Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | SummitCare Randwick |
| Service address: | 15 Frenchmans Road RANDWICK NSW 2031 |
| Commission ID: | 2332 |
| Approved provider: | Frenchmans Lodge Nursing Home Pty Limited |
| Activity type: | Site Audit |
| Activity date: | 30 May 2023 to 1 June 2023 |
| Performance report date: | 6 July 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 Randwick (**the service**) has been prepared by T Solomon, 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.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Consumers and/or representatives reported they are treated with dignity and respect and their identity, culture and diversity is valued. Staff demonstrated a good knowledge of consumers’ backgrounds and cultural diversity and were observed throughout the Site Audit addressing consumers politely and respectfully.

Consumer care and service plans include sections related to the individual consumer’s culture, spirituality and are reflective of consumers’ diversity and life story.

Consumers and/or representatives stated that staff knew what is important to them and understood their backgrounds and life experiences. Consumers and/or representatives provided information indicating culturally safe care is being provided to them by the service. Interviews with staff and a review of consumer care and service records confirmed this.

The service was able to demonstrate that consumers are supported to exercise choice and independence. Consumers and/or representatives stated they can make choices about their care and services and are empowered to decide how their care is delivered. Consumers and/or representatives were satisfied that they have opportunities to exercise choice and independence and maintain relationships in line with their wishes.

The service was able to demonstrate that consumers are supported to take risks to enable them to live the best life they can. The service has systems in place to effectively manage activities that involve risk, enabling consumers to engage in their activities of choice. The service has process in place to ensure that dignity of risks is maintained when consumers engage in their preferred activities. Staff interviews, and care planning documentation reviewed identified that consumers are supported to undertake activities that may involve risk.

The service demonstrated consumers and/or representatives receive timely and relevant information to make informed choices and decisions about their care and services. Consumers and/or representatives reported the service provided relevant information in a timely manner. Staff were able to describe the different methods they communicate with consumers and/or representatives.

The Assessment Team observed information distributed throughout the service such as menus in the dining areas and activity schedules displayed in the communal areas. The leisure and lifestyle officer told the Assessment Team that she gives consumers a copy of the activity calendar and conducts room visits each morning to inform the consumers what is scheduled at the service for the day.

Consumers and/or representatives stated their privacy is respected and that their personal information was kept confidential. Staff demonstrated and were able to describe how they respected consumers’ privacy and maintain confidentiality of consumers’ personal information, including knocking before entering a room, ensuring doors are closed before providing care to consumers, and having password protected computers that contain personal information.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

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

The service demonstrated assessment and planning including consideration risk occurs on a regular basis and informs the delivery of safe and effective care and services. Staff said assessment and planning occurs and strategies are implemented to mitigate any identified risks. Documents reviewed show risks are identified, during the entry assessment and care planning process, when changes are identified and when incidents occur. Consumers and/or representatives stated they are involved in the care planning process and risks are explained to assist in their decision making.

Documentation indicated that consumer risks such as falls, pressure injury, skin integrity and weight changes were present and being considered. Where there was an assessed need, the risk for the consumer was documented and staff demonstrated through the clinical notes that they were aware of these risks and how to mitigate the risks.

The service demonstrated their assessment and planning processes reflect consumer goals, needs and preferences. Staff reported consumer preferences, advanced care directives and/or end of life care are documented within consumer care plans and clinical notes. The general manager advised that end of life and advanced care planning is discussed with consumers and/or their representatives upon admission and within case conferences.

Consumers and/or representatives stated they are asked about their goals and preferences and staff deliver care in line with those preferences. Documents reviewed confirmed this process occurs.

The service was able to demonstrate that assessment and planning is based on ongoing partnership with consumers and/or representatives as well as allied health services and other providers of care. Staff stated that referrals are made to allied health professionals when required and consumers and/or representatives are consulted.

Documentation reviewed reflect that assessment and planning decisions are discussed with the consumer and/or representatives on a regular basis, including through yearly case conferences, resident of the day programs, and phone calls to consumer representatives when changes or incidents occur. Documentation reflects that the service involves allied health professionals in the delivery of care. Consumers and/or representatives confirmed that they are consulted regarding the care and services provided to them.

The service was able to demonstrate that the outcomes of assessment and planning is effectively communicated to consumers and/or representatives. Staff reported that care plans are updated regularly, and consumers and/or representatives are offered a copy of the care plans during case conferences or when there is a change in care needs. Consumers and/or representatives stated they have received copies of care planning documentation, and that the documents were explained to them. Documentation shows that care plans are updated regularly to reflect the current needs, goals, and preferences of the consumer.

The service demonstrated that care and services are reviewed regularly for effectiveness. Management advised that reassessment occurs yearly and/or when circumstances change, or an incident occurs. During this process, consumer needs and goals are reviewed in consultation with the consumer and/or representatives. The service also utilises a resident of the day program which includes a discussion with the consumer and/or representatives. Care documentation reflects that reassessment and change based on consumer needs is generally documented within the consumer care file, and consumers and/or representatives provided positive feedback relating to the review of their care and service needs.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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

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

The service demonstrated that consumers receive care that is within best practice guidelines, is personalised to their needs and aims to optimise their health and wellbeing. Staff were able to describe how they provide, and personalise consumer care needs, and this was in line with current care documentation.

Management advised that policies and procedures are overseen by their clinical compliance team to ensure that they are current with best practice guidelines and legislation. Consumers and/or representatives spoke positively about the delivery of care and services by staff. Review of consumer personal files indicated that care is being tailored to the current needs of the consumer.

Consumers who experience behaviours of concern have behaviour management plans in place that provide individualised strategies to minimise and reduce the behaviour of concern. Care is provided in accordance with those plans and evidence of this was demonstrated in care documents.

The service was able to demonstrate the effective management of high impact and high prevalence risks. Management and staff were able to describe risks that is present for different consumers within the service and demonstrate effective management of those risks.

Management stated they monitor key clinical indicators, via a routine review of services, related to incidents. These include, falls, behaviour, infection, medication management, weight management, skin integrity, pressure injuries and other wounds. This data is then brought to regular meetings, where clinical staff identify and discuss areas where risk is identified and implement strategies to improve areas of concern. Risks identified are reflected in care planning documents and the implementation of interventions to minimise risk were noted.

For consumers nearing the end of their life, documentation indicated that the consumer’s care needs, goals and preferences were identified and followed by staff. Consumer wishes and directives are reflected within their care plan and files, and documentation of case conferences to discuss changing care needs were evident. Staff were able to verbalise the needs and preferences of consumers within their care.

Management spoke to the Assessment Team about the service’s referral process to a specialised palliative care team when required, and this process was confirmed by consumers and/or representatives.

The service demonstrated that consumers who have experienced a deterioration or change in their condition, cognitive or physical function, capacity and/or mental health have their needs recognised and responded to in a timely manner.

Management and clinical staff reported when a consumer’s condition changes or deteriorates, the registered nurse on duty liaises with the clinical management team and the consumer’s medical officer to ensure timely and appropriate care and/or services are provided. Communication and consultation occur with the consumer and/or representative, and documentation within clinical notes confirms this process. Consumers and/or representatives provided positive feedback to the Assessment Team in response to this process.

The Assessment Team observed a comprehensive medical handover between shifts for staff and whiteboards within locked treatment rooms containing important issues and upcoming tasks and dates, which includes dates for items such as wound dressings, medical appointments, and medication tracking. Staff stated that the clinical management team is informed of consumer needs via the registered nurse on duty. Consumer risks are communicated to registered nurses on handover sheets, which are seen to be comprehensive and up to date. Staff reported that external providers of care receive communication via the registered nurse on duty and the consumer file, which they can access.

The Assessment Team found that referrals are timely and appropriate. Care planning documentation indicate that referrals were timely and appropriate to optimise consumer health and well-being. Documentation indicated the input of allied health professionals and the implementation of their care recommendations, including referrals from the palliative care team, physiotherapists, dieticians, speech pathologists, geriatricians, podiatrists, and dementia support services. Care plans reviewed show they are updated with allied health recommendations.

The service demonstrated they minimise infection related risk, using an infection control program that also supports the principles of antimicrobial stewardship. The service has an outbreak management plan in place for outbreak related illnesses such as COVID-19 and gastroenteritis, and standard precautions are used on a day-to-day basis to ensure that infection minimisation and prevention occurs. Training and competencies regarding infection control procedures such as donning and doffing techniques, handwashing and waste disposal is in place for all staff.

The Assessment Team observed infection control measures being utilised within everyday practice, including appropriate and correct handwashing techniques, and the appropriate use of personal protective equipment. Staff were able to outline their use of personal protective equipment and strategies they have in place to ensure the minimisation and prevention of infection, such as ensuring regular cleaning of surfaces and appropriate disposal techniques for personal protective equipment and clinical waste.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

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

Consumers and/or representatives provided positive feedback regarding services and supports for daily living. Consumers reported they receive safe and effective services and support for daily living and that the staff support their health and well-being. Staff demonstrated knowledge of consumer needs and preferred activities, and documentation confirmed staff are assessing and identifying consumers’ needs, goals and preferences and optimising their health and well-being.

Consumers and/or representatives provided positive feedback in relation to their religious and spiritual needs. Staff were able to describe how they provide emotional support to consumers, and a documentation review reflects consumer engagement in activities of choice and preference.

Consumers and/or representatives stated they are supported to take part in community activities within and outside of the service, to visit family and friends or do things of interest to them. Staff was aware of consumers who have personal relationships or who have developed a close friendship. Care planning documentation identified the people important to individual consumers.

The Assessment Team observed consumers interacting with each other during planned activities and participating in social engagement at times when there were no structured activities occurring.

Consumers and/or representatives expressed that staff providing care services were aware of their needs and preferences and were confident that their information was being provided to external agencies engaged in shared care and responsibility. Staff explained the processes used in keeping records current with consumer information, likes and dislikes, dietary needs, and preferences.

Review of lifestyle documentation for consumers identified that the documentation is individualised and includes information which is important to the consumer. Staff and external health professionals can access the electronic care planning system to view consumers’ care planning documentation to support safe and effective sharing of consumers’ care needs.

Management and key staff spoke about a range of individuals and organisations to which referrals can be made to support consumers. Review of consumer care and service records confirmed appropriate referrals are being made and that this occurs in a timely manner.

Leisure and lifestyle staff indicated referrals have been made to different organisations and providers as required including the community volunteer scheme for volunteers to support selected consumers, pet therapy program and the local library to develop a book borrowing program at the service.

Consumers and/or representatives reported they are satisfied with the quantity, quality and variety of meals. The service prepares meals onsite, and a dietitian guides the menu and recipes.

The service has processes and systems in place to include consumers and/or representatives in the development of the menu, and to provide feedback on the quality of food provided. Care planning documents reflect assessed dietary requirements and meal preferences and show consumers are provided meals that are in line with their dietary requirements or preferences. The Assessment Team observed staff serving lunch in the dining rooms and engaging well with consumers during meals, enhancing consumers’ dining experience.

Observations and feedback from consumers and/or representatives confirmed that where equipment is provided, the equipment is safe, suitable, clean, and well-maintained.

Staff stated they have enough equipment to carry out their jobs and described how they ensure equipment that is provided is safe, suitable, clean, and well maintained. Staff were able to describe the processes involved in reporting and managing faulty equipment. Staff said if equipment is found to be faulty, it is reported in the maintenance request system and reported to the registered nurse.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

The Assessment Team found that the service has a welcoming environment. Consumers and/or representative stated they feel welcome and at home at the service and they were observed to be interacting with each other, staff, and visitors both indoors and outdoors.

The Assessment Team observed that the service has sitting areas where the consumers and their visitors can socially interact. There is adequate natural lighting throughout the service, and the service has a veranda and a grassed area with table and chairs at the front of the building. There is a courtyard with barbeque facilities which consumer representatives confirmed is used during the warmer months.

The overall service environment was observed to be safe, clean, and well maintained with comfortable furnishings. The veranda, courtyard and barbeque areas were observed to be well kept and maintained. The doors to the veranda leading from the ground floor lounge room was observed to be unlocked during the Site Audit enabling consumers to move freely indoors and outdoors. Consumers and/or representatives confirmed their satisfaction with the environment, and reported the environment is safe, clean, and well maintained.

Consumers and/or representatives did not raise any concerns in relation to consumer furniture, fittings and equipment and expressed satisfaction with maintenance requests being completed in a timely manner. Documentation reviewed showed maintenance requests and schedules are up to date.

Care staff reported they have the equipment they need to deliver quality care and services to consumers. Staff stated they regularly check equipment is safe before they use it and immediately report any maintenance issues in the maintenance request log.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Consumers and/or representatives stated they feel comfortable to make a complaint or provide feedback if needed. Care staff explained they encourage feedback and complaints from consumers directly and will then inform the registered nurse or management team.

The Assessment Team observed information related to feedback and complaints in various languages in the reception area and complaint forms and locked suggestion boxes located throughout the service.

The Assessment Team observed brochures from the Senior Rights Services and Older Persons Advocacy Network support posters displayed, and the consumer handbook also contains contact details for complaints to be handled externally.

Care staff demonstrated awareness of advocacy services when prompted by the Assessment Team and stated they have not needed to help consumers to connect with advocacy or language services. The general manager indicated they encourage staff to be the advocates for consumers to know their rights.

Consumers and/or representatives expressed satisfaction that appropriate actions are taken in response to their complaints and feedback. Staff indicated that they would try and assist consumers with their complaints and would escalate the issue to the registered nurse or management if they could not resolve it for the consumer.

A review of the complaints folder and register, including communications to consumers and representatives demonstrates that open disclosure is practised, with appropriate actions taken in response to closing complaints in a timely manner.

The Assessment Team reviewed the plan for continuous improvement, and it demonstrated feedback and complaints received by the service have been used to improve the quality of care and services, including lifestyle activities, laundry issues and dining experience. The plan contains the feedback received, actions taken to address the feedback, the timeframe involved and whether the feedback is resolved or ongoing.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

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

The Assessment Team found there is an adequate number of staff available to provide safe and quality care to consumers. Review of staff rosters and allocation sheets, as well as feedback from staff and consumers confirmed that staff who take leave are replaced and there are no unfilled shifts in an ongoing manner.

Feedback from consumers and/or representatives, and observations by the Assessment Team demonstrated consumers are receiving care from staff that is kind, caring and respectful. The Assessment Team observed staff to be engaging kindly, caringly, and respectfully with consumers during meals and activities. Staff were observed asking consumers for their preferences before providing care and assisting consumers to move around the service during the Site Audit.

The service demonstrated that staff have the qualifications for their roles and competency assessments are conducted to ensure staff can effectively perform in their roles. Consumers and/or representatives did not raise any concerns about staff knowledge, and care staff were mostly knowledgeable about a range of care related topics and care of individual consumers.

Care staff described how they have completed competency assessments in manual handling and medication administration. Management described how the service has a competency matrix by role with annual mandatory competency assessments and records demonstrate this has been completed for manual handling, personal protective equipment, handwashing, and medication administration.

Management described the recruitment process and how the education calendar is flexible and adjusted to meet current consumer needs, and staff requirements identified from clinical indicator trends. The management team indicated staff training needs are also identified from consumer and/or representative feedback, staff meetings and during performance appraisals.

The Assessment Team observed the onboarding and orientation checklists for new employees, monthly education calendar, competency assessments and mandatory training records for the Quality Standards, Infection Prevention Control, privacy and confidentiality, manual handling, fire evacuation and Serious Incident Response Scheme.

Management indicated regular monitoring and assessment of staff is conducted with on-the-job observations, feedback from consumers and/or representatives and annual performance appraisals completed ongoing. New employees are reviewed with probation assessments at three and six months.

The Assessment Team observed policies and procedures for staff performance, performance schedules and staff performance appraisals are complete and up to date. Staff were able to describe the appraisal process, when this was last conducted and the outcomes of their performance reviews.

# Standard 8

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

Findings

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

The management team was able to demonstrate how they engage and support consumers and/or representatives in the development, delivery and evaluation of care and services. The chief executive officer indicated following consumer and/or representative feedback on the dining experience and food choices, the board initiated the implementation of a food committee and enabled changes requested by consumers.

The chief executive officer indicated the board promotes a culture of safe, inclusive, and quality care and services by promoting the organisation’s visions and values that includes caring for consumers as if they were their own family, a no blame culture and zero bullying and harassment tolerance. A monthly operational report is provided to the board and the information and data contained within this report assists the board to monitor the care and services being delivered by the service.

The management team indicated three main ways the board satisfies itself that the Quality Standards are being met across the service; through audit results, independent benchmarking using an external contractor, and using their approved software systems to oversee medication management and risk management.

The organisation was able to demonstrate effective organisational governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints to enable the delivery of safe and quality care and services.

Management indicated the organisation is kept informed of regulatory changes through information and webinars from the Commission. Management described how information is cascaded from the top down and staff confirmed this.

The Assessment Team observed communications sent to consumers and/or representatives from the management team in relation to legislative changes related to restrictive practices, aged care star ratings, workforce related responsibilities and the aged care code of conduct.

The organisation has documented policies and procedures for information management systems, continuous improvement, financial management, clinical governance and feedback and complaints with regulatory compliance requirements embedded in individual policies and procedures.

The organisation has a documented risk management framework, policies and procedures related to high impact high prevalence risks associated with the care of consumers, abuse and neglect of consumers, supporting consumers to live their best life and a documented incident management system.

Management indicated they are able to identify the service’s high impact high prevalence risks by generating reports from the electronic care planning system and from monthly audit data. The services identified their three high impact high prevalence risks are falls, skin tears and wounds.

Review of the monthly audits and operational report shows information from those reports, such as pressure injuries, falls and medication management are collated, analysed, trended, and used to inform discussions with the board. The Assessment Team observed the service’s high impact high prevalence risks register, Serious Incident Response Scheme register, restrictive practices register and psychotropics register with the monthly operational report detailing a section for risk register items for escalation.

The organisation has a clinical governance framework with policies and procedures to guide antimicrobial stewardship, minimising use of restraint and open disclosure.

The monthly operational report shows that information is tabled about complaints and feedback and how they have been investigated and addressed for board oversight, including open disclosure related provided to consumers and/or representatives.

Management indicated the board monitors restrictive practices to ensure compliance by reviewing the restrictive practices register. A board initiative involved consolidating two separate memory support units on level one of the service to provide consumers with one larger open area.

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)