showed effective systems in place for keeping the service clean and well maintained. The service environment was observed to be safe, clean, and well-maintained, with consumers moving around freely, both indoors and outdoors.

Consumers and representatives confirmed the furniture, fittings and equipment were safe, clean, and well maintained. Staff described the systems and processes in place for keeping the furniture, fittings, and equipment clean and well-maintained. The furniture, equipment and fittings appeared safe, clean, well maintained, and suitable for use.

# Standard 6

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

Findings

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

Consumers and representatives said were encouraged to provide feedback and make complaints, by speaking directly to management or staff, or using the feedback forms. Management and staff described the ways they encouraged and supported consumers and representatives to provide feedback and make complaints. Feedback forms, related information and secure lodgement boxes were readily available to consumers.

Consumers and representatives were aware of the external complaint avenues, advocacy and language services available to them. Management and staff knew how to assist consumers to access external complaint, advocacy and interpreter services. Information regarding translation, advocacy, and external complaint services, such as the Commission, was available in the resident handbook and was displayed throughout the service.

Consumers and representatives said the service took appropriate action to resolve their complaints, and they were satisfied with the outcomes. Staff could describe open disclosure and how they put it into practice when a mistake was made. Management explained how they recorded and responded to all complaints and used open disclosure. The complaints register showed complaints were recorded, and timely and appropriate actions were taken. The service had policies and procedures to guide staff in the management of complaints and the open disclosure process.

Consumers and representatives said their feedback and complaints were used to improve the quality of care and services. Management explained how feedback and complaints were reviewed and used to improve the care and services provided. The complaints register, meeting minutes and the continuous improvement plan demonstrated feedback and complaints were used to improve the quality of care and services.

# Standard 7

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

Findings

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

Consumers and representatives confirmed the service had sufficient staff to meet consumers’ care needs, and staff were prompt to respond when consumers required assistance. Staff said there were enough rostered staff and recent changes to the shift times had improved the workload. Management explained how they planned and rostered the workforce to provide safe and quality care, and any vacant shifts were backfilled. Records showed vacant shifts were back filled and the service met the requirements for care minutes and 24/7 registered nurse coverage.

Consumers and representatives said staff were kind, caring and respectful of each consumer’s identity, culture, and diversity. Management and staff were familiar with consumers’ identity and culture, and described how they treated them respectfully. Interactions between staff and consumers were observed to be kind, caring and respectful.

Consumers and representatives said staff were competent and had the knowledge to effectively perform their roles. Staff described the onboarding process and how they had the knowledge and competence to provide the care and support consumers needed. Management described how the recruitment and induction processes ensured staff were competent and met the qualification, registration, competencies and security requirements outlined in the relevant position descriptions. Documentation confirmed staff qualifications, professional registrations, vaccinations and security checks were current.

Consumers and representatives said staff were equipped and trained to deliver safe and quality care and services. Staff described the ongoing training and support provided by the service, and said they could perform their roles effectively. Management described the training and support provided to staff which enabled them to deliver safe and effective care in line with the Quality Standards. Training records showed all staff had completed their mandatory training.

Management described how the performance of staff was monitored, assessed, and reviewed through formal annual performance appraisals and observations, consumer/staff feedback and incident reviews. Staff confirmed they had completed performance appraisals within the last year. Records showed most performance appraisals were up to date. The service had policies and procedures in place for the development and management of the performance of the workforce.

# Standard 8

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

Findings

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

The Assessment Team recommended Requirement 8(3)(c) was Not Met. While the organisation had governance systems related to information management, continuous improvement, financial and workforce governance, regulatory compliance, and feedback and complaints, the Site Audit found the service had not established a Quality Care Advisory Body (QCAB) in accordance with the legislative requirements which commenced on 1 December 2023. Evidence brought forward included:

* Management explained how they received regular updates and monitored for any changes to the legislation and regulations within the aged care sector.
* The Assessment Team identified the service had not established a Quality Care Advisory Body in accordance with the legislative requirement which commenced on 1 December 2023. The service had established a Consumer Advisory Body.
* Management acknowledged they had not yet established a Quality Care Advisory Body but said they would work towards establishing one in the next month.

The provider’s response received on 30 September 2024, acknowledged the gap identified in the Site Audit report and provided additional evidence of continuous improvement actions taken, or planned. The provider advised:

* The service has now established a Quality Care Advisory Body with an agenda drafted, and the first meeting scheduled to take place on 9 October 2024.
* A memo was sent to all families seeking members on the Quality Care Advisory Body, and a consumer representative has been recruited.
* The minutes from the first meeting of the Quality Care Advisory Body will be forwarded to relevant management.

I note the service had established a Consumer Advisory Body and acknowledged they had not established a Quality Care Advisory Body. However, the service quickly initiated corrective actions which have addressed the deficit. While the service’s existing governance arrangements had not self-identified the deficit, I consider the evidence shows governance of regulatory compliance is generally effective. Therefore, on the balance of the evidence before me, I find Requirement 8(3)(c) Compliant.

I am satisfied the remaining 4 Requirements in Standard 8 are Compliant.

Consumers and representatives said they were engaged in the development, delivery and evaluation of the care and services. Management described various methods they encouraged consumers and representatives to be actively engaged in the development, delivery and evaluation of care and services. Documentation confirmed the service had established a Consumer Advisory Body, and consumers and representatives were involved in the development, delivery and evaluation of the care and services.

Consumers and representatives said the service provided a safe and inclusive environment with access to quality care and services. Management described how the Board promoted a culture of safe, inclusive, and quality care and services, and was accountable for the performance of the service and compliance with the Quality Standards. The Board monitored and evaluated the service’s performance against the Quality Standards through various reports, performance measures, incidents and feedback. Management initiated improvement actions to establish a Quality Care Advisory Body.

The service had effective risk management systems and practices which included documented policies and procedures addressing the management of high-impact and high-prevalence risks to consumers, identifying and responding to abuse or neglect, supporting consumers to live their best lives, and management and preventing incidents. Consumers confirmed they were supported to take risks to live the life they chose. Management and staff were aware of the policies and explained how the policies were implemented. Risks and incidents were analysed and reviewed by management and the Board.

The service had a clinical governance framework which included policies related to antimicrobial stewardship, minimising the use of restraint, and practising open disclosure. Management and staff described how they applied these policies in the delivery of care and services.

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)