Performance

Report

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| Name of service: | The Orchards Aged Care |
| Service address: | 15 The Ridgeway Lisarow NSW 2250 |
| Commission ID: | 1003 |
| Approved provider: | Astoria Aged Care Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 28 November 2022 to 1 December 2022 |
| Performance report date: | 20 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 The Orchards Aged Care (**the service**) has been prepared by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 16 January 2023

# 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 | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* **Requirement 3(3)(b)** – The service implements systems and processes to improve the management of risks to consumers including where the consumer self-administers medication, falls or has fluid restrictions in place.

# 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 stated consumers were treated with dignity and respect and their identity, culture, and diversity were respected and the service assisted them to be as independent as possible. Staff confirmed they were focused on the consumer and providing support for them to live as they chose and remain as independent as possible. Staff were observed respectfully interacting with consumers, knocking on doors and requesting permission to enter before opening the room doors; and assisting consumers to attend activities and events.

Consumers and representatives stated care and services were delivered in a way reflecting an understanding of their needs and preferences while ensuring they felt respected, valued, and safe. Care planning documentation reviewed showed the service accurately captured the consumer’s emotional, spiritual, and cultural needs and preferences. The service had policies and work instructions about treating consumers with dignity and respect.

Consumers and representatives stated they were able and supported to exercise choice and independence and to make decisions about how care and services were delivered. Staff confirmed consumers could exercise choice over all aspects of their lives, especially how care and services were delivered, who was involved in decision making, and how they wished to maintain their external friendships and make new friends within the service. A review of care planning documentation, policies, and procedures confirmed the service supported consumers to exercise choice and independence.

Policies and procedures are in place to support consumers with risk-taking. Consumer files demonstrated potential risks had been assessed and were regularly reviewed to support consumers to take risks to live the best life they could. Consumers advised they were free to leave the service independently, the risks had been explained to them and they fully understood and wished to continue to maintain their independence.

Consumers and representatives said they received information on options available which allowed them to exercise choice. Representatives described how the service had cue cards with simple sentences in consumer's first languages, focused on care needs and preferences so staff could communicate with consumers. Care documentation demonstrated reassessment occurred and outcomes were communicated to consumers and representatives with copy of the care plan was offered.

Consumers and representatives said their privacy was respected, and their personal information was kept confidential. Staff confirmed they knocked on doors and requested entry before entering the room and shut the consumers’ doors upon exiting. The service had a Privacy Policy which formed part of the induction/orientation pack and staff must complete and acknowledge it when commencing work with the service.

# 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

During a previous performance assessment Requirement 2(3)(e) was found non-compliant, evidence within this Site Audit report supported the service had addressed the non-compliance and was now compliant with this requirement, having introduced a regular care plan review schedule, provided education to staff on their responsibilities regarding reviewing care to ensure it is safe and effective and strengthening clinical oversight with dedicated care plan review and case conference time allocated.

Consumers and representatives advised consumers received the care and services they needed, were involved and had a say in the care planning process. Staff described the care planning process in detail and how it informs the delivery of care and services. Assessments and care planning documents were based on each consumer’s assessed needs, including diabetic management, oxygen therapy, catheter care, and palliative care.

Consumers and representatives said staff involved them in the assessment and planning of the care for the consumer through regular conversations either in person, by telephone or during care plan review and discuss their end-of-life wishes, if they wished. Care planning documentation demonstrated regular review to identify and address consumers current care needs, goals, and preferences, including advance care directives and end-of-life care if the consumer wished. The service had policy and procedures to guide staff practice in assessment and planning, including end-of-life planning.

Consumers and representatives advised they felt like partners in the planning of consumers care and services, from the initial assessment to ongoing care plan review processes, which included medical officers and other health professionals as required. Staff advised the service partnered with organisations who provide onsite and after-hours medical or specialised support. Care documentation reflected the involvement of consumers, representatives, medical officers and allied health professionals in the assessment and care planning processes.

Consumers and representatives said the outcomes of assessments and planning were communicated to them and they were consulted regarding the consumer’s care, and any changes, were discussed with them. Staff confirmed consumer and representatives are involved in care planning processes and cue cards were used to explain information to consumers who have difficulties communicating. Care planning documentation reflected the outcomes of assessment.

Consumers and representatives said they were involved in the regular review of their care plans with staff, medical officers, and other health professionals and if changes or incidents occurred, then further discussions occurred, and any needs would be addressed promptly. Staff advised care plan reviews were planned through a yearly schedule, reviews were tracked, and progress was monitored by the service to ensure schedule adherence.

# 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. | Non-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

Following a previous performance assessment, the service was found non-compliant with Requirement 3(3)(a) and Requirement 3(3)(b) evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance relating to Requirement 3(3)(a) and is now compliant with that requirement having reviewed consumers who had a chemical restrictive practice applied, provided education to staff on restrictive practice, pain management, dementia and wound care, collaborated with medical officers on restrictive practices and reviewed clinical care practices and processes.

However, while the site audit report identified improvements had been made in the management of some high impact or high prevalence risks, it was recommended that Requirement 3(3)(b) remained non-compliant as:

The Site Audit report evidenced deficiencies in the management of risks associated with falls, fluid restriction and the self-administration of medication for 2 named consumers.

For one consumer, with congestive cardiac failure, their medical officer had directed their fluid intake was restricted to 1.2 litres/day to prevent fluid overload resulting in shortness of breath and limb oedema. Furthermore, the consumer had recently entered the service and had been self-administering medications, without staff knowledge and without having been assessed as safe to do so.

For another named consumer, although falls preventions strategies were in place, there was a lack of monitoring and implementation of the planned strategies to minimise falls as movement sensor equipment was turned on, hourly visual monitoring was not occurring, and the consumer’s toileting schedule was not being followed to reduce the consumer attempting to mobilise independently. Additionally, while it had been identified the consumer had changes to their blood pressure and staff were required to monitor, their care documentation lacked a reportable range and there was no directive from the medical offices as to the action to be taken by the staff if the event of an abnormal reading.

The provider’s response acknowledged the deficits identified in the Site Audit report and advised these findings where consistent with their own internal review of the issues raised in the Site Audit report. The provider submitted a plan for continuous improvement which outlines the corrective taken, commenced, or planned, including providing staff with falls management education, amending entry processes to ensure all medications taken by consumers are identified and clinical governance has been strengthened to ensure medical officers document reportable ranges and instruct staff appropriately on required care and escalation pathways.

The provider has also undertaken immediate actions to minimise the risk to consumers who fall by reviewing the post fall management process to ensure all alternative means of fall prevention strategies are considered, has purchased additional sensor equipment to improve availability and reliability and scheduled further training for staff on fluid intake monitoring and the management of oedema.

The provider has confirmed the Board is aware of the improvements required and will be actively monitoring the implementation, sustainability and effectiveness of the corrective actions planned, however, I am satisfied the service was not effectively managing risks to consumers including where fluid was restricted, falls prevention strategies were not effective and medication was being taken without staff knowledge.

Therefore, I find Requirement 3(3)(b) is non-compliant.

Consumers and representatives said consumers generally received safe and effective care tailored to their needs which optimised their health and well-being. Staff said they were guided by organisational policies and procedures to direct personal and clinical care which was best practice. The service had policies, procedures, and tools in place to guide staff in the delivery of care in relation to restrictive practice, pressure injury prevention and management, and a pain management policy incorporating ongoing pain assessment.

Consumers and representatives said they were confident when consumers required end of life care, the service would support them to be as free as possible from pain and to have those important to them with them. Staff advised families were encouraged to be present and welcomed throughout the end of life care of the consumers. The service had policies and procedures to direct the management of end of life care, including pain management and comfort care.

Consumers and representatives said the service recognised and responded to changes in condition in a timely manner. Staff explained the processes involved in escalating care for a consumer who had deteriorated by informing clinical management, discussing during handovers, escalating to the medical officer, sending them to the hospital if required and updating their care plans if any changes were required. Documentation indicated consumers were regularly monitored by registered staff and if any deterioration or change occurred, this was recognised and responded to in a timely manner and representatives were notified.

Consumers and representatives offered positive feedback about the communication of their needs and care required. Staff described how changes in consumers’ care and services were communicated through verbal handover processes, meetings, or via the electronic care management system. The transfer of information between shifts, included identified changes and any follow-up care required for individual consumers.

Consumers and representatives said referrals were timely, appropriate and occurred when needed and the consumer had access to relevant health professionals and physiotherapists onsite 5 days per week. Care documentation confirmed the input of others and demonstrated referrals were made to dietitians, dementia specialists and medical officers, when required. Referral were made through electronic messaging and telephone communications to ensure timeliness.

Consumers and representatives said precautions had been put in place to manage infectious outbreaks including COVID-19 and described how staff were constantly kept the service clean, wore personal protective equipment and performed hand hygiene. Staff demonstrated knowledge of hand hygiene techniques and how to use personal protective equipment. Management advised the service monitors infections and antibiotic usage through monthly clinical reports and advised antibiotics generally commence following a confirmed pathology result to ensure their appropriateness.

# 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 stated they were supported to live their best lives and their needs and preferences were met, their independence was valued, and their health and well-being were optimised. Staff described each consumer, their needs and preferences. A range of physical, intellectual, sensory and social activities were observed to be taking place daily and the activities calendar was observed in each consumer’s room and displayed around the service.

Consumers confirmed the service provided services and supports to promote their emotional, spiritual and psychological well-being through one-on-one support, men’s group, church services and pet therapy. Staff described various activities and supports for consumers including a comprehensive palliative care program for consumers and their representatives at end of life. The activities program was observed to include opportunities for consumers to meet and mingle with each other to chat and form friendships.

Consumers stated they were assisted to do whatever activities interest them within and outside the service, have social and personal relationships and do things of interest to them. Staff confirmed programming was consumer centred and all of the activities, supports and services provided were at the request/suggestion of the consumers. Documentation confirmed consumers were supported to be active participants, both within and outside of the service community.

Consumers and representatives described how consumers needs and preferences were communicated within the organisation and with others where responsibility for care was shared. Staff described how they communicate changes in consumers’ needs and preferences, including dietary needs. Documentation reviewed confirmed changes in needs and preferences were documented in progress notes and care plans including dietary needs which were also communicated to the chef.

Consumers and representatives didn’t express a need for referrals to other services and support from other organisations but were aware they could do so if required. Staff described services and supports they had utilised in the service such as community service volunteers, pastoral care, music and art therapy, pet therapy, the local library, support for the facilitation of the men’s group and a beauty therapist. A musician was observed playing the piano for consumers in the common area.

Consumers and representatives stated meals were very good, varied, of suitable quality and quantity and, since the service employed their own chef to oversee the catering service provider, meals had greatly improved. Consumers stated they were offered choice and alternate option were available and if they didn’t like the meals on offer. The meals were observed to be nicely plated and looked appetising. Staff stated all meals were freshly cooked on-site; menus were seasonal and checked by a dietician, and food was available 24 hours a day.

Consumers and representatives stated equipment was safe, clean, well-maintained and suitable for their purpose, and if they were having problems, they could ask the maintenance officer and it would be fixed without delay. Staff confirmed maintenance was always available to fix things if they could or to ensure prompt attention from outside contractors if required. The maintenance officer was observed attending to consumer requests.

# 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 and representatives stated consumers felt at home in the service, they could easily find their way around, their visitors felt welcome and there was plenty of space, both within and outside which offered privacy, for consumers, representatives, family, and friends to sit. The service was observed to have lifts, handrails, clear signage, contrasting paint colours between doors/frames and walls, soft but clear colours on the walls and lots of large windows and doors opening out onto terraces and the garden. Staff described a regular maintenance program to ensure rooms and common areas always looked well cared for.

Consumers representatives advised the service was very well-maintained, clean, spacious and comfortable and whenever they wish to, they can move freely within and outside the service and they could do things within the community when they want to. Doors to the terrace and ground floor outdoor areas were observed to be open to provide unhindered access to the outdoors, and all consumers were able to move freely between all areas independently or with assistance if required. Staff stated there was closed circuit television cameras in the common areas and corridors, swipe card entry to the service and a lift to the first level.

Consumers and representatives said the furniture and fittings were clean, well-maintained, and suitable for their use. Management described detailed preventative maintenance schedules and monthly audits. Staff explained they wiped down equipment, if shared, between use and hoists and lifters were observed to be clean and stowed away immediately after use.

# 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 stated they were familiar with feedback and complaints processes, including feedback and complaint forms and consumer meetings. Staff described the avenues available for consumers and representatives if they wished to make a complaint or provide feedback, and the process they follow should a consumer or representative raise an issue with them directly. The service had processes in place and a feedback policy for consumers or representatives to raise concerns about care and services.

Consumers and representatives said they were aware of available avenues for raising a complaint such as through the Commission, advocacy services, or with the help of representatives. Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues and provided details in relation to how they would access advocacy organisations or translation services. The service had a feedback and complaints policy and procedure in place.

Consumers and representatives stated when feedback was provided the staff responded appropriately and in a timely manner. Staff demonstrated an understanding of open disclosure in practice including the complaints management process and described how they have applied open disclosure with consumers and representatives in the event something had occurred or gone wrong. A review of complaints data demonstrated actions taken in response to the complaint raised.

Consumers and representatives said they were often asked for feedback regarding care and service delivery. Management advised, and documentation demonstrated, changes and improvements made at the service were discussed at the monthly consumer meetings. Meeting minutes demonstrated how consumers were involved in designing, evaluating and reviewing activities and recommending and implementing changes for activities and the menu.

# 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 they thought there were enough staff at the service. Staff described how they work as a team to provide effective care to the consumers. Management described how they ensure there was enough staff to provide safe and quality care by having a master roster designed to cover the care needs of their consumers. Management further demonstrated the service had current recruitment practices to add more staff to the service’s workforce.

Consumers and representatives said staff were kind, gentle and caring when providing care. Staff were observed greeting consumers by their preferred name and using the consumer's preferred name when speaking about them and demonstrated familiarity with each consumer's individual needs and identity. The service had a suite of documented policies and procedures to guide staff practice, and outlined how care and services were to be delivered in a respectful, kind, and person-centred manner.

Consumers and representatives said they felt staff were effective in their roles and were happy with the care provided. Management described how they ensured staff were meeting the minimum qualification and registration requirements for their respective roles and ensured they had current criminal history checks. Position descriptions reviewed outlined the qualifications, registration, knowledge skills and abilities required for staff roles and responsibilities.

Consumers and representatives confirmed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff described receiving orientation education, including annual mandatory training, and felt comfortable requesting additional training, to enhance their performance. Training records reviewed identified 100% staff had completed mandatory training, including infection control, SIRS, restrictive practices, manual handling, and the Standards.

Staff confirmed they received regular reviews, and this was completed using self-assessment and grading, which was then reviewed by management. Management described how they use continuous assessment of staff during team meetings, feedback processes, observations, and consumer feedback. The review of staff appraisal forms identified timely review of performance was taking place and training arose from performance reviews.

# 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 and representatives considered they were partners in improving the delivery of care and services. Staff confirmed the service kept consumers and representatives informed of changes in care or when things went wrong, to ensure effective communication and engagement. The service has a continuous improvement plan and could demonstrate where issues raised by consumers and representatives had been added to the plan for consistent follow up.

Consumers and representatives said they felt safe at the service, and most said they receive regular updates in relation to outcomes of care and services. Management and staff described the involvement of the governing body in the promotion of a culture of safe, inclusive services and described the ways the board was kept informed by the service, including through analysis and monitoring of clinical indicators and benchmarking across all services in the organisation to identify and address wider trends. Management demonstrated periodic communications of changes to the clinical and personal care requirements and its subsequent dissemination to all relevant staff via email.

Documentation identified the board had organisation wide governance systems, in areas including but not limited to routine reporting and analysis of data related to incident management, workforce requirements, and complaints. The board satisfies itself systems and processes were in place to ensure the right care was being provided in accordance with the Standards.

The service had policies and procedures available to provide staff with the guidance they needed to manage and respond to high-impact or high prevalence risks and incidents and to support consumers to live the best life they can. Consumers and representatives stated they felt supported to take risks and make decisions about their care and felt well-informed of incidents that had occurred. Risks were reported, escalated, and regularly reviewed by management. Feedback was communicated through service meetings leading to improvements to care and services for consumers.

The service demonstrated how clinical care practice was governed by a clinical governance framework including policies and procedures pertaining to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff confirmed receiving education about the policies and provided examples of their relevance to their work. The service consistently demonstrated assessment and care planning, which was incorporated into clinical governance, including consideration of risks consistently inform and support the delivery of safe and effective care, were performed effectively.

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)