Performance

Report

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| Name of service: | Performance report date: |
| Uniting AgeWell Manor Lakes | 15 August 2022 |
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| Uniting AgeWell Limited | 14 June 2022 to 16 June 2022 |
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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 Uniting AgeWell Manor Lakes (**the service**) has been considered by Denise McDonald, 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, 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 3 August 2022

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Non- 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 | | Non-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. | Non-Compliant |

## Findings

The Assessment Team recommended this following requirement was not met, I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and also find the service non-compliant for this requirement:

* Each consumer’s privacy is respected and personal information is kept confidential.

While consumers provided positive feedback in relation to staff respecting their privacy, the Site Audit report brought forward examples of consumer’s personal information not being managed confidentially as nursing stations, cupboards and computer systems storing consumers personal information were observed to be unlocked. Additionally, consumer’s personal manual handling requirements were hung within their room and visible from the corridor and a behaviour support plan was visibly displayed within a nursing station.

The Site Audit report brought forward evidence of immediate corrective actions undertaken by the service including directives issued to staff, however these were observed to be ineffective, as nursing stations continued to be unlocked on subsequent days of audit and I consider this supports non-compliance with this requirement.

The Approved Provider, in their response of 3 August 2022, gave further context, clarified information concerning the privacy of consumer information and I acknowledge the Approved Provider has systems in place to obtain consent for the sharing of personal information, agree on the importance of sharing information at the point of care and note an audit confirms all consumers have a signed consent form, however, I consider consumer’s manual handling and behavioural support plans being visible to visitors within the service does not meet the criteria outlined in the privacy consent form and consider this supports non-compliance with this Requirement.

I also acknowledge the additional completed or planned actions such as all staff training, undertaking visual spot checks, installing self-closing mechanisms and automatic locks to ensure the security of nursing stations and the information contained within them. I also note the Approved Provider plans to review and redesign nursing stations to maximise security and improve confidentiality and this measure will take time to implement.

I note documentation submitted by the Approved Provider includes monitoring audits which confirm improvement in the security of nursing stations has improved post the Site Audit and the location of information within consumers rooms has been reviewed in consultation with the consumer, however at the time of the Site Audit these deficiencies had not been identified.

Overall, I have placed weight on the observations evidenced in the Site Audit Report, and the corrective actions required during and post the audit, supports consumer’s personal information was not kept confidential.

Therefore, I find Requirement 1(3)(f) is non-compliant.

For the remaining requirements, representatives stated staff treated consumers with respect and their diverse identities and cultures were taken into consideration when care was delivered. Consumers and representatives gave mixed feedback about the staff’s knowledge of the consumers backgrounds but said staff understood what was important to the consumers in the delivery of care. Consumers said they were supported to exercise choice and independence regarding how their care and services were delivered, and to maintain connections and relationships with those important to them. Consumers stated they were supported to take risks which allowed them to live the best life they could such as accessing the community independently. Consumers and representatives said they received information, which was timely, accurate, clear which enabled them to exercise choice and independence.

Staff described how they aligned care with consumers preferences, treated all consumers equally and offered choice were familiar with each consumer’s cultural preferences and knew how to adapt delivery of care to ensure they were culturally safe. Staff members advised they communicated effectively with consumers on used tools to assist, such as the use of using cue cards for people with cognitive deficits and hearing impairments.

Care planning documentation was supportive of the consumers’ culture, background, and diversity. Information was personalised to each consumer and identified their history, interests, religion/spirituality, lifestyle choices and preferences. Risk assessment documentation identified risks and recorded the consumers acknowledgement of the risk.

Organisational policies and procedures promoted a commitment to consumers ability to exercise choice and to receive clear and accessible information about their rights and the care and services they receive. The service provided printed lifestyle information, displayed menus and lifestyle bulletins on notice boards and supported other forms of communication, as appropriate for the consumers.

# 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 Assessment Team recommended this following requirement was not met, however, I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant for this requirement:

* 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.

Consumers and representatives considered the outcomes of assessment and planning were effectively communicated to consumers and representatives during discussions about care, the outcomes of assessments were accurately reflected in care plans, care plans were readily available within the electronic care management system and able to be printed should a consumer request a copy, However, the Site Audit Report brought forward negative feedback in relation to consumers or their representatives not being offered a copy of the care plan and documentation completed at the time of care consultations did not evidence a copy of the care plan had been offered.

For a named consumer who also advised, they had not been involved in assessment, planning or had a copy of their care plan, I note they confirmed it’s their representatives who’s involved in care consultations, I have not considered this example as part of my decision as I am unable to determine if the representatives have been unable to access a copy of the consumer’s care plan.

For a named representative, contradictory information is given in examples with the both a copy of the care plan not being offered and also confirmation a copy of the care plan had been received. I also note, feedback from the representative confirmed they are regularly involved in assessment and care planning discussion. On the balance of positive information, I consider this example supports compliance with this Requirement.

In considering, documentation does not always evidence a copy of the care plan has been offered. I do not consider a documentation omission, is evidence of systemic failure in relation to this Requirement.

The Approved Provider, in their response of 3 August 2022, gave further context and clarifying information concerning consumers and representatives’ ability to access care plans. I acknowledge the information and evidence provided which substantiates care and service plans are readily accessible to consumers and their representatives and the service has monitoring systems in place to detect and undertake corrective actions should a deficit be identified.

On balance, I consider the positive consumer and representative feedback, and clarifying information provided by the Approved Provider, which supports care plans were documented, readily available to consumers or their representatives.

Therefore, I find Requirement 2(3)(d) is compliant.

For the remaining requirements, Consumers and representatives expressed they were partners in the with the assessment and care planning. Consumers and representatives said staff had discussed end of life planning with them during regular reviews or when they wished. Consumers and representatives said care and services were reviewed regularly for effectiveness, and when circumstances changed. Consumers described how they received information to support decision making, such as menu or activity calendars.

Consumers’ needs, goals, and preferences including risks were identified during assessments undertaken on admission and were documented on the electronic care system to guide staff practice. A holistic care plan was completed and reviewed 3 monthly or as required when the consumers’ needs change. Consumers, representatives, medical practitioners, physiotherapist, and other allied health practitioners participated in the planning process. Consumers files confirm attendance and reviews from various allied health practitioners and allied health professionals were observed assessing consumers at the service.

Staff stated they informed consumers’ representatives when there is a change in a consumer’s health or well-being status and discussed any changes to care and updated care plans as required. Staff described their responsibility in relation to the incident reporting/escalation, and reporting changes in the consumers condition, needs or preferences and how this may prompt a reassessment.

# 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 Assessment Team recommended this following requirement was not met, however, I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant for this requirement:

* 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.

The Site Audit report identified the service has policies and procedures in place relating to personal and clinical care, however, examples provided indicated consumers were not consistently receiving personal and clinical care based on best practice, regarding psychotropic medication and wound management as behaviour support plans were not individualised when restrictive practice was implemented, wound monitoring records for active wounds were ceased, high risks for consumers were not noted and consumer’s care plans or treatment directives had not been updated following review.

The Approved Provider, in their response of 3 August 2022, submitted additional supporting documentation, gave further context and clarified information brought forward in the Site Audit Report.

For 2 named consumers, documentation evidenced wound monitoring records remained active until after the consumer passed away and wound specialist directives had been included in wound treatment plans, therefore I consider this supports consumers were receiving care and services tailored to their needs.

For the named consumer whose risk had been assessed by allied health professionals and their consent had been provided to have a bed pole and their bed located against the wall to assist with their mobility, I consider this to be the consumer’s choice and as there is no evidence to support either of these were in place for the purposes of managing the consumers behaviour, they did not need to be included on the consumer’s behaviour support plan. Therefore, I consider these examples to support compliance with this Requirement. I also note the Approved Provider’s response in relation to this consumer who had been reviewed by a dietician during the Site Audit and there was additional information provided to substantiate how dietary updates were implemented and therefore I consider this information supports how care is tailored to optimise the health and well-being of the consumer.

For a named consumer, I do not consider the omission of a latex allergy on handover documentation to support non-compliance with this Requirement. In support of compliance, care planning documentation identifies the consumer’s allergy and the Approved Provider confirms no products containing latex are used within the service. I also acknowledge the consumers care planning documentation alerts staff to their use of an anticoagulant medication.

Regarding psychotropic medication, I concede the use of the psychotropic medication monitoring tool is voluntary and is not required to be used, therefore, the use of an older version of the tool does not support non-compliance. I relation to a named consumer who was prescribed ‘as required’ antipsychotic medication while in hospital. I agree with the Approved Providers assertion that the medication was never used once the consumer returned to the service and has since been ceased by the consumers medical officer, which supports best practice psychotropic medication management.

I acknowledge the information and evidence provided to substantiate the Approved Provider’s position and am persuaded by this and the positive consumer feedback contained within the Site Audit Report which confirms consumers receive the care they need including in the monitoring and management of wounds, behaviour support is tailored and psychotropic medication is monitored and managed as per legislative requirements.

Therefore, I find Requirement 3(3)(a) is compliant.

For the remaining requirements, consumers considered when changes occurred to their health, cognitive or physical function, staff identified and promptly undertook actions. Consumers and representatives stated consumer needs and preferences were documented and communicated, representatives confirmed they were promptly notified of any changes in consumers care needs. Staff described handover processes as effective for communicating with all providers of care including medical officers and allied health professionals.

Staff understood the key risks relevant to consumers and described consumer-specific strategies to address the risks. Care planning documentation reflected individual risks and mitigation strategies. Clinical incidents were recorded, analysed and used to inform improvements such as targeted training for staff.

Policies and procedures were available to guide staff on personal and clinical care and high impact high prevalence risks associated with consumers' care.

Staff described how they recognised and responded to deterioration or changes in the consumer’s condition and/or health status as a trigger for reassessment and review including consultation with the care team. Care planning documents reflected the identification of, and response to, deterioration or changes in function/capacity/condition.

Staff demonstrated understanding of antimicrobial stewardship and described key infection-prevention measures. The service had policies and procedures to minimise infection-related risks. The service’s infection prevention and control lead outlined their role and responsibilities. Observations confirmed appropriate infection prevention measures were in place.

Staff were guided by policies and procedures on advance care planning and end of life care and care plan documentation evidenced consumers’ end of life needs were identified for consumers who had chosen to complete them.

# 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

Consumers and representatives said the service supported consumers to engage in activities of interest to them, including participating in activities within the service and outside in the community. Consumers felt supported to maintain connections with people important to them and to pursue interests such as regularly meeting up with friends. Care plan documentation evidenced consumers participation in the community and how important relationships were supported.

Staff described how activities were adapted according to consumer’s needs, preferences, and cognition including the involvement of other providers of care such as physiotherapists. Staff said they could recognise when consumers were feeling low through their expression and changes in their behaviour; consumers confirmed they felt psychologically and emotionally supported.

Consumers were observed engaging in group and individual activities. Staff were seen enquiring to gain consumer feedback on their meals; care planning documentation reflected dietary needs and preferences of consumers. The kitchen was observed to be clean and tidy and equipment to be safe, suitable, clean, and well maintained.

# 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

Consumers said they felt welcomed, safe and at home at the service. Consumers confirmed the environment was clean, well maintained and they could navigate inside and outside the service environment as desired.

Consumers rooms were observed to be personalised with photographs, artwork, and furniture to support consumers to feel a sense of belonging. The service environment featured elements which reflected the dementia enabling principles of design, including grab rails, which were colour contrasted and securely fixed to the walls, and adequate lighting throughout the service environment

Staff advised the service had scheduled, periodic and reactive maintenance of the service environment and corrective jobs were completed promptly.

The external courtyards were neat and inviting, pathways were level and free from trip hazards and corridors were observed to allow clear and safe movement for consumers. Staff were observed cleaning floors and furniture. The call bell system was observed to be operational.

The service demonstrated furniture, fittings, and equipment were safe, clean, well maintained, and suitable for the needs of the consumer; the maintenance officer undertook routine checks to ensure they were clean, operational, and well-maintained.

# 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 Assessment Team recommended this following requirement was not met, however, I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant for this requirement:

* Feedback and complaints are reviewed and used to improve the quality of care and services.

The Site Audit Report brought forward evidence which included not all consumer complaints and suggestions were documented in the services complaints register and did not appear on the plan for continuous improvement as one consumer said they had offered negative feedback in relation to meals and this was not evident upon review of the complaints register.

Additionally, the Site Sudit Report captured positive feedback from all other consumers, their representatives and management in relation to the management of complaints and the improvements initiated at the service based on this feedback which included enhancements to the leisure program and the meal service.

The Approved Provider’s response contained further clarifying information and supporting documentation which evidenced how consumer feedback is recorded, reviewed and used to improve the delivery of activities including outbreak management initiatives and cleaning services. I am persuaded by the Approved Provider’s assertion that not all feedback, which has been resolved at the point of the discussion, needs to be recorded within a complaints management system. I consider sufficient evidence has been provided to support a finding of compliance with the review of feedback and complaints informing continuous improvement.

Therefore, I find Requirement 6(3)(d) is compliant.

For the remaining requirements, consumers and representatives felt safe and supported to provide feedback and raise complaints, they were confident appropriate action would be taken.

Staff described how they supported consumers who may not be capable of using the usual methods to provide feedback, such as observing cues and body language, and consultation with family and interpreters to understand consumers concerns.

Staff said if they received a complaint or feedback they would apologise, listen to the concern, and develop a solution with the consumer or if this were not possible, they would escalate the information for investigation and follow up. Staff said complaints and feedback would be recorded in the electronic complaints register.

Feedback and complaints forms, a complaints and feedback box and posters to assist consumers and staff with raising concerns, including to external bodies such as the Commission and advocacy services, were available within the service.

The service had a complaints and feedback policy which reflected a commitment to open discussion when something goes wrong and any harm or potential for harm had occurred. Policies state the service will ensure issues are addressed and consumers and representatives are provided with support. Meeting minutes from consumer meetings captured the feedback provided by consumers on food and activities.

# 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

Consumers and relatives said there were sufficient well trained and experienced staff to ensure delivery of safe, quality care and services. Consumers and representatives stated staff were kind, caring and were knowledgeable about what was important to consumers.

Staff confirmed the workforce was planned to provide the delivery of care and services. Staff said position descriptions were available and aligned with required competencies of their role. Staff described attending mandatory training including on topics such as, but not limited to, incident response, restrictive practice and the Quality Standards.

The service had a staff performance framework including probationary performance reviews at 3 and 6 months and annual performance appraisals. Training was offered face to face and online and was reflective of training needs identified through monitoring and performance development processes. The service tracks and monitors the completion of the online and face to face mandatory training modules and competencies for all staff.

Consumers were observed to be accompanied by staff who treating them kindly and did not rush them. Staff were seen assisting distressed consumers with patience and care.

# 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 Assessment Team recommended this following requirement was not met, however, I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service compliant for this requirement:

* 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.

The Site Audit report brought forward evidence supporting the service had effective organisational governance systems in financial and workforce governance and regulatory compliance, however drew on the examples provided under other Quality Standards and Requirements to support non-compliance in information management, continuous improvement, feedback and complaints.

While the Site Audit contained evidence supporting food temperature records are not always completed and the complaints register does not always record when an apology has been offered, I do not consider these examples support a finding of non-compliance with this Requirement.

I have considered the deficiencies in clinical information systems under Requirement 2(3)(a) and Requirement 3(3)(a) and while this supports there is an occasional delay in updating care planning documentation, information is not recorded in multiple locations on a consumer’s care plan and a consumer’s profile does not include all medical conditions. I do not consider this evidence supports a systemic failure in the management of information. This is supported by the positive feedback provided by consumers and their representatives who confirm they are kept updated and have access to the information they need to make informed choices about risks and decide how they wish for the consumer’s care and services to be delivered. Additionally, staff confirm they have access to the information they need to deliver safe and effective care and are kept well informed of any changes to policies or procedures through various mechanisms.

I have considered the evidence of not all complaints being recorded or requiring a planned continuous improvement action under Requirement 6(3)(d) and have found the Requirement as compliant. Therefore, I also consider this information supportive of compliance with this requirement.

Therefore, I find this requirement is compliant.

For the remaining requirement, consumers and representatives said the service was well run and they were partners in improving the delivery of care and services, including the development, delivery and evaluation of care. Consumers and representatives described opportunities for involvement through consumer meetings, feedback mechanisms and regular surveys.

There were effective governance systems in place to support financial management, information management, workforce, compliance and regulation, and clinical care. The clinical governance framework addressed anti-microbial stewardship, best practice and minimising the use of restrictive practices, and open disclosure. Staff understood these concepts and explained how they were applied in practice.

The governing body sets clear expectations for the service, and regularly reviews risks from a service and consumer perspective. Meetings to discuss risk and clinical governance were held regularly, reporting to the Board, and communication processes ensured directives were communicated to the service.

Management and staff were able to describe how incidents are identified, responded to, and reported in accordance with legislation, including serious incidents reported through the (SIRS). Staff demonstrated knowledge of how risks to consumers are managed, strategies to assist consumers to live their best lives and how to identify or respond to elder abuse.

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-2)