Performance

Report

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| Name of service: | St Marys Villa Residential Aged Care |
| Service address: | 56 Burton Street CONCORD NSW 2137 |
| Commission ID: | 0533 |
| Approved provider: | Trustees of Catholic Aged Care Sydney |
| Activity type: | Site Audit |
| Activity date: | 3 January 2023 to 5 January 2023 |
| Performance report date: | 14 February 2023 |

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 Marys Villa Residential Aged Care (**the service**) has been prepared by Kathryn Spurrell, 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.
* other information and intelligence held by the Commission in relation to the service.

# 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 so as 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

Consumers said staff were kind, caring, and respectful. Care planning documents identified consumers’ background, personal preferences, identities, and cultural practices. All information detailed within sampled care plans was consistent with consumer feedback. Staff had thorough knowledge of consumers’ individual needs and preferences.

Consumers said the service understood their needs and preferences, and they felt respected, valued, and safe. Care plans showed the service recorded consumers’ emotional, spiritual, and cultural needs and preferences accurately. Staff knew consumers' cultural, religious, and personal preferences and used this information to meet their care needs. The service had policies and procedures that outlined its commitment to diversity, cultural inclusion, and cultural safety.

Consumers said the service supported them to make their own choices about their care. This included deciding how they received care and from whom, how they communicated their decisions, and how they made and maintained relationships, among other decisions. Staff knew how to support consumers to make care decisions and care plan documents showed evidence that staff supported consumers effectively.

The service had a strong commitment to risk management, ensuring it informed all consumers of the risks involved in their lifestyle choices. Consumers said the service supported them to take risks and live their best lives. Staff knew how to mitigate risks for consumers, including through risk assessment, monitoring and communication, and other practices. The service had robust policies and procedures to support consumers with risk-taking, such as risk assessments, and regular reviews in collaboration with consumers.

Consumers said the service gave them current, accurate and timely information about their care. Representatives indicated they received regular communication about general updates, COVID-19, and information concerning changes, assessments, or incidents. Consumers said they received regular updates from management and staff, including about the monthly activities schedule, and the weekly menu. The service held monthly meetings with consumers and their representatives, and it distributed copies of meeting minutes throughout the service. The service displayed key information throughout the facility, including the menu in various dining areas, and the activity calendars in consumers’ rooms and on notice boards.

Consumers said the service respected their privacy and kept their personal information confidential. Care staff upheld and respected consumers’ privacy when providing care. They sought permission before entering consumers’ rooms, closed doors when attending to them and were careful not to disturb consumers unnecessarily. Staff kept computers locked and they used passwords to protect consumers’ information. Staff locked the nurses’ stations and computers when not in use.

# 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 said they received the care and services they needed. Staff knew the service’s care planning process, and demonstrated how the service used it to enhance its care. To conduct assessments, the service generated a baseline care plan, which care staff, medical officers (MO) and allied health professionals then optimised for the consumer. Where the service identified risk, its assessed that risk, and developed mitigation strategies. Care planning documents showed evidence that the service had applied its assessment and planning processes consistently. The service’s care planning policy was embedded in its electronic care management system, which guided staff on how to complete assessments for new admissions and ongoing consumers.

Consumers said the service addressed their needs and that it had discussed their preferences for end-of-life care. Staff knew consumers’ needs and preferences, which the Assessment Team corroborated through consumer feedback and care planning documents. The service tailored assessment and care planning documents to the unique needs and preferences of each consumer.

The service conducted assessment and care planning in partnership with consumers, their representatives and other care providers. Consumers confirmed they contributed to assessment and care planning, either through formal conversations, or through regular feedback, updates, and opinions. Care documents showed the service engaged with consumers, their representatives and other providers as part of the planning process. Allied health professionals and medical officers were on-site reviewing consumers during the Site Audit.

Consumers said they received a copy of their care plan and that the service’s information about assessment outcomes was accurate. Staff accessed care planning documents through hard-copy folders and the service’s electronic system. Clinical staff said they notified consumers if there were any changes or incidents that might affect their care. Staff said they use handovers to communicate among themselves about assessment and review outcomes. Care documents showed the service had communicated with consumers and other providers frequently.

Consumers said the service regularly reviewed their care and that staff asked them about any potential changes to their care prior to implementing them. Care documents reflected that the service engaged consumers prior to care changes. The service reviewed and evaluated its care through monthly ‘Resident of the Day’ reviews, which utilised a holistic approach including vital-sign observations, medication checks, nail care, weight recording, diet reviews and general observations relating to personal needs, such as clothing or footwear. The service updated care plans following Resident of the Day reviews. Staff also knew the service’s incident reporting process and how incidents might trigger a reassessment or review of care plans. Staff recorded incidents in the service’s electronic system, and the service used incident data in its monthly reporting. Care planning documents showed the service regularly reviewed its care for effectiveness, or when circumstances changed or when there was an incident.

# 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

Most consumers said they received care that was safe and right for them. Staff knew consumers’ individual needs and preferences and care documents showed the service consistently tailored care to consumers’ individual needs. The service had policies to guide staff in how to provide best-practice personal and clinical care. Care documents showed staff followed the service’s clinical management policies and that they delivered tailored care to consumers.

Consumers said the service managed their risks effectively, including those associated with falls, weight loss, pressure injury, and pain. Some staff did not recognise the term ‘high impact, high prevalence risks’ but they did know how the service mitigated consumers’ risks. Care documents showed consistent assessment and planning to address risks.

The service preserved the dignity of consumers nearing end of life, and delivered care according to their needs. It had policies and procedures to inform palliative care practice and end of life care. Some consumers said they had a ‘Statement of Choice’ in place, which was a document setting out their advance care and end of life care directions. Staff knew how to adjust care for consumers nearing end of life, and practical ways to maximise consumers’ comfort and dignity. Examples included repositioning consumers according to their wishes, pain management, eye and mouth care, and emotional and spiritual support.

Consumers said the service responded promptly to changes or deterioration in consumers’ conditions, providing examples. Care planning documents showed the service took appropriate action in response to changes in consumers’ health. The service had policies and procedures to guide staff in responding to consumer deterioration and consumer records showed the service identified changes and responded to them rapidly.

Consumers said the service documented their information and shared it between staff and other providers efficiently. Staff documented consumer information in the service’s electronic system, making the information accessible and easy to reference during handovers, clinical discussions and monthly meetings. Staff attended handovers to ensure they relayed information about consumers consistently, and that other staff understood it. The service used a shared handover sheet to document all consumer updates within a 24-hour period. Staff recorded adequate information in care documents, helping the service to provide safe, effective care.

Consumers said the service referred them to other providers when appropriate. Staff said the service had various options to make referrals based on consumers’ needs. For example, staff could make referrals to practitioners who attended the service, or those external to it. Generally, the service’s clinical leadership team made referrals to ensure they were raised appropriately. The clinical leadership team adopted a team-based approach when making complex clinical referrals. A physiotherapist was onsite five days a week and was able to respond to consumer needs as they arose. Care documents showed that the service made referrals to a range of services and providers.

Consumers said staff consistently wore personal protective equipment, including masks and gowns. The service had policies to inform and guide staff in infection control and staff knew the service’s infection control practices and how they connected with their duties. Clinical staff knew the service’s strategies to minimise and optimise antibiotic use among consumers. Care documents showed the service applied antimicrobial stewardship principles, including testing suspected consumer infections through pathology prior to starting them on antibiotics. The service’s Infection Prevention and Control lead said they reviewed infections on a monthly basis, and analysed trend patterns in the resulting data. They also worked closely with medical officers to minimise antibiotic use. The service had a single point of entry and it screened and tested everyone who entered 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

Consumers said the service supported them to do things they enjoyed and that it helped optimise their independence. Care plans corroborated consumers’ verbal accounts and lifestyle staff knew each consumer’s evolving preferences. Minutes from various consumer and representative meetings, including the service’s Lifestyle and Food Focus groups, showed the service actively sought consumer feedback about care and food.

Consumers said the service supported them with their emotional, spiritual, and psychological well-being. The service had various lifestyle supports in place for consumers, including music, art, a volunteers’ program, gardening, church and pastoral services within and outside the facility, and various other activities. The service also had an extensive palliative and end-of-life care program in place, including ongoing grief and loss support for consumers and representatives in the event a loved one passed. Care plans, progress notes and activities programs showed that the service encouraged consumers to remain engaged in activities.

Consumers said the service supports them to undertake activities within and outside the service, including pursuing social and personal relationships. They said they were free to choose what they wanted to do, with whom and when. The service’s programming was consumer-centred and all of the activities, supports, and services were at the consumers’ request. Lifestyle staff confirmed the service respected the privacy of couples at the facility, and that it supported their decisions. Care plans, meetings minutes and newsletters showed the service supported consumers to be active community participants. During the site audit, consumers participated in a variety of activities including sitting outside in the gardens or on the terraces interacting with their visitors, among other activities.

Consumers said staff relayed information about consumers’ daily living choices and preferences among themselves and to other care providers. Care staff used handovers to exchange information about specific consumers including changes, clinical concerns, care priorities and other information. If a consumer requested that staff provide care at a different time than usual, staff accommodated this. Care staff accessed and exchanged consumers’ care information through the service’s electronic system. Care plan documents showed consumer’s conditions, needs, preferences and relevant changes.

Consumers said the service referred them to other organisations and providers as needed. Consumers’ care planning documents showed the service collaborated with external providers to support the consumers’ diverse needs. The service had policies and procedures to support its referral process to other external providers including health professionals, external organisations, and volunteers. The service was linked with the neighbouring Catholic church, primary school and several volunteer groups, who actively provided services to consumers.

Consumers said that the food was very good overall, but some days were better than others and their enjoyment of the food was subject to personal preference. Consumers said the food was good quality, the quantity was sufficient and there was ample variety. They also said they could change their minds and the service accommodated their requests.

The service’s menu was seasonal. All food was freshly cooked, and staff kept informed of consumers’ dietary needs, preferences, and changes via the service’s electronic system. Staff also had printed copies of consumers’ diet information in the service’s kitchen for reference. All kitchen staff had been trained in the International Dysphagia Diet Standardisation Initiative Framework and they completed fluid thickening to relevant standards. Consumers could request food 24 hours per day and could either serve themselves or request items from staff. The service proposes new seasonal menus to consumers at Food Focus meetings prior to implementing them. The minutes of these meetings, and the complaints register confirmed that consumers inputted into food service.

Consumers used equipment in a variety of activities around the service. They said the equipment was safe, clean, and suitable. The assessment team’s observations corroborated this finding. In all instances they found the equipment to be suitable, clean and well-maintained. The service stored shared equipment in designated areas and staff cleaned it before and after use. Outdoor benches, tables, and chairs were all 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

Consumers said they felt at home in the service, and that they could easily find their way around. They also said their visitors felt welcomed and the service had plenty of spaces both within and outside the facility for consumers, representatives, family, and friends to sit and enjoy each other’s company. The service featured lifts, handrails, clear signage, clear colours on walls, and large open windows and doors. It also featured clear signage giving directions throughout interior wings and levels. Each consumer’s door was personalised with their name and a specific colour and photo of themselves. The service’s walls and doors were painted in contrasting colours and seating options in the lounge and dining area were colourful and sturdy. Consumers could access outdoor areas, which featured shade, tables, chairs, aviaries, and gardens. The gardens provided colour, shade, and additional activity areas.

Consumers said the service was well-maintained, clean and comfortable. They said they could move freely within and outside the facility and that they can do things in the community when they want to. During the site audit, lifestyle staff spent time doing activities with consumers in the service’s garden, including activities such as morning tea and gardening, among others. The service’s cleaning schedule included cleaning rooms, vacuuming communal areas, steam cleaning carpets, and cleaning high-touch areas, and supported infection control. The service had well-maintained hand-wash and sanitiser stations located at regular intervals in corridors and communal areas.

Consumers said the service’s equipment was clean, well-maintained, and suitable. The service addressed maintenance through reactive and proactive approaches. For reactive maintenance, the service kept maintenance logbooks at each nurse station, and care staff created maintenance requests by logging them into the books. Maintenance staff reviewed the logbooks each day and all sampled staff said they knew how to create a maintenance request. Maintenance logs were up to date with no outstanding requests. Internal and external teams carried out pro-active maintenance each day, focussing on routine and preventative measures.

# 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

The service had processes and systems for consumers to raise concerns about their care. For example, the service had a collection box to give consumers a convenient, anonymous method for raising complaints. Staff knew the complaint and feedback channels available to consumers and their representatives, and how to support complainants to raise issues if necessary. Consumers confirmed the service supported them to provide feedback and make complaints.

Consumers said they were comfortable raising concerns with management and staff or through the feedback forms at the service. Consumers said they were aware of external channels for raising a complaint, such as through advocacy services, or with the help of a family member or a friend. The service displayed advocacy service signage throughout the facility, and the service’s complaints register showed that it monitored feedback through a variety of channels.

Most consumers said the service responded quickly and appropriately to feedback. They said that when things went wrong, the service apologised and acted quickly to resolve their issues. Staff knew the service’s complaints management process, including principles of open disclosure, and they could cite examples of the service’s use of open disclosure when things went wrong. The service’s complaints register showed that staff used open disclosure, and resolved complaints promptly in accordance with the service’s feedback and complaints policies.

Consumers said the service reviewed and responded to feedback by improving its care. The service monitored feedback patterns using trend analysis and the approved provider’s Board discussed feedback trends at regular meetings. Service documents corroborated that the service acted on feedback to improve care.

# 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 said the service had enough staff and they assisted consumers promptly when requested. Staff said the service generally had enough staff but at times there were shortages due to unplanned leave. They said however, that shortages did not impact on care, with staff working as a team to ensure they met all consumers’ care needs. The service’s contingency staffing measures included extending existing staff hours, providing additional shifts, using agency services and utilising management to provide additional support. The service allocated clinical staff across a 24-hour period. Staff responded promptly to call bells during the site audit.

Consumers said staff were respectful, kind, caring and gentle. Staff knew consumers well, including their needs and preferences. The Assessment Team corroborated this through care planning documents and consumer interviews. Staff interacted with consumers respectfully such as by talking to them using their preferred name and language, and politely offering them meal choices during food service.

Consumers said staff performed their duties effectively and that staff were sufficiently trained and skilled to meet their needs. Staff had completed initial and mandatory annual training, and any additional training requirements were identified. The service had a robust recruitment process to identify, recruit and employ staff with appropriate skills and knowledge. It maintained position descriptions, which it gave to staff when they started at the service, setting out expectations for staff for their respective roles. Employee records showed the service monitored staff to ensure they maintained professional registrations, criminal history certificates, annual Influenza vaccinations and COVID-19 vaccinations.

Consumers said they were confident the service recruited trained, equipped and supported staff to deliver the outcomes required of the Quality Standards. Staff had regular mandatory training sessions, and could access additional training as needed. The service’s management team and the clinical nurse specialist educator provided on-site support as needed. The service had an online training system, which management used to monitor training completion rates.

The service had formal and informal processes for monitoring and reviewing staff performance. These included day-to-day monitoring, formal documented performance appraisals, and monitoring educational competencies. The service also reviewed and analysed internal audit results and clinical data to cross-reference staff performance. The service had a suite of documented policies and procedures that guided performance monitoring and performance management. All sampled staff had completed a performance appraisal within the last year.

# Standard 8

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

Findings

Consumers said the service was well-run and that it partnered with them to improve its care. The service sought feedback from consumers and representatives about various aspects of care including the service environment, care delivery, lifestyle activities, food, staffing and overall satisfaction. The service did this through a variety of channels including via consumer meetings, food focus meetings, surveys and feedback forms.

Consumers said they felt safe and included at the service. They said they were happy with how the service handled COVID-19 outbreaks, how vaccinations had been rolled out and how the service had communicated updates to their care. The management team used a range of strategies to promote a culture of safe, inclusive, and quality care.

The service had effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and complaints. The organisation’s governance systems saliently featured a Board, which governed the service. Among the many functions of the Board, it monitored and reviewed reports and analysis, using data to measure the service’s performance against the quality standards.

Consumers said the service supported them to live the best life they could. Staff knew how to minimise consumers’ risks of falls and infections, and how to minimise the service’s use of restrictive practices. They also knew how report incidents when appropriate. The service had a range of policies to guide staff, including a risk management framework and other policies such as those for medication management, falls prevention, antimicrobial stewardship, wound management, and infection control. Staff made progress reports and recorded risk data into the service’s electronic system. They reported relevant incidents to management, who then escalated reports to the Board.

The service had a clinical governance framework to ensure it provided quality care, promoted antimicrobial stewardship, minimised restrictive practices and embedded an open disclosure process. Consumers said the service contacted them to apologise and follow up when things went wrong. Care plan documents showed that staff complied with the service’s antimicrobial stewardship policy. Care documents showed judicious use of antibiotic and psychotropic medications, and analysis of resulting trends and effects. Staff had been trained to apply the service’s policies to their roles.

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)