Performance

Report

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| Name of service: | Performance report date: |
| The Whiddon Group - Glenfield | 2 August 2022 |
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| Approved provider: | Activity date: |
| The Frank Whiddon Masonic Homes of New South Wales | 20 – 24 June 2022 |

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 Whiddon Group - Glenfield (**the service**) has been considered by G Cherry, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, which 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 26 July 2022

# 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 | | Compliant |
| 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.

Sampled consumers and representatives consider consumers are treated with dignity and respect, can maintain identity, make informed choices, are supported to take risks to enable them to live as they choose and provided several examples to demonstrate this. The service demonstrated support for consumers relating to independence; exercising choice in care and service delivery; when others should be involved, and development/maintaining relationships of significance.

Consumers consider care and services are delivered demonstrating respect of their culture, diversity, background, life history and celebration of special days/cultural events. They said staff discuss risks associated with their choices and gave examples of how they are supported to participate as safe as possible. Consumers/representatives consider consumers have a say in what they do, are encouraged/supported to maintain independence and gave examples of how this occurs. Representatives expressed satisfaction staff know consumers with activities being tailored to consumers background, culture and life history. Consumers and representatives said they are kept informed of changes to care and services and receive information to enable informed decision making.

Staff were observed offering privacy to consumers; interaction/engagement between staff and consumers was dignified, respectful, demonstrating interest in consumer’s individualised needs. Staff were observed providing emotional support to a consumer and following through later to ensure the consumer’s needs were met. Staff demonstrated knowledge of consumers cultural, religious and personal preferences; consistently referred to consumers in a manner demonstrating an understanding of their background/life story and how these aspects influence day-to-day care delivery. Staff gave examples of methods and tools utilised to communicate with consumers experiencing communication difficulties, language barriers and/or living with cognitive impairment and were observed communicating with consumers in their language of choice. Staff gave examples of supporting consumers to make informed choices and maintaining confidentiality/privacy in care provision and when communicating with others.

Documentation includes individualised detail of consumer’s emotional, spiritual and cultural needs and assessment processes gather relevant information relating to life history and identity. Documentation demonstrates consumer’s choice to participate in activities with an element of risk, engagement in decision making, medical officer/allied health professionals involved and agreement of risk minimisation strategies. Documentation is securely stored, electronic records password protected and policy and procedural documentation guide staff in relation to this Standard.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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’s care planning system contains assessments, including risk-based assessments linked to relevant care plans. Overall, sampled consumers and representatives expressed satisfaction of involvement in assessment and care planning, including advance care planning and end of life choices. Consumer’s consider they are involved in assessment and planning process; representatives of choice notified when incidents occur and/or consumers’ needs change and staff explain care needs/outcomes and risks relating to individual choices, plus discuss end of life wishes if they choose to. Consumers and representatives have access to care planning documentation and consider medical officers, specialists and other health professionals are included in the assessment and care planning process.

Clinical staff described initial and ongoing assessment and planning and regular review processes, including when consumers’ circumstances change, or following an incident or decline in health. They described the process for conversations relating to end of life and advance care planning are conducted with care and sensitivity. Care plans and behaviour support plans contain individually tailored details and strategies. Other organisations and health professionals are included in assessment and determining consumers needs and processes ensure effective communication. Clinical staff described the process of regular care plan review and a monitoring process ensures compliance. However, via review of documentation, the assessment team noted regular review and/or review of the efficacy of assessment does not consistently occur to ensure currency of information; they noted some inconsistent recording of diabetes monitoring.

In their response the approved provider evidenced self-identification of documentation improvement was required; responded with education/training and evidenced improvement had occurred. In addition, they evidenced alternative recording re diabetes monitoring. I placed weight on the fact that while the service would benefit from implementing a process to ensure documentation consistently reflects current needs, they had self-identified and responded to this deficit. I am persuaded by positive feedback from staff in relation to knowledge of consumers current needs and consumer/representative satisfaction. Consequently, I find requirement 2(3)(e) is compliant.

Overall, the service demonstrates a partnership approach with consumers and/or representative to involve them in assessment and care planning. Staff demonstrate knowledge of most of their responsibilities and documentation generally reflects involvement by consumers, representatives, medical officers, specialists and other allied health professionals. Policy and procedural documentation guide staff in relation to this Standard.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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.

Overall, sampled consumers consider they get quality care and services when they need, from staff who are knowledgeable and capable. The service demonstrated consumer care was safe, clinical staff manage consumer’s specific clinical needs, appropriate action is taken to deterioration in consumer’s health and regular medical reviews occur in response to changing needs. Representatives said they are contacted when a change in consumer’s health occurs and clinical staff, specialists and medical officers implement appropriate clinical care needs. They consider the management team are responsive to issues raised. Consumers said staff know their clinical care needs and they are well cared for and have access to medical and relevant health professionals when needed.

Consultation occurs between consumers, representatives and clinical staff which enables development of care tailored to consumer’s needs and wellbeing. Consumers’ needs, goals and preferences when nearing end of life are recognised and addressed to ensure comfort is maximised and dignity maintained. Care planning documentation reflects end of life wishes and staff demonstrate knowledge of managing care for consumers nearing end of life. Management acknowledged lack of consistency relating to end of life care provision advising planned staff training in best practice and improve consistency across the organisation regarding palliative care.

Staff described clinical, emotional, spiritual, cultural care needs for individual consumers and gave examples of organisational supports to guide them in delivering clinical care that is best practice, individualised and tailored to consumer’s specific needs.

Documentation review demonstrated the service identifies high-impact or high-prevalence risk through the assessment process and document individualised strategies for effective management of these risks. Clinical and care staff demonstrate knowledge of sampled consumer’s personal and clinical care needs and strategies for risks, such as falls, weight loss, pain, and behavioural management, diabetes management, skin integrity and wound and medication management, choices such as smoking or independently leaving the service are effectively managed. Clinical staff demonstrated an understanding of individual and organisational risks, strategies utilised to minimise risk and gave examples of identifying needs and improving outcomes. They gave examples of education and training received to ensure consumers care needs are met. Staff receive training in reporting incidents and escalation of concerns, including knowledge of the Serious Incident Response Scheme. Risks are reported and monitored to ensure effective management and currency of mitigation strategies. The assessment team noted appropriate management of incidents however, review of causal issues is not consistently completed. Clinical and care staff are aware of triggers, strategies and desired outcomes for consumers experiencing complex behavioural needs. Management explained processes to minimise use of physical restraint and psychotropic medications including conducting regular review of risk assessments and restraint authorisation documentation.

Information about consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. Consumers are referred to specialists and allied health services in a timely manner. Reviewed care plans detailed personal and clinical care management strategies based on assessed needs, consultation with consumers and/or representatives and referral to/and input from a range of specialists and health professionals. The assessment team noted some recording deficits relating to diabetes management plus an example of inconsistent recording of vital signs. In addition, it was noted that while review occurred for consumers who gained unplanned weight, the contributing factor for weight gain was not routinely identified. Management said review of unplanned incidents resulted in additional staff training. In their response the approved provider furnished evidence to negate the deficits bought forward by the assessment team.

Minimisation of infection related risk occurs via standard and transmission-based precautions to prevent and control infection, and effective practices to promote appropriate antibiotic prescribing/use. Effective infection control strategies including a COVID-19 infection management plan and several trained Infection Prevention Control (IPC) leads on site. Staff demonstrated understanding of infection control and antimicrobial stewardship principles and noted training provided in relation to this. Adjustment of staffing levels and processes occurs during outbreaks.

Policies and procedures guide staff in the provision of care relating to most requirements in this Standard.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 has been assessed as Compliant.

Consumers sampled consider they get the services and supports to daily living that are important for their health and well-being and enable them to do things they want. There are a range of methods for ensuring consumers provide input into the services and supports they choose which are important to their needs, goals and preferences.

Consumers and representatives expressed positive feedback in relation to staff supporting consumers to keep in touch with those of importance; they are supported to attend activities of choice within and external to the service; spiritual services are available in varying formats; most consider emotional needs are met. Consumers gave mixed feedback in relation to the quality and variety of meals and some frustration in receiving their preferences, however, consider they receive timely responses to feedback and management strive to address their concerns. In their response the approved provider demonstrated responsive actions to feedback received from consumers and representatives and queried the accuracy of some evidence bought forward by the assessment team. I have considered this, and feedback from consumers and representative’s feedback relating the service’s response to their feedback and on balance I find requirement 4(3)(f) is compliant.

Staff interviewed demonstrated knowledge of consumer’s individual preferences/needs and described services and supports to assist independence. Staff gave examples of supporting consumers to participate in leisure and lifestyle activities within and external to the service and described services and supports to promote emotional, spiritual and psychological wellbeing. Staff gave examples of how they are advised of consumers needs and preferences and how this information is shared with others.

There are processes to seek consumer feedback and input into the lifestyle program and meal preferences. The lifestyle program caters via a variety of methods to include consumers in activities of choice, including those who prefer not to participate in group settings and/or live with reduced levels of functional ability or cognitive deficit. Other organisations/individuals attend the service to further enhance the activities program. Management and staff described emotional, spiritual and psychological supports available for consumers, including access to external providers, attendance at spiritual services and spending individual time with those who require emotional support and/or prefer not to participate in communal activities. Consumers are involved in a cooking club to improve meal satisfaction.

Care planning documentation demonstrate regular review and mostly detailed information relevant to consumer’s needs however the assessment team noted some was not accurate/current of consumers contemporary needs and some lacked detail of activity attendance. Care planning documentation detailed dietary preferences and needs. Policies and procedures guide staff in relation to this Standard.

In their response the approved provider agreed a process to ensure completion of participation records is not consistently adhered to however demonstrated consumers are encouraged and supported to participate in activities of interest to them. I have considered feedback from consumers and representatives and the service’s self-identification and responsiveness to this deficit, on balance I find requirement 4(3)(c) is compliant.

The Assessment Team observed consumers, with varying levels of mobility, moving throughout the service; staff were providing support as needed, advising of activities and speaking with consumers in their preferred language. Consumers were observed to be engaged in activities and meal delivery. The Assessment Team observed most furniture/fittings to be clean, well-maintained and suitable for consumer use however noted some equipment to assist consumers independence and mobility to be unclean and not well maintained and a system to monitor this was not evident. In their response the approved provider acknowledged some items of equipment had not been regularly attended to as per scheduled requirements and evidence addressing these. I have considered evidence the service generally has a system to ensure equipment is safe, suitable, clean and well maintained however deficits of one aspect of this system was not demonstrated at the time. The service evidenced immediately addressing this to consumer’s satisfaction. On balance I find requirement 4(3)(g) is compliant.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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.

Consumers and representatives consider the service offers a safe and welcoming environment. They expressed satisfaction relating to visitors being welcomed, communal seating areas to interact/engage with others, ability to freely access outdoor areas, find the environment easy to navigate and cleaning/repair work is conducted when needed. The assessment team observed signage, level walkways to support consumers independence and mobility, plus appropriate lighting. Consumers have access to outdoor areas and were observed to be utilising common internal and external areas.

Staff described processes for reporting repair work and a preventative and responsive maintenance program ensures ongoing reliability. The environment supports consumer’s independence via navigational signage, mobility aids, seating areas, lighting, decorative assistance such as pictures/photographs and room identification.

The service demonstrated an effective system in relation to cleaning and ensuring furniture/fittings/equipment and the environment is safe, well maintained, comfortable and hazard free. Interviewed staff demonstrate knowledge of cleaning, maintenance processes and hazard reporting. Preventative and reactionary maintenance occurs, and processes ensure furniture, fittings and the environment remain in optimal working condition. Staff were observed cleaning furniture.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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.

Sampled consumers and representatives consider they are encouraged and supported to give feedback/complaints, and most consider appropriate, timely action is taken in response. There are several mechanisms to capture feedback and to inform improvement. Consumers provided a range of feedback including, expressing confidence in discussing complaints in a safe manner, some are familiar with internal and external methods and who to communicate with, are aware of advocacy services, confident feedback is used to improve services and gave examples of response/resolution including staff’s understanding of open disclosure practices. Consumers consider they are supported to participate in delivery and evaluation of care and services.

Staff gave examples of how to manage feedback and most staff demonstrated an understanding of open disclosure principles and how it applies to their role. Documentation review detailed actions taken in response to complaints, including open disclosure processes when required. Management explained processes to ensure consumers receive information regarding complaints processes and provided examples of improvements resulting from feedback. Regular monitoring processes ensure feedback is actioned in a timely manner, trends identified, and follow-up communication generally occurs to ensure ongoing satisfaction. Management demonstrated ongoing processes, including introduction of a food focus group and cooking club with consumer involvement, plus adjustments to meal service to address concerns relating to food preferences. They also demonstrated actions for increased cleaning and replacement of furniture in one communal area where issues had been identified.

Policy and procedural documentation guide staff in relation to this Standard.

**Standard 7**

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| Human resources | | Compliant |
| 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.

Sampled consumers consider they receive care and services from management and staff who are knowledgeable, capable and caring. Consumers said staff are kind and caring when providing care, they are confident staff are competent and skilled in their roles, they feel safe when staff are assisting them and most said there are enough staff.

Staff consider there are enough numbers of staff to deliver care and services and a process for replacement of unplanned leave. Staff said they are provided with equipment and supports to carry out the duties of their role and receive ongoing support, training, professional development, supervision and feedback to enable them to perform their responsibilities. A system ensures attendance at required training. Staff gave examples of training provided, plus opportunities for advancement and expressed positive feedback in relation to performance review.

Management demonstrated the process for ensuring enough workforce numbers and requirements for qualifications specific to each role. Orientation and training are provided relevant to the services processes/expectations, consumer cohort, core competencies and capabilities required for differing roles. A system identifies staff training needs and a flexible program enables customisation based on trending data and management’s input. Management gave examples of how staff competency and professional registrations are monitored for currency/suitability to the role and how they determine training required (including feedback from consumers/representatives). They provided examples of identified topics and planned sessions. A formal system ensures regular assessment, monitoring and review of staff performance and rectification processes when/if deficits are identified. Staff explained the annual performance system and their participation. Education and training records demonstrate examples of training provided to staff regarding the Aged Care Quality Standards including changes in legislative requirements. Policies and procedures provide guidance for staff relating to this Standard.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 service demonstrated a variety of avenues to support consumers and representatives in providing feedback and engagement in improvement processes, however the assessment team noted a lack of demonstration relating to consumers being supported to be integrally and directly engaged in the design and evaluation of care and services. Most sampled consumers/representatives consider the organisation is well run, they can partner in improving delivery of care and services, noting methods of communication available and examples of improvement activities. In their response the approved provider acknowledged changes to engagement activities had occurred during Covid-19 pandemic.

While the organisation demonstrates effective governance systems, the assessment team noted the complexity of the continuous improvement system and multilayered lead to duplicated effort. In their response the approved provider cited the methods utilised to demonstrate their system were not effective in communication the totality of the system and outcomes achieved. I have placed weight on consumer and representative satisfaction in relation to their involvement and the services demonstration of improvement activities. I find requirements 8(3)(a) and (c) are compliant.

The service demonstrated the role of the governing body in promoting a culture of safe, inclusive quality care, including Chief Executive Office involvement, effective organisational clinical governance, risk management frameworks and quality care and services and systems relating to each aspect of this Standard, plus monitoring processes to ensure compliance. Review of care planning documentation and clinical risk assessments entered on the clinical management system showed that high impact high prevalence risks for most consumers were identified and managed in a timely manner. Risk assessments are conducted and documentation monitors management of potential risks. While the assessment team noted some deficits in documentation and mitigation strategies, the approved provider (in their response) evidenced an effective system. Critical incidents are investigated and identified areas to reduce/mitigate reoccurrence are implemented including changes and improvements resulting from Board member engagement/response and/or staff training. I find requirement 8(3)(d) is compliant.

The service demonstrated effective financial management, workforce governance, comments and complaints and regulatory compliance systems. Staff demonstrate knowledge of complaint/continuous improvement, information management, regulatory responsibilities, open disclosure processes; minimising restraint use and preventative actions to minimise spread of infection. There is an incident management system and staff demonstrate knowledge relation to reporting/managing most incidents. Documentation detailed examples of open disclosure practices, appropriate infection control management and restrictive practices.

Policies and workflow directives guide staff in this Standard. Staff demonstrate awareness of policies/procedures relevant to clinical governance and risk management frameworks.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)