Performance

Report

**1800 951 822**

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| Name of service: | St Vincent’s Care Corinda |
| Service address: | 20 Menin Road Corinda QLD 4075 |
| Commission ID: | 5838 |
| Approved provider: | St Vincent's Care Services Ltd. |
| Activity type: | Site Audit |
| Activity date: | 6 December 2022 to 8 December 2022 |
| Performance report date: | 04 January 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 Vincent’s Care Corinda (**the service**) has been prepared by K. Reed, 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 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

Consumers and representatives confirmed staff treated consumers with dignity and respect. Staff spoke with consumers respectfully and used the information provided in the service’s electronic care management system to guide them in providing care and services that were suitable for consumers’ diverse needs and preferences. The organisation had a suite of documented policies which outlined the expectations and responsibilities of staff in relation to their kind, respectful and dignified treatment of consumers.

Care planning documentation reflected consumers’ cultural needs and preferences. Consumers and representatives described how staff value consumers’ culture, values and diversity. Consumers’ cultural needs, wishes and values are captured on entry to the service and further information was gathered over time.

Consumers were supported to exercise choice and maintain their independence by making decisions about their care and services. Consumers were supported to nominate who they would like involved in their care, to communicate their decisions, and make connections with others and maintain relationships of choice. The organisation had documented policies and procedures regarding consumer choice and decision making which guided staff in the importance of consumers maintaining their independence and making informed decisions about their care and services.

Consumers were satisfied and supported by staff to take risks and live the best life they can. Staff described areas where consumers wanted to take risks, how the consumer was supported to understand the benefits and possible harm when they make decisions about taking risk, and how consumers were involved in problem-solving solutions to reduce risk where possible. Care documentation, such as dignity of risk forms, described the risks and risk mitigation strategies used to enable consumers to live the best life they can.

Consumers and representatives advised they received up to date information about activities, meals, COVID-19 and other events happening in the service. Lifestyle staff provided printed activity schedules to consumers in large print to enable them to clearly read the activities available. Posters and flyers of upcoming activities were observed on noticeboards and in consumers’ rooms.

The service had documented polices that guided staff in providing care and services in a way that respected the consumer’s privacy and kept their personal information confidential. Consumers were confident their information was kept confidential. Care staff described how they maintained consumers’ privacy when providing care.

This Standard is compliant, as all six Requirements are 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

Care documentation included relevant assessment and risk identification for consumers such as falls, behaviours of concern, skin integrity, weight loss, infectious conditions and specialised care needs. Consumers and representatives expressed satisfaction with the assessment and care planning processes at the service. Risk assessment criteria was applied to each consumer prior to entry to determine if the service had the capability to safely care for the consumer and meet their needs.

Consumers and representatives described how the assessment and care planning processes included consideration of consumers’ current needs, goals and preferences, including advanced care planning. Care and service plans detailed consumers’ individual needs, goals and preferences, and staff demonstrated awareness of what mattered to individual consumers.

Care planning documents reflected the consumer and others who were involved in assessment and planning, including Medical officers, external specialists, allied health professionals and aged care specialist groups. Consumers and representatives confirmed they were involved in the assessment, planning and review of consumers’ care and services.

Consumer files demonstrated the outcomes of assessment and planning were documented, and consumers confirmed staff discussed consumers’ care needs with them and their representative. Care plans were available to consumers and their representatives on request. Staff had access to consumers’ care plans through the electronic care system.

Care planning documentation demonstrated assessments were reviewed and care plans were updated in a timely manner. Consumers and representatives confirmed care and services were reviewed when the consumer’s circumstances changed, or incidents occurred. Staff were aware of incident reporting processes and how these incidents may trigger a reassessment or review.

This Standard is compliant, as all five Requirements are 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 confirmed consumer care was safe and considered the individual consumer’s needs, goals and preferences. Consumers and representatives expressed satisfaction with the management of consumers’ personal and clinical care including pain, wounds, diabetes, behaviours of concern and medications. A survey was conducted with consumers and representatives to gauge their level of satisfaction with care delivered and for opportunities to improve.

Documentation demonstrated the service was effectively managing high impact and high prevalence risks through identification of consumers at risk, contemporary practice and effective analysis of consumer outcomes. The service demonstrated effective processes to manage high impact or high prevalence risks associated with the care of each consumer including falls, and other complex, chronic medical conditions.

The service had an effective incident management system used by all levels of staff to report adverse outcomes and system failures. Clinical oversight was provided daily including care delivery and follow-up with staff when adverse events occurred. Consumers and representatives advised they were satisfied with the care provided by the service to manage consumers’ high risks.

Care planning documentation demonstrated how the service planned to meet the needs and preferences of consumers at end of life, to ensure comfort care with dignity. Consumers advised they had spoken with the service about their end of life preferences and were satisfied the service will provide the care they prefer to meet their needs when their end of life phase commences. The service had a range of clinical policies, procedures, and care pathways to guide staff practice when caring for consumers during their palliative phase. Consumers who were palliative or in end of life stages were referred to a palliative care service at the local hospital. Staff from the palliative care team reviewed consumers weekly and were available 24 hours a day to prescribe appropriate end of life medication when required.

The service demonstrated how deterioration or change in the consumer’s condition was recognised and responded to in a timely manner though a range of systems and processes such as handover, progress notes, scheduled reviews, incident reports, clinical monitoring and feedback about the consumer’s condition. Staff had access to clinical information to guide them in recognising and responding to a deterioration or change in a consumer’s condition. Registered staff were available 24 hours a day, seven days a week at the service. Other specialist care services were available for consultation and advice including palliative care, specialist emergency and medical staff and pain management and wound care specialist practitioners.

Consumers’ care needs, and preferences were effectively communicated between staff and consumers received the care they needed. Care planning documentation contained adequate information to support effective and safe sharing of consumers’ information in providing care. Staff received up to date information about consumers at handover, as well as receiving alerts in relation to changes in consumer needs in the electronic care system.

Consumers and representatives confirmed referrals were timely, appropriate and occurred when needed and the consumers had access to relevant health professions, such as allied health professionals, palliative care staff and specialist medical services. Care documentation demonstrated timely referral and involvement of Medical officers and allied health providers and staff advised the input of other health professionals informed care and services for consumers.

Consumers expressed satisfaction with infection control processes at the service. The service had documented policies, procedures and an Outbreak Management Plan to guide staff in relation to antimicrobial stewardship, infection control and for the management of a COVID-19 outbreak. The service had an influenza and COVID-19 vaccination program for staff and consumers and had appointed an Infection prevention and control Lead. Staff provided examples of practices to prevent and control infections such as hand hygiene, encouraging fluids, the use of personal protective equipment and obtaining pathology results prior to commencing antibiotics.

This Standard is compliant, as all seven Requirements are 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

Consumers confirmed the service’s lifestyle program supported their needs and staff assisted them to be as independent as possible. Staff had knowledge of consumers’ needs and preferences and the support they required to participate in activities or pursue individual interests. Care documentation reflected strategies to deliver services and supports for daily living that matched the diverse needs and characteristics of consumers.

Consumers could continue cultural and religious practices at the service and were provided emotional and spiritual support when needed. Care and pastoral staff described how they supported consumers when they were feeling low, by visiting the consumer individually and providing emotional and spiritual support. Religious services were conducted weekly and recorded and broadcasted on the service’s televisions.

Consumers were supported to take part in community activities outside of the service, to visit family, go shopping or pursue a previous interest. Staff described those consumers who had personal relationships or had developed a close friendship. Care planning documentation identified the people important to individual consumers, those people involved in providing care and the activities of interest to the consumer.

Consumers confirmed services and supports were consistent and the staff knew their individual preferences and other organisations that were involved in their care and services. Staff were updated on the changing condition, needs or preferences of consumers as they related to services and supports for daily living, including handover and messages alerts in the service’s electronic care system.

Staff at the service demonstrated timely and appropriate referrals to other individuals, organisation or providers and how they collaborated to meet the diverse needs of consumers. Staff described how the consumer was involved in decisions and how referrals were made Pastoral staff were alerted via the service’s electronic care system or text message when a consumer requested to engage their services.

Consumers expressed satisfaction with the taste and variety of meals provided. The service’s wine and food forum minutes and menus confirmed consumers were invited to provide input on the menu, were offered a range of choices, and the kitchen was compliant with relevant health and safety regulations. The service’s weekly menus list a variety of options including the choice of a hot meal, salad or sandwiches for lunch and dinner and a hot or continental style meal for breakfast. There were also options available for consumers who are vegetarian. Menus were reviewed by consumers and representatives monthly at wine and food forums.

Equipment was observed to be safe, suitable, clean and if there were any concerns or issues repairs were managed by maintenance in a timely manner. Consumers felt safe when utilising equipment provided by the service and knew who to notify if they had any concerns. The service had suitable arrangements in place for purchasing, servicing, maintaining and replacing equipment and all equipment was brand new. Equipment was fit for purpose and inspected periodically to ensure it was safe for consumer use.

This Standard is compliant, as all seven Requirements are 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

The service environment was welcoming, easy to understand and enabled consumers to optimise their independence and ability to interact within the service with family, friends and others. The service contained many accessible furnished private and communal sitting spaces throughout the service’s three levels. Consumers requiring mobility assistance were observed moving independently through wide corridors fitted with handrails, that were well lit and contained large print directional signage. Consumer rooms contained personal items of furniture, photos and treasured mementos. Glass cabinets were mounted outside each consumer’s room and contained personal mementos that related to their identity and sense of belonging.

Consumers felt safe and were happy with the cleanliness and maintenance of the service. Consumers of different mobility levels were observed moving freely in and around the service, receiving assistance from staff when required. Cleaning staff worked to a cleaning schedule for all areas of the service both internal and external and removed any hazards identified. Various landmarks within the service were identified to assist consumers with navigating their way around the service including the coffee shop and outdoors garden sitting area.

Consumers and representatives confirmed furniture, fittings and equipment were safe, clean, and well maintained and the service had a range of safe mobility aids available for consumer use. Maintenance records demonstrated all scheduled preventative maintenance had been completed, including fire equipment inspections and pest control treatment. The maintenance manager conducted a full internal and external tour of the service each morning to identify any issues.

This Standard is compliant, as all three Requirements are 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 felt encouraged, safe and supported to provide feedback and make complaints and described the various methods available for them. This included speaking to management or staff directly, attending consumer meetings, and through the use of feedback forms. Management had an open-door policy and undertook regular walks around the service seeking feedback from consumers and staff. Feedback boxes were located on each level and feedback and complaints were a standard agenda item at monthly consumer meetings and the service’s communication division undertook regular consumer surveys to consumer and representatives. Staff supported and encouraged consumers and representatives to provide feedback and make complaints by assisting them to complete a feedback form or document the consumers concerns within the feedback and complaints system. The service’s complaints and feedback policies and procedures, consumer handbook and consumer meeting minutes demonstrated the service supports and encouraged consumers and representatives to provide feedback and make complaints.

Consumers and representatives were aware of language services and how to make complaints to the Commission and advocacy services, such as the Older Persons Advocacy Network. Staff described how they would assist consumers who had a cognitive impairment or difficulty communicating to raise a complaint or provide feedback. Including, assisting consumers in completing a feedback form and contacting the consumer’s representative for assistance. Flyers and posters for advocacy, interpreter services as well as information on how to make a complaint internally or externally with the Commission were observed within the service.

The service demonstrated how consumers’ and representatives’ complaints were addressed and resolved when concerns were raised. Management and staff demonstrated an understanding of open disclosure, that included providing an apology when things went wrong. The feedback and complaints register demonstrated open disclosure was consistently practiced when things went wrong. Staff were guided on how to document, investigate, resolve and evaluate feedback and complaints and the use of open disclosure.

Consumers and representatives described how the service used feedback and complaints to improve quality of care and services. Best practice systems were in place to manage feedback and complaints to improve care and services. Management reviewed the feedback and complaints daily and discussed complaints and compliments at staff meetings and during monthly meetings. The Plan for continuous improvement and feedback and complaints and compliment register demonstrated continuous improvement actions had been implemented following provision of complaints and feedback by consumers and representatives.

This Standard is compliant, as all four Requirements are 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 and representatives confirmed there was sufficient staff to meet the consumers’ personal and clinical needs in a timely manner and in accordance with their care plan. The workforce was planned to meet the needs of consumers and deliver quality care and services and the service had systems and processes in place to ensure there was sufficient staff rostered across all shifts. Staff across various roles and areas of the service confirmed there was adequate staff to provide care and services in accordance with consumers’ needs and preferences and staff had sufficient time to undertake their allocated tasks and responsibilities.

The service employed both registered and care staff and rosters were developed to ensure the right mix of staff were available to manage consumer care needs. The roster included permanent and agency staff, a casual pool and on call staff. The service rostered staff in specific areas that matched consumers’ specific needs, for example staff with dementia training were rostered with the Memory support unit. The service also aimed to roster staff within specific floors on a regular basis to ensure continuity of consumers’ care.

Consumers confirmed staff engaged with them in a respectful, kind and caring manner, were gentle when providing care and were respectful of their diversity, culture and preferences and choices they made with care and services. Staff demonstrated an understanding of consumers’ identity, culture, needs and preferences, this information aligned with care planning documentation. The service had a suite of documented policies and procedures to guide staff practice, which outlined that care and services were to be delivered in a person-centred, caring and respectful manner.

Staff had the qualifications and knowledge to effectively perform their roles to provide safe and quality care and services. Consumers and representatives confirmed staff performed their duties effectively, and they were confident that staff were trained appropriately and skilled to meet consumer care needs. Staff records demonstrated the service maintained position descriptions which established responsibilities, knowledge, skills and qualifications for each role and monitored national criminal history checks, professional registration and influenza and COVID-19 vaccination records.

The service had a system to recruit, train, equip and support staff to provide safe care and services as required by the Standards. Consumers expressed confidence in the ability of staff to deliver care and services, and believed staff were well trained and equipped to perform their roles. Staff described the orientation and onboarding process which included online mandatory training, role specific training, training on the Quality Standards and buddy shifts. Staff confirmed the service provided ongoing professional development and supervision and competency assessments. Staff stated should they request further training and education that they were supported by management.

Each staff member had their performance monitored and reviewed. Effective systems were in place to monitor and review performance and the capabilities of the workforce. The service provided ongoing support and development to each staff member. Staff described the process of performance appraisal and indicated this had been undertaken during probation and completed annually. As the service opened in February 2022 all annual staff performance appraisals will be completed by February 2023.

This Standard is compliant, as all five Requirements are 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

Consumers had confidence in the way the service was run and were engaged in the development, delivery and evaluation of their care and services. Consumers were supported to be engaged with the service, including talking directly with management, attending consumer meetings and wine and food forums and completing feedback forms. The plan for continuous improvement and consumer meeting minutes evidenced management and consumers and representative’s engagement in the delivery and evaluation of care and services.

The governing body had central policies and procedures to enable them to promote a culture of safe, inclusive and quality care and services across the organisation. The service was supported by a clinical governance team who maintained oversight of the service’s clinical matters to ensure the service is meeting the Quality Standards. The organisation implemented systems and processes to monitor the performance of the service and to ensure the Board was accountable for the delivery of safe, inclusive, and quality care and services. The organisation’s clinical governance framework identified a leadership structure holding overall accountability and safety.

The organisation had effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff had ready access to current and accurate information to guide their practices. Information pertaining to consumers was kept safe through password protection and user capability. The service maintained a plan for continuous improvement which included the process for implementing and reviewing improvement activities. The service had a financial system to manage finances and resources and the Facility manager met with the service’s financial advisor monthly to discuss outcomes. The Board received updates on the service’s financial situation monthly and the Facility manager was able to make purchases for urgent essentials in accordance with the service’s approval matrix. Systems were in place to monitor workforce competency and ensure the workforce was appropriately planned to facilitate the delivery of safe and effective consumer care. The Clinical Governance Team was tasked to ensure changes in legislative requirements were disseminated to the service’s management team to share with departmental heads and staff. Incident reports demonstrated compliance with legislation relevant to the Serious incident investigation response scheme and incident management processes. Systems were in place to encourage the provision of consumer feedback and complaints and ensure appropriate action is taken, including open disclosure. Monthly reports included trends and analysis to the governing body that identified continuous improvement initiatives relating to care and services.

The service demonstrated established governance frameworks, policies and procedures supported the management of risk associated with the care of consumers, including responding to clinical incidents. Clinical indicators were monitored daily to ensure all clinical risk areas were addressed in a timely manner. The service’s high-risk register was reviewed weekly and outcomes discussed with senior management. Consumers’ care planning documentation evidenced how consumers were supported through consultation and discussions, to participate in risk taking activities of their choice, to enable them to live the best life they can. The service monitored and reviewed risks from the incident management systems and analysed information was reported and actioned to ensure the continuous improvement of care and services.

The organisation had an effective clinical governance framework embedded into systems and practices with policies, procedures and training available to guide staff practice. The service provided a documented clinical governance framework that outlined the roles, responsibilities and accountabilities that continuously measure, monitor and improve the safety and quality of clinical care and services to promote optimal consumer outcomes and clinical experience. Management reviewed Restrictive practice reports collated by the service's electronic care system monthly and analysed the data to ensure consent was current and for continuous improvement opportunities with the aim of reducing the use of Restrictive practice. The service had an Antimicrobial Stewardship Committee to discuss processes relating to the management of medications that informs the medication advisory committee that meets on site quarterly. The service audited antimicrobial use and oversaw any potential related education needs that arise from the audits. Staff at the service demonstrated an understanding of how they practiced open disclosure, including being open, transparent and apologising when things went wrong.

This Standard is compliant, as all five Requirements were 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)