Performance

Report

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| Name of service: | St Joseph’s Aged Care Facility Kensington |
| Service address: | 2 Kensington Road  KENSINGTON NSW 2033 |
| Commission ID: | 0518 |
| Approved provider: | St Joseph’s Aged Care Facility Kensington |
| Activity type: | Site Audit |
| Activity date: | 18 October 2022 to 20 October 2022 |
| Performance report date: | 15 November 2022 |

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. Joseph’s Aged Care Facility Kensington (**the service**) has been prepared by S Turner, 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, 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 provider’s response to the assessment team’s report received dated 10 November 2022
* the following information received from the Secretary of the Department of Health and Aged Care (**the Secretary**):
  + Exceptional Circumstances determination to continue accreditation dated 26 September 2022.
  + Exceptional circumstances determination to continue accreditation dated 24 September 2021.

# 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 | **Non-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.

* The organisation is required to ensure that effective governance systems specifically relating to information management are in place to support care and service delivery and inform planning and decision-making.

# 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 compliant as six of six requirements are compliant.

Consumers and representatives said that consumers are treated with respect and that their individual identity is valued by staff who deliver care kindly and gently.

Consumers feel they can live the life they choose, including taking risks it they wish. They said that people important to them are able to be involved in their care.

Consumers felt they had access to the information they needed to make informed choices including what they want to eat, the activities they wish to participate in and when they choose to retire.

Care planning documentation reflected the consumers’ history, background, and cultural needs. Information included what is important to the consumer with respect to maintaining their identity. Care documentation included evidence of risk assessments and strategies to minimise risk of harm.

Staff had a sound understanding of the consumers they care for including the consumer’s history, how to support their independence and how to engage with consumers in a manner that is meaningful to them. Staff could describe areas in which consumers choose to take risks and how consumers are supported to understand the benefits and possible harm associated with the choices they make.

Staff said they had not witnessed a consumer being treated in an undignified manner but said that if they witnessed inappropriate behaviour they would immediately address it with the person and report it to registered staff or management.

The Assessment Team found that there is a strong sense of community at the service. Where a consumer holds a differing belief, their views are respected and valued. Staff were observed engaging with consumers in a dignified and respectful manner and demonstrated that they understood consumers’ needs and preferences. Staff were observed respecting consumers’ privacy and personal space. Confidential information was secured and password protected.

The organisation has a suite of policies which outlines the expectations and responsibilities of staff in relation to the way consumers are treated and how consumer choice and decision making is to be supported.

# 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 compliant as five of five requirements are compliant.

Consumers and representatives reported being involved in assessment and care planning and representatives said they were informed of a change in the consumer’s condition.

The organisation has policies and procedures that guide staff with assessment and care planning and management and staff demonstrated a shared understanding of their responsibilities in relation to this. They said that the development of the care plan involves the consumers and representatives, health professionals and references other documents including hospital discharge information. Staff said they liaise with representatives via telephone, face to face and through electronic messaging. Review of care occurs through a monthly ‘resident of the day process’ and three monthly reviews by registered staff. Staff could describe how a review of care is initiated following an incident and said that allied health are involved when necessary.

Staff said care planning documentation is readily available to them via the electronic care management system and a hardcopy mobility care plan is located in each consumer’s room.

The Assessment Team reviewed care planning documentation for a number of consumers held in the electronic care management system and found that it identified consumers’ needs and preferences, and that end of life preferences were detailed. There was a consideration of risk and evidence of the involvement of health care specialists for example a physiotherapist, podiatrist, speech pathologist and medical officer. The service demonstrated that it communicates with consumers and representatives about the outcomes of assessment and care planning and consumers are offered a copy of care plans. Care plans had been reviewed on a regular basis, and in those circumstances where a consumer’s needs had changed. Documentation evidenced the ongoing involvement of medical officers as consumers approached end of life.

# 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 compliant as seven of seven requirements are compliant.

Consumers reported they are satisfied with the care they receive and that they receive care in a timely manner. Consumers and representatives said consumers are well cared for including when they are sick and that staff recognise a change in consumers’ condition.

The service has policies, procedures and work instructions to guide staff in care delivery; these include pain management, skin integrity, falls prevention and management, and responding to an acute change in condition. While the service’s restrictive practices policy did not reflect current terminology, staff demonstrated a thorough and contemporary knowledge of restrictive practice. This information is considered further under Standard 8.

Information about consumers is documented and shared both within the service and to external health service providers when necessary. Management and staff said information is distributed through verbal handover, written progress notes, care plans and via staff meetings.

Management reported they know that care is safe and effective because they monitor the consumer’s condition, refer consumers to health care professionals, review care planning documentation, analyse incidents to identify emerging concerns and seek feedback from consumers.

Staff were familiar with consumers’ care needs and could describe the way they care for consumers approaching the end of life. Staff spoke of providing comfort, adhering to the consumer’s wishes, liaising with family, providing support and involving pastoral care where appropriate.

Staff could describe risks to consumers including falls and skin tears and were aware of risk mitigation strategies to minimise harm. Incident data is collected, reviewed and analysed to identify trends. Where appropriate, risk assessments are completed. The Assessment Team reviewed incident data which did not identify any significant trends and demonstrated that risks to consumers are well-managed.

The Assessment Team observed staff implementing strategies to minimise the risk of falls including monitoring consumers, reminding them to use mobility aids and wear appropriate footwear, utilising hip protectors, ensuring sensor mats are in place and maintaining a tidy and clutter free environment.

Care planning documentation demonstrated evidence based care delivery and the involvement of other health professionals and organisations when this was assessed as necessary. For those consumers approaching end of life, their pain was managed and strategies were implemented to maintain their dignity. For those consumers who have restrictive practices applied, there was evidence of regular review and compliance with restrictive practices legislation. Care planning documentation evidenced the involvement of a dietitian, speech pathologist, physiotherapist, podiatrist, palliative care team and medical officers. Referrals can also be made to a geriatrician, dementia advisory service and specialist aged care team as a need is identified.

The service has systems and processes in place to support infection control, manage a possible infectious outbreak and promote evidence-based use of antibiotics. Infection data, including the use of antibiotics is monitored with data analysed and reported. There is an infection prevention and control lead who has completed the related training and who could describe their role during an outbreak. Staff said they have had training in areas such as the use of personal protective equipment and had completed related competencies which were reviewed by the Assessment Team. Staff have received required vaccinations and vaccinations and anti-viral medications are available to consumers. The Assessment Team observed staff, contractors and visitors undergoing entry screening for COVID-19 prior to entering the service.

# 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 compliant as seven of seven requirements are compliant.

Consumers reported the service supports their quality of life, well-being and independence; they said that staff know their individual needs and preferences and respect their wishes. Consumers provided examples of how the service assists them with any sensory impairment so that they can be as independent as possible and some consumers said they are supported to continue to participate in community events outside the service. Consumers said they are provided with equipment to assist them and that it is maintained and kept clean.

Consumers expressed satisfaction with the quantity and quality of food provided and said there is choice at every meal. Consumers said they are able to have input into the menu and that their feedback about meals is actioned.

Consumers and representatives said that consumers are supported by other organisations and providers of care and services for example the library service visits weekly and a hairdresser attends regularly.

Lifestyle staff described how they complete a lifestyle assessment with consumers on entry to the service and said this is reviewed on a regular basis. The Assessment Team found care planning documentation contained information about the consumers’ needs and preferences including spiritual needs and emotional well-being. Staff said they receive information about changes to consumers’ daily living supports through handover, communication books and dietary folders. Representatives said they are kept informed if the consumer requires their support.

Staff said a dietary assessment is completed when the consumer enters the service and the information is then shared with catering staff. Staff were familiar with consumers’ dietary requirements, including those consumers who required a specialised diet.

The service includes a number of consumers from differing religious orders. These consumers are supported by volunteers and visiting religious who visit and provide spiritual care to them. Daily church services are held with participation from consumers, where appropriate, including those who have been priests. Consumers who do not subscribe to any specific religious beliefs said their choices are respected and that staff support their participation in non-religious activities and provide emotional support to them.

The Assessment Team observed the lifestyle schedule included a range of activities including activities that are specifically adapted to the needs of consumers with a cognitive impairment.

# 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 compliant as three of three requirements are compliant.

The service environment was observed by the Assessment Team to be easy for consumers to navigate with signage in place to act as prompts for consumers. Outdoor areas include well-maintained gardens, provide seating and shade and allow consumers to move easily. Consumers were observed moving freely around the service, accessing outdoor areas, sitting quietly or participating in shared activities.

Equipment and furnishings throughout the service were observed to be clean, well-maintained and where appropriate, were stored securely. Cleaning staff reported that individual and shared equipment, such as mobility aids are included as part of the cleaning schedule and care staff said they clean shared equipment after use.

Cleaning staff said that cleaning occurs seven days per week and that they use a cleaning schedule to guide their work routine. They said that high frequency touchpoint cleaning is attended and included in their schedule. The Assessment Team found the service to be clean, tidy and with no malodour present and this was confirmed by consumers and representatives who were satisfied with cleaning and maintenance.

Maintenance staff described how the preventative and reactive maintenance program is attended with maintenance staff on site five days per week. Staff said that maintenance issues are addressed promptly.

# 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 compliant as four of four requirements are compliant.

Consumers and representatives said they feel encouraged and supported to provide feedback and make complaints, however they could not recall any complaints they had. They could describe the various mechanisms available to them including speaking to management and staff, attending consumer meetings and using feedback forms.

Policies relating to complaints, feedback mechanisms and open disclosure are in place to guide staff and staff demonstrated an understanding of complaints processes.

Management staff said they maintain an open door policy and where possible they attend to complaints immediately. Management provided an example of complaints they had recently managed in relation to noise and light disturbing consumers overnight. Management said the actions taken had been effective and no further complaints had been received.

Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues, including advocacy and translation services. Care staff said they escalate any issues or concerns to registered staff or management and provided examples of how they help consumers including by assisting with feedback forms, accessing multi-lingual staff, using communication aids and contacting representatives.

Complaints information including how to escalate complaints, advocacy services, external bodies and feedback forms were observed throughout the service.

The Assessment Team found the service did not have an effective central point for collecting complaints information to facilitate analysis and trending; the service’s feedback register was incomplete and did not include details of all complaints that had been received. However, the service was able to demonstrate that complaints are investigated, actioned and used to improve the quality of care and services. The Assessment Team reviewed meeting minutes and identified that complaints are reviewed and remedial actions are monitored through this process. This information is considered further under Standard 8.

# 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 compliant as five of five requirements are compliant.

Consumers and representatives spoke highly of staff and said they are kind and caring. They said the service is sufficiently staffed and that consumers’ requests for assistance are attended promptly. Consumers and representatives were confident that staff had the knowledge and skills to provide safe, quality care.

Management said the service employs a mix of registered staff and care staff. They said that recruitment processes are ongoing. Management explained how the service manages planned and unplanned leave including by extending existing shifts and offering staff additional shifts. The Assessment Team reviewed previous rosters and allocation sheets and identified that vacant shifts had been filled.

Management said that staff competency is determined through skills assessments and is monitored through performance appraisals, consumer feedback, audits, surveys and review of clinical care records. Management said they review consumer and representative feedback and undertake observations to ensure interactions between staff and consumers meets organisational expectations. A performance review cycle and planning process is developed in consultation with staff and staff said that they receive regular feedback on their performance and had completed regular performance appraisals. Management described the processes for monitoring criminal records and staff qualifications. The Assessment Team reviewed the criminal record check register and found that criminal check records are up to date.

Management said that new staff receive an orientation and that supernumerary ‘buddy’ shifts are completed to assist staff to transition into the workplace. In addition to this there is a mandatory staff training program.

Staff said they were able to complete their duties and provide care in accordance with consumers’ needs and preferences. Staff were able to describe the education and training opportunities that are available to them and said they completed an orientation to the service.

The Assessment Team reviewed staff training and education records and noted inconsistencies in information held particularly in relation to participation in mandatory training and completion of performance appraisals. While staff compliance with mandatory education and performance appraisal processes could not be confirmed from a review of staff records, staff confirmed they participated in a performance appraisal process and had completed the required mandatory education. Further, staff demonstrated knowledge of the content within the modules. The Education and Quality Manager advised the service is in the process of improving the way it monitors staff attendance at training and performance appraisal processes through the implementation of a new Learning Management System.

The Assessment Team observed staff attending to consumers in a timely manner; staff were respectful, kind and caring in their interactions with consumers.

# 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. | Non-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 non-compliant as one of five requirements are non-compliant. Deficiencies related to information systems with the Assessment Team finding that accurate and current information was not consistently available to inform planning and decision making. For example:

* A gap analysis was completed by a consultant in August 2021 identifying deficiencies in information management systems including complaints management and continuous improvement processes. Management advised the Assessment Team they were aware that aspects of the governance framework required improvement and that in response to this an Education and Quality Manager role was established in February 2022.
* Complaints and feedback were not consistently documented and did not support the analysis and trending of complaints received. Management advised that the service is planning to increase oversight of complaints and feedback processes.
* Information processes relating to continuous improvement were not effective and at the time of the site audit, the service had multiple documents in various mediums to capture continuous improvement activities. Management advised that monitoring and oversight of continuous improvement is difficult however said the service is planning to migrate all outstanding initiatives to a single plan for continuous improvement.
* Documentation associated with staff compliance with mandatory training requirements was inconsistently completed in the service’s learning management system and was not aligned with the participation captured in staff training records. Management staff advised the service plans to implement a new learning management system.
* Recording of completed performance appraisals was not consistently occurring, impacting the ability of the service to track and monitor completion. Management advised this will be addressed when the new learning management system is implemented.
* The service’s restrictive practices policy did not reflect current terminology, staff however demonstrated a thorough and contemporary knowledge of restrictive practice.

In response to the deficiencies identified by the Assessment Team, the approved provider submitted its response dated 10 November 2022 outlining the actions that have been taken or are being taken by the service. Actions include:

* In August 2022 the complaints and feedback form was revised to include the opportunity to provide feedback to the service anonymously.
* Staff have received communications relating to complaints processes including their responsibility to document verbal feedback. The approved provider states that verbal feedback is now being documented by the staff member who received the information from the consumer.
* The service has subscribed to a national industry organisation’s quality portal which supports governance processes including information systems relating to complaints processes and continuous improvement. The service’s plan for continuous improvement is to be uploaded to the portal.
* The service has subscribed to an on-line staff training platform and staff training records are being updated in this new system. All new employees will be invited to establish an account and will be enrolled in the training and induction plan, and existing employees will be enrolled in the mandatory training program which includes alerts when training is due. Additionally, performance appraisals will be documented using this platform.
* The service is planning to update its policy relating to restrictive practices to ensure it reflects current legislation; this will then be followed by staff education.

I am confident the approved provider is addressing the deficiencies in the service’s information systems. However, I note that some improvement initiatives will not be fully implemented until January/February 2023 and therefore am satisfied that governance systems, specifically those relating to information systems are not effective.

The service was able to demonstrate that it had effective governance systems and processes relating to continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Examples of continuous improvement were brought forward and included initiatives that resulted in improved outcomes for consumers. An annual budget is in place which includes funding for recruitment, staffing, equipment and consumables; there are delegations established in relation to expenditure and where necessary approval is sought from the Board. There are processes to ensure there are sufficient skilled and qualified staff to deliver quality care and services. Legislative changes are monitored by the organisation through subscriptions to various legislative services and peak bodies and communicated as necessary.

Consumers and representatives advised they considered the service is well run and that they can provide feedback to management that is actioned.

Management advised that consumers are supported to be engaged in the development, delivery and evaluation of care and services through monthly consumer meetings which are attended by Board members, feedback forms and by speaking directly with management staff. The Assessment Team confirmed that feedback from consumers is reported, investigated and actioned; it is then reviewed at multiple levels within the organisation to ensure the continual improvement of care and services.

The service has policies describing how to manage high impact and high prevalence risks, responding to abuse and neglect, incident reporting, supporting consumer choice and decision making and reporting and managing risk. While the service did not have a documented clinical governance framework, it did have a suite of policies to ensure the provision of safe, quality care and services including policies relating to antimicrobial stewardship and open disclosure. Staff were aware of these policies and were able to describe what they meant for them in a practical way.

Management described the framework in place to support the delivery of safe, quality care to consumers, including the reporting process, monitoring systems, the analysis of clinical indicator data and staff education. Senior clinical staff oversee clinical governance with additional monitoring and oversight provide by the monthly clinical review meetings and Board meetings.

The Assessment Team brought forward information that the Board receives information including operational briefs, updates on consumers’ care and services and clinical indicator data; this information supports the governing body to enhance performance, mitigate risks, make decisions and monitor care and service delivery.

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)