

**Performance Report**

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| Name: | St Ives House |
| Commission ID: | 8267 |
| Address: | 97 Killeaton Street, ST IVES, New South Wales, 2075 |
| Activity type: | Site Audit |
| Activity date: | 9 December 2024 to 11 December 2024 |
| Performance report date: | 20 January 2025 |
| Service included in this assessment: | Provider: 372 Thompson Health Care Pty Ltd Service: 28080 St Ives House |

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 Ives House (**the service**) has been prepared by Michael Wyborn, 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.

# 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

Consumer feedback emphasised that staff respect and acknowledge consumer backgrounds and know consumers well, treating them with dignity and respect. Staff demonstrated an understanding of individual consumers’ personal circumstances and life journeys. Information regarding cultural and religious beliefs important to consumers was contained within consumer care documentation. Staff were observed to speak of consumers respectfully and to interact with them in a respectful manner.

Consumers advised that their cultural needs and preferences are acknowledged and met within the service. Consumer examples provided evidence of support to maintain spiritual practices and to receive care from staff of a particular gender if preferred. Staff understood the importance of delivering care and services with consideration to individual consumers’ cultural preferences and needs.

The service demonstrated that consumers are supported to make decisions regarding their care and services and to maintain relationships of importance. Examples included consumers choosing to do their own laundry, choosing whether to participate in activities, and choosing what time of day they receive assistance with personal care. Consumers are supported and encouraged to participate in activities together, for example dining, and to maintain connections with family outside of the service.

Management demonstrated that the service routinely supports consumers to engage in their chosen activities even where risks are involved, and staff demonstrated knowledge on how to best support individual consumers to optimise their safety. Consumer examples evidenced support for consumers to manage their own medications and daily living tasks, to decline monitoring of medical issues, and to continue driving. Consumer choices and associated risks are clearly documented using dignity of risk documentation.

Consumers and representatives indicated they receive current information from the service via newsletters, consumer meetings and meeting minutes, letters, emails, and noticeboards. They confirmed the information received enables them to exercise choice regarding meals and lifestyle activities and keeps them informed of outbreaks and visitor restrictions. Staff described how information can be printed in large font for consumers who are vision impaired, how cue cards are used to communicate with consumers from linguistically diverse backgrounds, and how verbal reminders are provided in relation to activities.

Consumers indicated their privacy is respected and were satisfied that their personal information is kept confidential. Staff described knocking and awaiting permission before entering a consumers’ room, using individual passwords to access electronic care documentation, discussing consumer sensitive information in private areas, and seeking consent before posting photographs of consumers on social media. Staff were observed seeking consent before providing care and nurses’ stations were clear of consumer information and computers were locked when not in use.

The Quality Standard is assessed as compliant as six of the six specific requirements have been assessed as 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 provided positive feedback regarding the service’s delivery of assessment and care planning. This included identification of risks to consumer health and well-being. Clinical staff described how assessment informs delivery of safe and effective care. Upon entry to the service a suite of clinical and risk assessments is undertaken and the risks assessed include falls, pain, changed behaviours, mobility, swallowing and cognition. Review of consumer care documentation demonstrated individualised management plans corresponding to identified consumer risks.

Consumers and representatives confirmed they are provided the opportunity to discuss advance care and end of life planning. Staff outlined these matters are discussed when a consumer enters the service, or at a later time according to individual consumer preference. Care conferences are conducted to inform the delivery of care when consumers are identified as nearing their end of life. The Assessment Team’s review of consumer advance care plans demonstrated information is appropriately recorded regarding end of life wishes and preferences.

Consumers and representatives were satisfied with their involvement in assessment and care planning and described regular communication with staff. Clinical staff outlined the use of care conferences when changes in care or consumer condition occur, or when consumers or representatives request such a meeting. A consumer documentation review confirmed consistent involvement from consumers, their chosen representatives, and other healthcare providers in assessment and care planning.

Staff interviews and consumer documentation demonstrated that outcomes of consumer assessments are communicated through care conferences and routinely documented in care and services plans. Consumers advised staff discuss their care and their plans with them, and they are provided with a copy or a copy is made available. Staff confirmed they have access to consumer care and services plans within the service’s electronic care documentation system. Plans were observed to contain current and relevant information regarding consumer care needs.

Consumers and representatives confirmed reviews occur regularly. This includes following changes to consumer care needs, incidents or hospitalisation. Management and staff outlined 3-monthly reviews of care and services plans as well as reviews undertaken in response to changes and incidents. An example of a consumer with changes to skin integrity demonstrated timely review of care and the introduction of additional targeted interventions.

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

# Standard 3

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

Findings

Consumers and representatives expressed satisfaction with the personal and clinical care delivered by the service. Changed behaviours are effectively managed and restrictive practices are implemented in accordance with legislative requirements. Staff were aware of the potential triggers for consumers’ changed behaviours and the corresponding individualised management strategies. In regard to wound care, documentation evidenced interventions consistent with best practice, such as the use of skin care plans, wound management plans and wound charts, validated assessment tools, and pressure relieving equipment. Pain management is tailored to each consumer, with regular pain assessments documented in accordance with individual pain management plans. Validated assessment tools are used and pharmacological and non-pharmacological pain management interventions delivered. The service administers relevant policies and procedures to guide staff in the management of falls, which incorporate falls risk assessment and prevention, and post incident management and monitoring. There are policies and procedures guide staff in the care of consumers with diabetes, weight loss, nutrition and hydration. For consumers with specialised nursing care needs, such as consumers with oxygen therapy and indwelling catheters, care planning documentation was observed to contain relevant information to support best practice management.

The service effectively manages high-impact and high-prevalence risks. Consumers and representatives were satisfied staff effectively implement interventions to support consumer health, safety, and overall well-being. Care and service documentation was observed to contain information regarding the risks associated with the care of each consumer, along with interventions to minimise risk(s). Clinical indicator and incident report data are analysed and discussed at clinical and quality meetings, and key performance indicators relating to wounds, falls and weight loss are closely monitored. For consumers at high risk of skin integrity issues, there was evidence of scheduled pressure area care, appropriate nutrition and hydration, skin moisturisers, continence care, and the use of pressure-relieving equipment. The service has implemented comprehensive medication management strategies to identify and reduce the risks to each consumer who is prescribed psychotropic medication. Strategies include regular reviews involving pharmacists and geriatricians, and referrals to Dementia Services Australia (DSA) for assistance with non-pharmacological behaviour management strategies.

Representatives indicated consultation occurs when a consumer is nearing their end of life. Staff were able to describe strategies implemented and care provided, and the service demonstrated comfort is maximised and dignity preserved. Individual consumers’ wishes and directives are incorporated into care planning documentation, and there was evidence a palliative care service and other external healthcare professionals are involved as needed. The service demonstrated relevant policy and working instructions available to guide staff.

Consumers and representatives provided positive feedback regarding management of changes in consumer condition or deterioration. Representatives advised that the response by staff is prompt and review of care records confirmed this. Care staff escalate concerns regarding physical or mental deterioration to a registered nurse, who coordinates referrals to the general practitioner and other relevant healthcare specialists. When necessary, consumers are transferred to hospital.

Consumers and representatives confirmed they are kept informed of changes to consumer care, and staff routinely know their needs. Review of consumer care documentation demonstrated case conferences occur, and consumer information is recorded within a range of care documentation. Staff advised they also receive information via shift handovers, clinical meetings, and emails. The service demonstrated that the results of consumer assessment and care planning are consistently shared with others involved in consumer care.

Consumer care documentation evidenced appropriate referrals to other providers of care and services. Consumers and representatives provided positive feedback about the service’s referral processes, indicating consumers have access to relevant providers such as allied health professionals, general practitioners, local hospitals and specialist services. The service also works with DSA, palliative care teams, wound specialists, and an in-reach service, and routinely refers consumers to its own wellness (physiotherapy) team. Staff demonstrated an understanding of referral processes.

The service administers policies and procedures in relation to antimicrobial stewardship, and staff demonstrated knowledge of relevant practices. Review of consumer documentation demonstrated pathology testing is conducted prior to the general practitioner prescribing antibiotics. Non-pharmacological interventions to reduce infection are provided where appropriate. Consumers and representatives provided positive feedback regarding the service’s management of infections describing the use of isolation, antiviral medications, and hand hygiene. Staff receive education in infection prevention and control strategies and were observed applying their knowledge.

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

The service demonstrated an activities program that is informed by the interests and preferences of consumers. Staff demonstrated knowledge of consumer needs and preferences. Staff explained activities are undertaken in such a way that consumers of varying abilities can participate. Positive consumer and representative feedback was provided regarding the service’s library, the onsite cinema, and weekly ‘happy hour’ program. Consumers indicated staff routinely assist them to participate if needed.

Consumers advised that they consistently feel connected and engaged in meaningful activities which are satisfying to them. Consumer care documentation records emotional support strategies, and staff were observed providing such support. Staff conduct a daily ‘well-being check’ with each consumer, advising them of the day’s activities and supporting other lifestyle needs, for example switching on the consumer’s television or providing a daily newspaper. Any concerns regarding changes in consumer engagement are escalated to a registered nurse, and lifestyle staff provide individual visits to consumers likely to benefit. Church services are conducted onsite and there was evidence consumers are supported in their spirituality.

Consumers advised that they feel supported to participate in the activities facilitated within the service as well as other external community based activities. The service demonstrated that this supports consumers to maintain relationships and to participate in the activities of interest to them. Staff assist consumers to sit with friends at meals and to prepare for outings with family. Group activities provide further opportunity for social interaction, and students from local schools provide regular visits. Positive representative feedback was provided regarding the café onsite and the ability for families to visit there with consumers.

Consumers were confident information is shared within the service and with others who share responsibility for their care. Representatives confirmed they are advised by staff of any changes. Staff demonstrated knowledge of individual consumers and highlighted that consumer needs are well-communicated during handovers and within the electronic management system which is accessible to all staff. Food and nutrition care plans used to communicate consumer needs to kitchen staff were observed to be current.

Consumers and representatives advised that consumers are routinely supported by external organisations and other providers of care and services. Staff outlined the process for referring consumers for services such as hairdressing, spiritual support, and mental health support. There was evidence of referrals to DSA and psychologists to support consumer independence and quality of life.

Consumers were satisfied with the meals provided at the service, indicating there is variety and choice. Meals are prepared fresh onsite and the service has a seasonal, 4-weekly rotating menu which can be tailored to individual consumer preferences. Consumers have the opportunity to review upcoming menus and provide feedback during monthly food focus meetings. Individual needs and preferences are met, for example in relation to texture modified meals and vegetarian diets.

Equipment was observed to be safe, suitable, clean and well maintained. Consumers, representatives and staff indicated they know how to report issues, and consumers and representatives confirmed equipment is replaced when needed.

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

# Standard 5

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

Findings

Consumers advised that the service environment is welcoming and homely. Consumers can move freely between the 2 levels of the service via elevator, with signage in place to assist with wayfinding. Common areas are decorated with images of local scenery and attractions. Each level has a dedicated activities room and a communal area with a television, along with smaller, more private lounge areas. The service has a library, dedicated laundry area for consumer use, and café. The service was observed to be well-lit and uncluttered, with railings installed in hallways. Consumers are encouraged to personalise their rooms.

The service environment was observed to be clean, free of clutter, and well maintained. Consumers and representatives confirmed they are satisfied with the cleanliness of the service. Doors to outside areas were unlocked, allowing consumers free access to the gardens and outdoor areas were observed to be well maintained.

Furniture, fittings and equipment were observed to be safe, clean, suitable, and well maintained. Call bells and mobility aids were in working order, and consumers and representatives advised that maintenance issues are addressed promptly. Routine and regular environmental audits are undertaken to identify items requiring attention. The service demonstrated effective preventative and responsive maintenance systems, and contractors are engaged for tasks requiring a qualified tradesperson.

The Quality Standard is assessed as compliant as three of the three specific requirements have been assessed as 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 are encouraged at consumer and representative meetings and during one-to-one interactions to make complaints. They are encouraged to do so in person to staff or management, using a quick response (QR) code posted throughout the service, using written complaints forms, and/or via surveys. Staff assist if needed, and complaints can be made anonymously if preferred.

The service provides information to consumers on advocacy and language services such as the Older Persons Advocacy Network (OPAN) and the Telephone Interpreting Service (TIS), along with the Aged Care Quality and Safety Commission. Information on how to access these services is provided during the initial admission process, and care plans contain details of how consumers can provide feedback and make complaints. Relevant information is displayed throughout the service.

Consumers and representatives indicated the service is responsive to feedback and complaints, and advised that responses are timely. There was evidence open disclosure is used, with an example provided of management conducting a family meeting to convey the outcome of a complaint. The service administers an open disclosure policy, and staff demonstrated an understanding of this and complaints policies and processes.

The service uses feedback and complaints data to inform its plan for continuous improvement (PCI). Trends are routinely identified and reported to the chief executive officer and governing body. Complaints and feedback data is used to set strategies for change and improvement.

The Quality Standard is assessed as compliant as four of the four specific requirements have been assessed as 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 were satisfied there are sufficient staff to meet their needs and indicated they do not wait long when they call for assistance. Staff indicated they do not feel rushed and have time to perform their roles and interact with consumers. A review of the service’s roster demonstrated there were no vacant shifts in the 4 weeks preceding the Site Audit, and care minutes met requirements. When unexpected leave occurs, internal staff are used to fill the vacancy or staff currently working extend their shifts. The number of staff required at the service to ensure safe and quality care is monitored, and is based on the number of consumers residing there.

Consumers and representatives indicated staff are kind and caring. Staff were described as friendly, positive, and responsive to consumer needs and requests. The service’s feedback register was noted to contain a large number of compliments regarding staff.

Documentation review demonstrated staff have received training in a range of topics, and the service demonstrated that training and education is based on analysis of trends and concerns. Competency training is provided by registered nurses and competency is assessed by the education team. Staff must hold medication qualifications and certifications before they can administer or access medications. Position descriptions are provided to all staff and induction provides practical guidance regarding staff responsibilities.

Consumers and representatives were satisfied staff are competent in performing their roles. The service conducts reference checks when recruiting new staff and requires applicants to provide their qualifications. New staff are paired with those more experienced for their first shifts. Staff undertake mandatory training which includes training in personal protective equipment (PPE), the Aged Care Quality Standards, and the Serious Incident Response Scheme (SIRS). Staff training needs are identified through staff and consumer feedback and incidents. Spot checks are conducted with staff in relation to their understanding of policies and processes.

The service has been in operation less than 12 months. Staff currently undergo a performance review after 6 months of employment. Weekly assessments are also conducted by the education and management teams, contributing to identification of staff training and development needs. Consumers and representatives advised they are also routinely asked by management to provide feedback regarding staff.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as 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**

The chief executive officer and governing body are proactive in engaging with consumers and representatives via email surveys, feedback from the quality care advisory body, consumer meetings, and individual interactions. The quality care advisory body meets regularly and discusses matters with the chief executive officer. Consumer members of the body indicated they are active in sourcing feedback from other consumers and pass this on. The governing body emails consumers monthly to invite additional consumers to participate in the group.

The owner of the organisation is involved in maintaining oversight of the service and provides their personal contact details to each new consumer. Board members frequently attend consumer meetings, and the governing body communicates frequently with consumers and staff. A safe, inclusive and quality culture is promoted via the provision of training. There is regular reporting of risks, incidents, lifestyle activities and clinical care to the board, which comprises independent non-executive members and clinical members who are qualified registered nurses. Documentation including the service’s plan for continuous improvement (PCI) and meeting minutes evidenced strategic action plans created by management and endorsed by the governing body.

The organisation demonstrated effective organisation wide governance systems. Staff can access relevant consumer information through online information systems and hard copy documentation and have individual login details and passwords. The outcomes of regular audits and site reviews help inform the service’s PCI, which is regularly reviewed by the director of nursing and quality team. The organisation’s procurement division manages organisational finances, and the governing body maintains oversight of financial management and reporting systems. There is a hierarchy of approvals for expenditure and systems established to ensure items can be purchased. Management and the organisation’s head office ensure staff have necessary skills and qualifications by checking the validity of qualifications and conducting referee and police checks. Staff performance is routinely monitored and reviewed. A documentation review confirmed serious incidents are reported and managed effectively. Staff receive training in the serious incident response scheme (SIRS) and demonstrated a good understanding of reporting processes. The organisation’s quality team tracks changes to aged care legislation and notifies the governing body and management team and a summary is communicated each month to staff. Policy and procedures guide staff in encouraging and supporting consumers to provide feedback and make complaints and feedback and complaints data is used to inform continuous improvement.

The organisation demonstrated effective systems and processes to identify risks to consumers, such as root cause analysis of complaints issues and incidents. Clinical data is reported to the board and evaluated, with professional recommendations provided in response by the board’s clinical members. Clinical information is used to inform continuous improvement activities. The management team have undergone SIRS training and demonstrated an understanding of SIRS policies and procedures. Staff demonstrated an understanding of how to identify abuse and neglect of consumers, and documentation demonstrated SIRS reporting occurs in accordance with legislative requirements. Risk mitigation strategies are implemented in response. The governing body supports consumers to live their best lives via assessment and the creation of individual care plans, along with the provision of a range of services.

The organisation demonstrated a clinical governance framework and systems which effectively manage, support and monitor antimicrobial stewardship, restrictive practices and the use of open disclosure. Clinical matters including antimicrobial stewardship are discussed at monthly meetings involving registered nurses, who receive related training. Antimicrobial stewardship information is included in staff meetings. The organisation administers relevant policies and procedures on restrictive practices which outline legislative requirements and provide guidance to staff. The organisation demonstrated an open disclosure policy and staff and management demonstrated relevant education and application of open disclosure principles.

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

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)