Performance

Report

**1800 951 822**

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| Name of service: | SummitCare Liverpool-173 |
| Service address: | 173 Elizabeth Drive LIVERPOOL NSW 2170 |
| Commission ID: | 2546 |
| Approved provider: | Wohl Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 10 January 2023 to 12 January 2023 |
| Performance report date: | 17 March 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 SummitCare Liverpool-173 (**the service**) has been prepared by K. Richards, 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 consumers, representatives, staff, management and others; and
* a Performance Report dated 28 January 2021 for an Assessment Contact - Site undertaken from 15 December 2020 to 16 December 2020.

The provider phoned on 27 January 2023 confirming a response to the Assessment Team’s report would not be provided.

# 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

Requirement 1(3)(f) was found Non-compliant following an Assessment Contact undertaken from 15 December 2020 to 16 December 2020.

Requirement 1(3)(f)

The previous Non-compliance related to the service being unable to demonstrate consumer privacy was respected and personal information kept confidential. At the time, staff were overheard discussing personal information within earshot of consumers, and calling down the hall to other staff regarding care tasks to be completed, and privacy was not always provided during consumer care.

Whilst the Assessment Team’s report did not identify specific actions taken in response to the Non-compliance, the report contained evidence to demonstrate each consumer’s privacy was respected and personal information kept confidential. Consumers reported staff knock and seek permission before entering rooms, and they were confident personal information was kept private. The Assessment Team observed consumer files were not secured in the nurses’ station on the first day of the Site Audit, which was rectified immediately following feedback without any recurrence. Training records demonstrated staff receive training on privacy, confidentiality, and maintaining dignity during provision of care. Staff were observed holding handover in private areas, and care was provided behind closed doors or curtains.

Requirements (3)(a), (3)(b), (3)(c), (3)(d), and (3)(e)

Consumers said they were treated with dignity and respect, and staff were aware of consumer needs, values, identity, and cultural backgrounds. Staff described actions taken to respect consumers, and were observed engaging with consumers with patience and politeness. Care planning included information on consumer identity, backgrounds, and cultural diversity, and included guidance for staff on how to effectively engage with consumers.

Consumers and representatives confirmed the service recognises and respects cultural traditions and preferences. Staff could identify consumers from culturally diverse backgrounds and any cultural needs or preferences. Care planning included information on consumers’ cultural needs and preferences for connecting to or celebrating their cultural background.

Consumers said they were supported to make decisions about their care, and to maintain connections and relationships with other consumers. Staff were familiar with care preferences for consumers in line with care planning. Relationships of importance to consumers were known by staff, and identified within care documentation.

Care planning documentation demonstrated consumers wanting to undertake risk have a risk assessment and consultation undertaken, with strategies to monitor or minimise risk in place. Staff demonstrated awareness of consumers choosing to take risks, and described support provided to consumers to minimise harm.

Consumers and representatives could describe information provided by the service through newsletters and Resident Meetings, although there have been disruptions to the meeting schedules due to COVID-19 outbreaks. Printed menus and activities schedules were provided to consumers, with weekly menus also observed to be on display on noticeboards, and daily meal options written on a large whiteboard in the dining area.

For the reasons outlined above, I find Standard 1 Consumer dignity and choice Compliant.

# Standard 2

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

Findings

Consumers and representatives provided feedback of their satisfaction with the assessment and care planning process. Staff could describe processes to undertake assessment and care planning, and explain how this information was used to identify and consider consumers’ risk. Some care planning information was identified as inconsistent within different areas of the care plan, however, sampled care plans identified risks and included strategies to reduce frequency of incidence and/or harm.

Consumers and representatives advised the service considers consumers’ needs, goals, and preferences when undertaking assessment and planning and staff described involving consumers in assessment and planning to capture this information. Some consumers and representatives said they had participated in conversation about advance care planning and end of life planning. Care files demonstrated regular conversations were undertaken with consumers and representatives on advance care planning or end of life care preferences, and captured needs and preferences for daily care.

Consumers and representatives said they feel involved in assessment, planning, and review of care and services, and other organisations were included as required. Care documentation included summaries of case conferences, and demonstrated involvement of other providers and organisations in care planning. Clinical staff described the importance of consumer-centred care planning, and could explain processes to involve other providers in care planning.

Most representatives said they receive regular updates in relation to the outcomes of assessment and planning, although one representative was unsure if they had received a copy as there had been a lot of information to review. Staff said care plans were offered to consumers and/or representatives during the care consultation and care plan review process. Care plans were stored on an electronic document system, and staff gave examples of emailing a copy to representatives for review and comment as part of the care plan review process.

Staff said care plans were reviewed on a regular basis, and provided examples of where an incident or change in care needs had prompted review. Care files included evidence of monitoring and reassessment, including by Allied health staff, following a change of health, with directives incorporated into care planning. Management described oversight of the review process for regular review, and following change in consumer circumstance or incident, and policies and procedures were available to guide staff.

For the reasons outlined above, I find Standard 2 Ongoing assessment and planning with consumers 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

Requirements 3(3)(a) and 3(3)(g) were found Non-compliant following an Assessment Contact undertaken from 15 December 2020 to 16 December 2020.

Requirement (3)(a)

The previous Non-compliance in Requirement (3)(a) related to management of restrictive practices, use of psychotropic medication, management of changed behaviours, management of skin integrity and wound care.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Education for staff in relation to personal and clinical care, including appropriate documentation use. Wound specialists delivered training on wound photography and evaluation.
* Improving governance arrangements in relation to monitoring of wounds, restrictive practices and use of psychotropic medication. This included engaging a Nurse Practitioner, and additional oversight from quality and clinical governance teams utilising auditing system.
* Additionally, the Clinical Care Manager had just commenced prior to the December 2020 Assessment Contact, and have subsequently increased their management responsibilities including provision of clinical oversight of key areas of the Clinical Standards.

The Assessment Team found the service demonstrated provision of safe and effective care that was best practice, tailored to consumer needs, optimising their health and well-being. Representatives were satisfied with the provision of care and services. Care planning was tailored to consumer needs and preferences, and staff could describe consumer needs in alignment with documentation. The service has policies and procedures to inform delivery of best practice personal and clinical care, as demonstrated in sampled care file documentation in relation to pain management, wound care, and use of restrictive practices. Consumers had non-pharmacological strategies for management of pain or changed behaviours captured in care plans, and monitoring and evaluation processes were used following administration of associated medications.

Requirement (3)(g)

The previous Non-compliance in Requirement (3)(g) related to a management of a gastroenteritis outbreak, prolonged by poor cohorting practices by staff, and deficiencies with availability and use of mandatory personal protective equipment.

The Assessment Team’s report provided evidence of actions taken to address deficiencies identified, including, but not limited to:

* Provision of training and ongoing reminders in relation to infection control and use of personal protective equipment.
* Auditing of infection control practices, increased oversight of clinical practices, and review of supply and storage processes to ensure sufficient stock was available.

The Assessment Team found the service demonstrated minimisation of infection related risks through implementing standard and transmission based precautions to prevent and control infection, and practices to promote antimicrobial stewardship. Staff were observed using personal protective equipment without breaches, and using appropriate hand hygiene practices. Staff were familiar with actions and processes within the outbreak management plan, most recently deployed in September 2022 due to COVID-19. Consumers and representatives said they felt the outbreak was managed well, and the service was actively preventing and minimising risk of infection for consumers. Staff could describe infection prevention strategies for consumers to reduce need for antibiotic use.

Requirement (3)(b), (3)(c), (3)(d), (3)(e), and (3)(f)

Consumers and representatives were satisfied with management of risks for consumers. Staff were able to identify key risks for consumers and detail processes to identify risk and strategies through assessment and planning processes.

The Assessment Team’s report identified care plans included risk assessments and effective strategies for management of high impact and/or prevalence risks, however, did not provide correlating evidence substantiating how the service identified and managed risks. Risks relating to weight loss and skin integrity were referenced, without insight of impact and management, a consumer was noted as ‘generally’ having consistent charting in line with care planning, and a consumer with multiple falls, including one with injury, has assessment process to identify as high risk, but minimal information within the report on how the risk was managed. In coming to my decision on compliance for Requirement (3)(b), I have relied upon evidence provided throughout other Requirements within the Assessment Team’s report, including but not limited to assessment and planning referenced in Standard 2, and evidence in Standard 3 Requirement (3)(f) of action taken in response to identified risks of consumers’ weight loss and swallowing deficiencies.

Staff could describe assessment to include consideration of consumer needs, goals, and preferences when nearing end of life, and actions taken to maximise comfort and preserve dignity. A sampled care file for a late consumer demonstrated reviewing and monitoring for pain, distress, or discomfort, with medication used to manage symptoms when required. Documentation demonstrated routine comfort care was provided, including repositioning, mouth and hygiene care, and how spiritual needs were met. The representative was satisfied with support and care provided during this period.

Representatives were satisfied with identification of consumers’ deteriorating health, and actions taken in response. Staff could provide examples of consumers experiencing acute clinical deterioration, including assessment processes and escalation pathways. Monitoring procedures, such as regular observations and weight measurements, were undertaken to identify gradual deterioration.

Consumers and representatives confirmed satisfaction with the communication in relation to consumers’ condition, and felt staff were sufficiently familiar with needs and preferences. Staff, including Lifestyle and Allied Health staff, described processes for communicating changes in consumer care, including verbal handover processes, meetings, and within care plans. Documentation included sufficient information to support effective and safe delivery of consumer care. Information from care plans relating to care and specific needs, goals, or preferences was extracted into a written handover for staff reference.

Consumers and representatives expressed satisfaction with the provision of timely and appropriate referrals to individuals or organisations for specialised care and services. Staff gave examples of provision of specialist referrals for consumers. Care documentation demonstrated involvement of specialised providers, including wound specialists and Allied Health staff.

For the reasons outlined above, I find Standard 3 Personal care and clinical care 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 and representatives said consumers received appropriate support to optimise their independence. Lifestyle staff explained the process of partnering with the consumer or representative for assessment to capture preferences, cultural, and emotional and spiritual needs and traditions within care planning. Staff could explain what is important to consumers and things they like to do, which was consistent with care documentation information and consumer feedback.

Consumers said their emotional, spiritual, and psychological needs were supported through the service’s programs, including chaplaincy visits or religious services offered. Staff said they were able to recognise changes in emotional needs of consumers and could describe actions taken, including spending additional time with them, or escalating concerns. The Assessment Team’s report demonstrates referrals can be made to counselling services for consumer’s requiring additional emotional support.

Consumers and representatives provided examples of the service providing support to do things of interest to them, including within the community, and maintain social and personal relationships of importance. Care planning captures preferences to inform an activity schedule, consumers were observed being supported in individual activities. Staff explained support provided for consumers to engage in activities of interest, including identifying consumers who undertook activities outside the service.

Consumers and representatives were confident information about consumers’ condition and needs was effectively communicated, as staff were familiar with their likes and preferences. Staff described sharing of information through verbal handovers, and changes were documented in consumer files, care plans, and diet folders. Care planning documentation identified current information on required services and supports for daily living.

Consumers said they receive services and supports from other providers and organisations. Staff could describe external services utilised for current consumers. Care documentation demonstrated the service provided timely and appropriate referrals to individuals, organisations, and providers of care and services.

Consumers and representatives expressed satisfaction with the variety and quantity of food provided, with choices available at each meal or alternate options provided if they were unhappy. The service has a seasonal menu, with options informed by care planning, meal satisfaction surveys, feedback through monthly consumer focus groups, and informal feedback through conversations with consumers.

Consumers and representatives said consumers have access to sufficient equipment to assist with activities of daily living and leisure activities. Staff could describe processes to ensure equipment was kept safe, clean, and well maintained.

For the reasons outlined above, I find Standard 4 Services and supports for daily living Compliant.

# Standard 5

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

Findings

Consumers said they were comfortable within the service environment, and felt a sense of belonging. Rooms were personalised with furnishings and pictures, communal areas were decorated with artwork, free of clutter, and with sufficient seating for consumers. There was sufficient lighting, signs had large print lettering, and handrails were available to guide and assist consumer and visitor movements through the service.

Consumers said the service was clean, safe, and well-maintained. Consumers were observed moving freely within the service environment and through outdoor areas, and outdoor areas were observed to be tidy and free of hazards. Monthly inspections were undertaken to identify issues with cleaning or maintenance, and staff and consumers were aware how to report any identified issues.

Consumers said furniture, fittings and equipment were suitable, clean, well-maintained, and safe. Consumers gave examples of lodging requests for maintenance repairs, demonstrating prompt resolution of the issue. Staff said equipment was readily available and sufficient for consumer needs. Maintenance of furniture and equipment was scheduled, and subcontracted to specialist services where required.

For the reasons outlined above, I find Standard 5 Organisation’s service environment 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 said they felt encouraged, safe and were supported to provide feedback and make complaints, including being anonymous if they preferred. Consumers gave examples of complaints provided in meetings or directly with management, and were aware of other available feedback processes, such as available feedback forms. Staff described processes to follow if a consumer or representative raise an issue with them in line with policies and procedures. The Feedback and Complaints register demonstrated information was captured along with actions taken.

Consumers and representatives said whilst they were comfortable to raise concerns with management or staff, they were aware of other avenues of support, including advocacy services, language services, and escalation pathways. The service has posters available for interpreter services when need arises, identified within welcome packs, and staff could describe where they would access this information. Clinical staff said they had used language services for care provision and care file reviews.

Consumers and representatives said management addresses and resolves their concerns, including provision of an apology when things went wrong. Staff could describe escalation of complaints to management, and management confirmed an open disclosure process was used following adverse events. Education records confirmed staff receive training on complaint handling and use of open disclosure.

Consumers, representatives, and staff could describe improvements implemented as a result of feedback and complaints. The Plan for Continuous Improvement demonstrates use of feedback and complaints to inform actions, with feedback collected from complaints, interviews, planning committees, and meeting minutes.

For the reasons outlined above, I find Standard 6 Feedback and complaints 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 said there were occasions where the service could benefit from more staff, but overall, there were sufficient staff to meet care needs and call bells were answered quickly. Staff said there were enough staff to care for consumers, with senior staff describing allocation processes to ensure consumer needs were met. Management monitors clinical data and call bell use to adjust the number and skill mix of staff to ensure delivery of quality care and services. The service has processes to fill vacant shifts, using current staff ahead of agency wherever they could.

Consumers and representatives said staff were kind, caring and gentle when delivering care and services, and respectful of consumer identity, diversity, and cultural preferences. Staff reported the service has documented behaviours expected of staff, and management monitor interactions of the workforce through observation and feedback with actions taken if staff conduct does not meet expected standards.

Consumers said they felt staff were well trained, and had sufficient skills to meet their needs. The service has recruitment, with induction and orientation processes incorporating mandatory training, and staff described opportunities for ongoing education and training, or they could request training to meet specific needs. Qualifications and checks, including certifications and police clearance, were maintained in personnel files along with training records. Management described monitoring processes, with available training options or performance management pathways if staff competency issues were identified.

Staff receive training in the Quality Standards as part of the orientation and onboarding process. Position descriptions included position purpose, qualifications, knowledge, experience, and behaviour capabilities. All staff said they received position descriptions at commencement of employment, and these accurately reflected the job role and duties. Mandatory training records demonstrated all staff had received training in key care areas and legislative requirements, such as Serious Incident Response Scheme (SIRS), infection control, and restrictive practices.

The service has processes for assessment, monitoring, and review of staff performance, including annual performance appraisals. Informal monitoring was also undertaken through observations, consumer satisfaction surveys, complaints, audits, and feedback within Resident Meetings. Performance reviews include discussion on supports for career development.

For the reasons outlined above, I find Standard 7 Human resources 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 said they felt involved in the development and delivery of provided care. The service and/or organisation seeks engagement and feedback relating to service delivery through customer experience surveys, feedback mechanisms, and Resident Meetings. Monthly reports to the Board include summary of feedback received through complaints or Resident Meetings.

Consumers and representatives said they feel well informed, safe, and the culture was inclusive of their identity, culture, and diversity. The service has a Cultural Diversity Statement which was shared with all consumers within the welcome pack, detailing how consumers and supported and respected. Staff receive training in cultural diversity, and the Diversity and Inclusion Policy details priorities and strategic direction for inclusive care.

The service has effective organisation wide governance systems to provide oversight of key areas, with reporting mechanisms within the service to guide and inform on change and improvements. Information systems were used to maintain consumer records and policies and procedures, and relaying general information to consumers, representatives, and staff. A continuous improvement plan includes activities informed from consumer/representative feedback mechanisms, analysis of clinical and incident data, and auditing processes. Monitoring for changes to legislative requirements, updating policies, and communicating changes was undertaken at an organisational level with Board oversight. The service demonstrated processes and systems to manage financial and workforce governance.

The organisation has a risk management framework to guide management of high impact or high prevalence risks for consumer care, identifying and responding to abuse or neglect of consumers, managing and preventing incidents, and supporting consumers to live the best life they can. Staff could describe reporting responsibilities for incidents and legislated requirements. Senior management and the governing body receive notification of all serious incidents to provide oversight of issues and ensure appropriate action taken. Management explained process to analyse incidents and how this information was used to identify risks and inform improvement actions. Consumers were supported to take risks to live their best lives, with assessment and mitigation strategies developed in response to identified risks.

Clinical governance systems ensured oversight of the quality and safety of clinical care, including promotion of antimicrobial stewardship, minimisation of restrictive practices, and use of open disclosure process. Staff said they received mandatory training and demonstrated familiarity of guidance within organisational policies. Auditing and reports were monitored in monthly clinical governance committee meetings.

For the reasons outlined above, I find Standard 8 Organisational governance Compliant.

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)