Performance

Report

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| Name of service: | Uniting Alblas Lodge Tamworth |
| Service address: | Cnr Tribe and Manilla Streets TAMWORTH NSW 2340 |
| Commission ID: | 0379 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 7 March 2023 to 9 March 2023 |
| Performance report date: | 11 April 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 Uniting Alblas Lodge Tamworth (**the service**) has been prepared by E Woodley, 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 5 April 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-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 2(3)(c) – the approved provider must demonstrate effective processes in place to ensure that assessment, planning and review of the consumer’s care and services is based on ongoing partnership with the consumer and others that the consumer wishes to involve.

Requirement 3(3)(a) – the approved provider must demonstrate consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being. Restrictive practice processes are best practice including used as a last resort and with informed consent from the consumer and/or representative, and after tailored non-pharmacological interventions to manage behaviour are evaluated as not effective. Assessment and review processes, including behaviour support planning, are effective in identifying the restrictive practice, and are best practice to optimise consumer health and well-being.

* The service has implemented all continuous improvement actions identified in their response to the Site Audit report.

# 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

The Quality Standard is assessed as compliant as six of the six specific Requirements have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team said consumers are treated with dignity and respect, and described how staff respect their culture, values and diversity and how this informs the daily provision of care and services. Consumers and representatives commented that staff were like family to them. The organisation has policies and procedures guiding staff practice on dignity, respect, cultural diversity and inclusion. Consumer admission information details how the service acknowledges and respects consumer’s choice of their chosen religious beliefs and requests can be made to management for referral to preferred external spiritual and religious service providers.

Consumers and representatives interviewed expressed satisfaction that consumers can exercise choice and make decisions about their care and services, including who they want involved in their care, and are supported to maintain relationships that are important to them. Consumers and their representatives expressed satisfaction that information they receive is current, accurate, timely, communicated clearly, is easy to understand, and enables consumers to exercise choice. Staff interviewed described how they communicate information with consumers who have difficulty articulating their needs or have cognitive impairments.

The service demonstrated consumers are supported to take risks to enable them to live the best life they can. Care documentation reviewed showed consumer activities of choice involving some risks are effectively managed. The service utilises risk assessments that include signed consent form with evidence of risk identification, consequences and likelihood, immediate action plans, specialist interventions and any relevant sign-off in partnerships, including public guardians. Consumer risk assessments have been completed to support consumers undertaking risks related to food choice, mobility, alcohol consumption, smoking, and external outings.

Feedback from consumers, representatives and staff interviewed, and observations by the Assessment Team, demonstrated consumer’s personal privacy is well respected. Consumer personal and care documentation was observed to be protected by staff.

# 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. | Non-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 non-compliant as one of the five specific Requirements have been assessed as non-compliant.

Several representatives interviewed by the Assessment Team said they are not involved in the assessment and planning of their consumer’s care. Representative feedback included not being involved in review or informed of medications including psychotropic medications, notification of upcoming appointments with specialists, weight loss, and assistance with or provision of meals. Consumer’s care documentation show there has not been adequate assessment or consultation regarding restrictive practices.

The approved provider’s response identifies the service has a schedule for consumer case conferences which is tracked and monitored, and provided some evidence of consultation with consumers and representatives named in the Site Audit report. The approved provider’s response identifies continuous improvement actions implemented to improve consumer and representative partnership in the care assessment and planning process. This includes documentation of the discussions with consumers and representatives during consultation, and staff education.

While continuous improvement actions have been identified, the service has not demonstrated that assessment and planning is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of their care and services.

I find the following Requirement is non-compliant:

Requirement 2(3)(c)

The Assessment Team found the service did not demonstrate assessment and planning identifies and addresses each consumer’s current needs, goals and preferences. Some consumers and representatives expressed concerns that consumer’s needs are not adequately addressed in care planning and is impacting on their health and well-being. For two consumers, the Assessment Team found assessment and planning did not consider or identify current information regarding restrictive practices, including legislative requirements of a behaviour support plan. For one consumer, assessment and planning did not identify their dietary needs and preferences. However, assessment and planning reviewed by the Assessment Team included end of life needs, goals and preferences, and advanced care directives for most consumers.

The approved provider’s response identifies the roll out and implementation of improved restrictive practice policy and procedures, including enhanced behaviour support planning documentation, staff training and allocation to registered nurses of consumers to complete this for. The approved provider’s response identifies that assessment and planning, including behaviour support plans have been updated for consumers who are subject to restrictive practices. The approved provider’s response includes additional information about the dietary needs and preferences for one consumer which demonstrates these were recorded accurately during the Site Audit.

I am satisfied the new policies, procedures and processes implemented at the service for behaviour support planning are effective to ensure assessment and planning identifies and addresses these needs regarding behaviour management and restrictive practices. Other aspects of assessment and planning to identify and address consumer’s current needs, goals and preferences, including advance care planning and end of life planning, were effective for consumers sampled.

The Assessment Team found the service did not demonstrate the outcomes of assessment and planning are effectively communicated to consumers and their representatives. Most consumers and representatives interviewed said they do not have access to, or have not been offered, a copy of the consumer’s care plan. Representatives interviewed stated they were not involved in the care planning process and were not aware of the outcomes of some assessment and planning include changes in medications. Service management advised the Assessment Team they offer copies of consumer’s care plans during care plan consultation.

The approved provider’s response provided evidence that the service had informed consumers and representatives that they are able to request a copy of the consumer’s care plan on a regular basis, prior to the Site Audit. For consumers and representatives named in the Site Audit report, the service has consulted with them and provided a copy of their care plan following the Site Audit. While some consumers and representatives did not feel partnered in the assessment and planning process, or informed of some outcomes of assessment and planning, I have considered this in my assessment of Requirement 2(3)(c). Overall, the service demonstrated the outcomes of assessment and planning are effectively documented in a care plan that is readily available to the consumer, and where care and services are provided.

Overall, the service demonstrated assessment and planning includes consideration of risks to consumer’s health and well-being and informs the delivery of safe and effective care. A review of care documentation for sampled consumers notes a suite of comprehensive risk assessments are completed upon entry to the service and are reviewed every 6 months or when changes occur. For example, risks associated with diabetes, falls, mobility and transfers were assessed for sampled consumers. Care and services plans were noted to have been reviewed regularly or when an incident or change impacted on the care needs, goals or preferences of the consumer.

I find the following Requirements are compliant:

Requirement 2(3)(a)

Requirement 2(3)(b)

Requirement 2(3)(d)

Requirement 2(3)(e)

# 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. | Non-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 non-compliant as one of the seven specific Requirements have been assessed as non-compliant.

The Assessment Team found clinical care provided to consumers was not consistently best practice or tailored to consumer’s needs to optimise their health and well-being. The Assessment Team found restrictive practices were not managed in line with best practice for two consumers. This included deficiencies in identification of the restrictive practice, informed consent, content of behaviour support plans, and regular review and assessment. Chemical restrictive practice was not used as a last resort after trial of alternate strategies, in the least restrictive form to prevent harm to the consumer, and after tailored non-pharmacological interventions to manage behaviour were evaluated as not effective. For two consumers, unplanned weight loss had not been managed effectively to reduce the risk of further weight loss.

The approved provider’s response identifies the roll out and implementation of improved restrictive practice policy and procedures, including enhanced behaviour support planning documentation, staff training and allocation to registered nurses of consumers to complete this for. Behaviour support plans and consents have been reviewed and updated for consumers subject to restrictive practices. The approved provider’s response includes some additional and clarifying information regarding the management and response for the two consumers who had unplanned weight loss. This demonstrates that in general weight loss had been identified and managed appropriately, and gaps have been rectified with continuous improvement identified in response.

While I acknowledge new policies and procedures regarding restrictive practices have been implemented, these have not yet been demonstrated to be effective in ensuring best practice management of restrictive practices for all consumers.

I find the following Requirement is non-compliant:

Requirement 3(3)(a)

The Assessment Team found the service has support services available for consumers to be referred to such as dementia support, physiotherapist, dietitian and speech pathology services. However, for some sampled consumers the service did not demonstrate timely and appropriate referrals were made to medical officers, dieticians, or behaviour support services.

The approved provider’s response includes additional information for sampled consumers about referral to services that had occurred prior to, or following, the Site Audit. The approved provider’s response also includes additional information regarding the processes for referral for consumers in place at the service, and continuous improvement action implemented to ensure timely and appropriate referrals when required.

Overall, I am satisfied the service and the approved provider’s response demonstrates processes in place to ensure timely and appropriate referrals to individuals, organisations and providers of care and services.

A review of care documentation demonstrated high impact and high prevalence risks are identified and effectively managed through regular clinical data monitoring and trending, and implementing suitable risk mitigation strategies for individual consumers. This included risks associated with falls, diabetes, and complex health care management.

The service demonstrated the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, with their comfort maximised and dignity preserved. The organisation has policies which provide best practice guidelines to staff for palliative care and end of life care management. Most consumers and representatives interviewed said they have discussed the consumer's advance care directives and end of life wishes with the service and positive feedback was received from representatives who had consumers receiving palliative care at the service.

Consumers and their representatives interviewed said deterioration in consumers is identified, acted on and communicated with them. Care documentation reviewed by the Assessment Team demonstrated deterioration or change in a consumer’s condition is recognised and responded to in a timely manner, including escalation to the consumer’s medical officer when required.

Consumers and representatives interviewed said the consumer's care needs and preferences are effectively communicated between staff. Overall, care documentation provides adequate information to support effective and safe sharing of the consumer's information to support care. All staff including visiting allied health specialist, medical officers and other providers of care have access to relevant information regarding consumer’s current needs and preferences.

The service has infection control policies and procedures that provide guidance on standard and transmission-based precautions. The service has an outbreak management plan and associated documents to guide practice during an outbreak. Care and clinical staff interviewed had a good understanding of antimicrobial stewardship, infection control and standard precautions, including application in their work. Review of care documentation show signs and symptoms of infections are recognised and responded to in a timely manner. Pathology tests are generally attended, all new infections are recorded in care records, and data is analysed for quality analysis.

I find the following Requirements are compliant:

Requirement 3(3)(b)

Requirement 3(3)(c)

Requirement 3(3)(d)

Requirement 3(3)(e)

Requirement 3(3)(f)

Requirement 3(3)(g)

# 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

The Quality Standard is assessed as compliant as seven of the seven specific Requirements have been assessed as compliant.

The service demonstrated they effectively support the daily living of consumers to meet their needs, goals and preference, and optimise their independence, wellbeing, and quality of life. Consumers interviewed provided positive feedback regarding the services and supports for daily living they receive, including consumers with vision impairments, cognitive impairments or limited mobility. The service demonstrated practices and supports provided to consumers which support their emotional, spiritual, and psychological wellbeing.

Consumers and representatives interviewed said they are supported to do things of interest to them, both inside and outside the service. Lifestyle staff said a lifestyle assessment is conducted for all consumers when they enter the service which includes information on what consumers like to do and the things that are important to them. This is updated when there are any changes. A review of sampled consumer care plans identified the information was consistent with consumer and staff interviews. The Assessment Team confirmed processes are in place to document and share information about consumer’s needs and preferences both within the organisation and with others where required. Consumer information is up-to-date and accurate, and staff were able to describe ways the service effectively manages the communication of this information in relation to services and support for daily living.

The service demonstrated timely and appropriate referrals of consumers to organisations, individuals and providers to support consumers with their daily living. The service collaborates with external providers to support the diverse needs of consumers including the National Disability Insurance Scheme, dementia support services, pastoral care support, and counselling support.

Most consumers and representatives interviewed by the Assessment Team provided positive feedback about the meals at the service and indicated meals had improved with the new chef. Consumers said staff knew their dietary preferences including any allergies. The service provides a variety of options for each meal. However, one representative provided negative feedback about the vegetarian meals provided for their consumer.

Consumers confirmed they felt safe when using the service’s equipment and said it was easily accessible and suitable for their needs. Consumers said they were comfortable raising issues if equipment needed repair, and knew the process for reporting an issue. Equipment used for activities of daily living were observed to be safe, suitable, clean, and well maintained.

# 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

The Quality Standard is assessed as compliant as three of the three specific Requirements have been assessed as compliant.

Consumers and representatives interviewed by the Assessment Team confirmed the service is welcoming, safe and comfortable, and overall, they are happy living there. All rooms at the service are single rooms, with ensuite bathrooms. The Assessment Team observed consumers rooms were individualised with personal mementoes, ornaments and furnishings on display.

The service environment was observed to be clean, well maintained and comfortable. Consumers were observed moving about the service freely and engaging in activities within their wing, or in the central activity areas. Consumers were observed using the outdoor garden areas and going out into the community during the Site Audit.

Management, maintenance and cleaning services staff explained the systems and processes in place to ensure the service environment, equipment and fittings are safe, and regularly maintained. Furnishings, fittings and equipment throughout the service were observed to be clean, well maintained and safe for consumer 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

The Quality Standard is assessed as compliant as four of the four specific Requirements have been assessed as compliant.

Consumers and their representatives interviewed by the Assessment Team said they felt supported and encouraged to provide feedback or raise a complaint and were aware of advocacy or other services to support them during the process. Consumers and representatives said management address and resolve any concerns that are raised or when an incident has occurred.

The service provides consumers information on advocacy services and external complaint options including the Commission through the admission pack, consumer handbook, resident meetings, regular newsletters, and brochures around the service.

Staff interviewed demonstrated an understanding of the open disclosure process, explaining how they would apologise to a consumer in the event of something going wrong, and what strategies have been implemented to prevent it happening again. Management explained how staff are guided by a documented policy on open disclosure and complaints management. These documented procedures outline best practice guidelines in line with the Quality Standards.

Consumers and representatives reported their feedback provided at resident meetings and other avenues are used to improve services. Management could describe processes in place to escalate complaints, and how they are reviewed and used to improve the care and services provided to consumers.

# 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

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

Consumers and staff interviewed by the Assessment Team said the sufficiency of staff was good, although it had been difficult at times especially during the COVID-19 pandemic, the service worked hard to ensure adequate staffing was available. Call bell response times are monitored by the service and any delays or issues are analysed and followed up with staff to review work strategies to improve call bell responses. The service demonstrated effective systems to ensure shifts are filled to ensure safe and quality care delivery. Consumers and representatives interviewed said staff engage with them in a respectful, kind and caring manner, and this was confirmed by observations by the Assessment Team.

Consumers interviewed considered staff had the knowledge and appropriate skills to perform their roles. Management routinely monitor and assess staff through formal competency assessments, regular review, coaching, observation, and feedback and complaint management. The organisation monitors staff qualifications, registrations, criminal record checks, vaccinations, training records, and visa status to ensure these are current and appropriate for their role.

The service has an effective induction program, a suite of mandatory education modules and competencies, and allocation of new staff to work with experienced staff while they settle in. Position descriptions guide staff in their responsibilities. Education topics can be tailored to meet consumer needs, or based on issues arising from audits, complaints, and incidents.

Service management has a framework to ensure regular staff performance reviews and monitoring of staff is completed. Staff interviewed confirmed they had participated in recent performance appraisals. The service demonstrated consumer feedback and complaints are investigated and included in 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

The Quality Standard is assessed as compliant as five of the five specific Requirements have been assessed as compliant.

The service demonstrated consumer feedback, complaints, and the resident and representative meetings provide forums in which consumers can be consulted and provide input into the general operations of the service and delivery of care and services. Documents reviewed demonstrate executive staff have attended consumer meetings to introduce and discuss proposed redevelopment plans with consumers and their representatives. The organisation demonstrated it promotes a culture of safe, inclusive quality care and services and is accountable for their delivery. The board is accountable and satisfies itself the Quality Standards are being met at the service through reporting structures including key performance and quality indicators, clinical data, feedback and complaints trends, incidents, recruitment and workforce governance, continuous improvement plans, audits and surveys.

The service demonstrated it has effective governance systems in place regarding information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. The service demonstrated effective risk management systems and practices in place to manage high impact and high prevalence risks, identify abuse and neglect of consumers, and support consumers to live the best quality of life they can. The incident management system implemented at the service demonstrated the service investigates, manages and acts to prevent high impact risks and incidents. Incidents were reported and investigated in a timely manner, including reporting to the serious incident response scheme if required.

The service has a clinical governance framework implemented which includes policies and procedures relating to antimicrobial stewardship, open disclosure, and restrictive practices. The organisation has recently updated its restrictive practices policy, the associated forms and the electronic care management system to reflect the changes in line with legislative requirements. The updated policy, documents and online education regarding restrictive practice in line with the policy is available to relevant staff.

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)