Performance

Report

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| Name: | Uniting Berrigan |
| Commission ID: | 0377 |
| Address: | 51-53 Davis Street, BERRIGAN, New South Wales, 2712 |
| Activity type: | Site Audit |
| Activity date: | 14 May 2024 to 16 May 2024 |
| Performance report date: | 30 May 2024 |
| Service included in this assessment: | Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  Service: 393 Uniting Berrigan |

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 Berrigan (**the service**) has been prepared by Gai-Maree Cain, 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 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 29 May 2024.

# 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 | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

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

* Requirement 3(3)(a) - the Approved Provider ensures each consumer gets safe and effective personal and clinical care, that is best practice, tailored to their needs and optimises their health and well-being, including for the use of restrictive practices and management of consumers’ pain.
* Requirement 3(3)(b) - the Approved Provider ensures high impact and high prevalence risks associated with the care of consumers are effectively managed and investigated to develop mitigating strategies to prevent the reoccurrence of incidents. The service must demonstrate it is taking action to reduce the high impact risk to consumers with current wounds, who experience falls and who require monitoring of clinical observations.
* Requirement 4(3)(d) - the Approved Provider ensures that care planning information includes consumers’ spiritual, emotional and lifestyle needs, and that this information is communicated within the organisation or with others where responsibility for care is shared.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives spoke of consumers being treated with dignity and respect and being supported by staff for consumers to live the life they wanted. Staff were familiar with consumers’ personal circumstances, life experiences and cultural backgrounds in alignment with care documents. Observations showed staff interacting with consumers in a respectful and dignified manner such as sitting with consumers and assisting with meals with care and attention.

Consumers said they received care and services tailored to their needs and culture. Care documents captured individualised information in relation to consumers’ life history and consumers and representatives spoke of the service being culturally safe with staff knowing what consumers wanted.

Consumers said they were supported to maintain their independent lifestyle choices and preferences. Consumers confirmed could make decisions about when family, friends and others are involved in their care. Overall staff supported consumers to maintain contact with people important to them; however, care documentation for one consumer did not identify specific preferences for supporting connection with his wife (another consumer at the service). This is further considered under my decision for Requirement 4(3)(d).

For most consumers the service demonstrated supports including consideration of risks, which enabled consumers to live the best life they could. And while care documentation evidenced risks were identified through risk assessments, the service did not consistently follow organisational procedures including the risk assessments being completed by the registered nurse. For one named consumer, observations showed the consumers’ mobility scooter which he utilises to attend external outings, was in poor condition. In response to this feedback, the service took immediate actions including a review of the mobility scooter by maintenance staff. Staff described how the assess risks to consumers and strategies implementation to reduce risk where possible.

Consumers and representatives gave positive feedback regarding the service’s communication, and said consumers were provided timely information that was accurate, easy to understand, and enabled them to exercise choice. Observations showed a variety of information available to consumers including menus and activities programs on noticeboards and a bi-monthly newsletter.

Consumers expressed satisfaction with how the service protected their privacy and confidentiality such as staff always knocking when entering consumers room. Observations showed staff ensuring consumers’ privacy was protected, such as ensuring computers were logged off, knocking on consumers’ doors prior to entering the room and closing the door when exiting.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Overall, the assessment and care planning processes at the service demonstrated risks associated with consumers’ care was considered and risk minimisation strategies implemented and evidence in care documentation. For one named consumer, care documentation did not evidence risk/s associated with anticoagulant medication the consumer had been prescribed and in response to this feedback the service took immediate action to review and update the consumer’s care plan.

Consumers and representatives said staff involved them in the assessment and planning of the consumer’s care, including advance care and end of life planning. Care documentation included consumers’ end of life needs and preferences and evidenced the involvement of consumers, representatives and other health professionals in the assessment and planning process.

Consumers said staff explained information about care and services and the outcomes of assessment and care planning, confirming they could access a copy of their care and service plan when required. Consumers and representatives spoke of being notified when circumstances changed or when incidents occurred. Processes were in place for reviewing consumers care plans every 3 months and when there was change in consumer’s condition such as after a fall. The service is transitioning to a new electronic care documentation system, and all assessments and care plans for consumers were updated in line with service’s 3-monthly review process. The response submission provided further information in relation to the transition to the new electronic care documentation system, advising that all consumers clinical and care information has now been transferred to the new system and the system is effectively working. The previous electronic care documentation system will be turned off on 31 May 2024.

# 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. | Not Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Not 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

While consumers provided positive feedback about the care and services they received, the Site Audit report contained information that some consumers were not receiving best practice care that was individualised and optimised consumers’ health and well-being; or effectively managing consumers’ high impact and high prevalence risks including, wound management, weight loss and consumers post falls.

*In relation to Requirement 3(3)(a)*

Care documentation for consumer’s identified deficiencies in the monitoring and management of consumers requiring pain management, on fluid restrictions and subject to chemical restrictive practices. Including:

* For 3 named consumers who presented with pain (2 of these post fall), pain monitoring was not consistently evidenced in care documentation.
* A fourth named consumer, who due to chronic pulmonary disease required to be placed on a fluid restriction, care documentation did not evidence the recording of fluid intake to ensure accurate monitoring for the named consumer. Staff did not demonstrate an understanding of who was responsible for monitoring the consumer’s fluid intake. However, the consumer representative spoke of confidence in the staff and the care provided to her mother.
* Consumers identified by the service as subject to chemical restrictive practices had not been reviewed by the medical officer every 3 months, in accordance with the service’s processes. For example, one consumer’s medication had not been reviewed since September 2022, a second consumer since April 2023, and a third consumer since June 2023.

The response submission, which included a plan for continuous improvement and transition action plan, acknowledged areas for improvement to address the deficiencies identified including review of consumers charting, care plans and prescribed medications to ensure these reflect individualised consumers pain management strategies; and in collaboration with the medical officer, undertaking a review of consumers’ medication charts to ensure charts are contemporaneous and signed by the medical office. The service has a planned Medication Advisory Committee Meeting scheduled for June 2024.

*In relation to Requirement 3(3)(b)*

The Site Audit report contained information of identified deficiencies in the monitoring of consumers wounds, consumers post falls and consumers requiring monitoring of blood pressure. Including:

* For one named consumer, with a pressure injured on the heel, wound charting was inconsistent in relation to wound size and visualisation of wound condition in wound photography. The consumer’s care plan did not include information relating to the current pressure injury to guide staff when providing care.
* A second name consumer who was prescribed blood thinning medication experienced an unwitnessed fall sustaining hit to the head. And while the consumer declined to be transferred to hospital, the service did not evidence monitoring of the consumer, and clinical observations were not charted until 18 hours after the fall and then not again for a further 10 hours.
* A third name consumer experienced a fall and was transferred to hospital for further assessment. On return to the service, medical directives included twice daily monitoring of the consumer’s blood pressure with identified parameters included in the medical directive. However, care documentation (including charting and progress notes) did not include information evidencing that these directives had been followed by staff; and conflicting information relating to the consumers’ blood pressure parameters was identified in care documentation.

The response submission, which included a plan for continuous improvement and transition action plan, acknowledged areas for improvement to address the deficiencies identified including:

* Educating and training of staff in wound management and falls management.
* The implementation of processes to ensure the workforce follow organisation processes which included photographs of wounds being retaken and processes to ensure completion of consumers neurological observations post fall.
* One to one conversation with Registered Nurses on falls management and the dissemination of the organisation’s wound photography video.

In coming to my decision for Requirement 3(3)(a) and Requirement 3(3)(b), I have placed weight on evidence provided in the response submission and the commitment by the approved provider to improvement actions. I acknowledge the service has taken immediate actions to address the deficiencies identified, and the proposed plan completion date for other actions as 30 June 2024. However, I am of the view that the actions being taken will take some time to be fully implemented and evaluated for effectiveness. It is my decision, that Requirement 3(3)(a) and Requirement 3(3)(b) are Non-Compliant.

Consumers and representatives confirmed they had discussed consumer end of life planning with the service and expressed confidence that consumers would receive good care for when they near end of life. Care documentation for consumers who were on a palliative care trajectory contained relevant end of life documentation, including needs and preferences. Staff described how they adjusted care to support the needs and preferences of those consumers receiving palliative care. The service provided examples of maximising consumers' comfort and preserving their dignity, such as pain management, comfort care, and spiritual support.

The service demonstrated timely response to consumers’ care needs, including when there is a deterioration or change in the consumers’ health. Staff advise they discuss consumer changes with the consumer, representatives and other care providers and provided examples of when a change or deterioration in consumers’ care was recognised and this was confirmed on the review of care documentation.

Overall, consumers and representatives said that consumer’s preferences and care needs were communicated effectively with them, between staff and with external providers involved in care. Staff described and overall care documentation confirmed the effective and safe sharing of the consumer’s information to support care. The service was in the process of implementing a new electronic care documentation, and although consumer information is currently located in both systems (awaiting data migration), staff demonstrated consumer information is accessible to support care and services.

Overall, the service demonstrated referrals to other healthcare providers or organisations were made in a timely manner and were appropriate. Review of care documentation identified other health professionals, such as physiotherapists and speech pathologists, had assessed consumers and provided directives to assist staff in providing care and services for referred consumers. Clinical staff described mechanisms for communications to ensure referrals are actioned in a timely manner.

The service has policies and procedures and an outbreak management plan to guide staff in relation to antimicrobial stewardship and infection prevention. There are 2 appointed infection prevention and control lead and staff, and staff demonstrated knowledge of infection prevention and control protocol and described ways to minimise the use of antibiotics. Observations showed staff adhering to appropriate infection control practices at the service and adequate stocks of personal protective equipment were available to staff.

# 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. | Not 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 were supported to engage in activities of interest to them and were provided with relevant supports to promote their well-being, independence and quality of life. One consumer spoke of an enjoyment of gardening and how the service supports to develop a garden outside of her room.

Consumers and representatives confirmed the service provided emotional, spiritual and psychological support to consumers when needed. Staff described the processes for providing emotional, spiritual and psychological support to consumers such as referral to counselling services. Staff advised religious services are conducted at the service to support consumers’ spiritually and emotionally. While care documentation for some consumers provided inconsistent information and was limited in relation to consumer life histories to inform spiritual and emotional needs, the service had a newly appointed pastoral lead and advised further assessment would be completed.

Consumers were supported by the service to participate in their community. Staff described the supports in place for individual consumers to enable them to participate in the wider community and maintain personal relationships. While consumers expressed satisfaction with the lifestyle program including being supported to pursue activities of interest, care documentation to guide staff in how to support consumers was not consistently evidenced.

Consumers and representatives said the consumer's condition, needs and preferences are effectively communicated with others responsible for care. Staff demonstrated knowledge of how information is communicated with other care providers and how the change in condition, needs and preferences for each consumer is kept current. However, the Site Audit report contained information that consumers’ care documentation evidenced limited and conflicting information to support safe and effective care related to services and supports for daily living. For example, while social and cultural assessments and some consumers’ care plans provide general information about the consumer’s life history, how the service supports consumers' preferences was not included to support care and service delivery. For one named consumer, the social and cultural care plan provided conflicting information as to his wishes for maintaining connections to his community and faith; and for a second named consumer, care planning did not evidence how the service supports the consumer in his wish for remaining connected to family and community. While staff working in the service’s secure living environment were familiar with individual consumers’ lifestyle supports, they acknowledged the inconsistent or lack of documentation about consumers' lifestyle supports and said if other staff were to work in this area, there was limited information to guide them. Consent forms documenting who the consumer wished to be involved in their care were not consistently completed by the service.

In coming to my decision for Requirement 4(3)(d), I have placed weight on evidence provided in the response submission and the commitment by the approved provider to improvement actions. I acknowledge the service has taken immediate actions to address the deficiencies identified including the completion of consumer consent forms and reviewing of processes to ensure the timely completion of these; lifestyle, cultural and Spiritual assessments being completed and supported by training for staff in documenting consumer activities; and the documenting of assessments and lifestyle activities in the new electronic care documentation system. However, I am of the view that the actions being taken will take some time to be fully implemented and evaluated for effectiveness. It is my decision, that Requirement 4(3)(d) is Non-Compliant.

Consumers said they are supported with appropriate referrals to outside organisations, such as a hairdresser and for one consumer, the service supported to attend the local ‘Mens Shed’ twice weekly with a volunteer.

Consumers and representatives confirmed the meals were satisfying, varied and of suitable quality and quantity. Alternative meal options were offered to consumers if they chose not to have the meal on offer. Staff demonstrated knowledge of consumers dietary preferences, allergies and assessed needs which were evidenced in the consumer’s care plan. The service is undertaking a review of the meal services and are engaging consumers in this via food focus forums.

Consumers advised they were provided with equipment to support their mobility and maintain their independence. Overall, supplies and equipment to support lifestyle supports were observed to be readily available and suitable; and for the service’s secure living environment equipment was being procured to replace old supplies. The service had process to ensure the checking and maintenance of equipment.

# 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 service was welcoming with signage assisting with navigation throughout. Consumers and visitors were observed utilising the various areas available to them internally and externally and could freely access the outdoor areas through open doors. Observations showed consumers resting in the furnished lounge areas with an artificial fire and rugs.

The service’s external and internal environments were observed to be safe, comfortable and well maintained. Consumers and representatives said the service was clean and well maintained and the service evidenced a cleaning program and schedule which included measure to ensure infection prevention is considered.

The service equipment, fittings and furnishings were observed to be well maintained, clean and safe for consumers and their guests. Staff said there was sufficient and well-maintained equipment and confirmed the recent purchasing of new furniture, fitting and equipment. There were processes in place for preventative and corrective maintenance. A review of reactive maintenance schedules evidenced repairs were promptly actioned.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives felt encouraged, safe and supported to provide feedback and make complaints, and could describe the various methods available for them to do so, including speaking to management or staff directly. Staff demonstrated sound knowledge in relation to feedback, comments and complaints and described ways in which they support consumers to do so.

Consumers and representatives demonstrated an awareness of the internal and external avenues available for them to raise complaints and the service provided examples of advocacy services. Management demonstrated a shared understanding of the internal and external complaints and feedback avenues, and advocacy and translation services available for consumers. Observations showed notices and brochures relating to advocacy and external compliant services available through the service.

Appropriate and timely action was taken in response to feedback and complaints, and an open disclosure process was applied when things went wrong. Consumers and representative said management addresses feedback and complaints and attempt to resolve any concerns in a timely manner. Staff demonstrated a shared understanding of the services complaints and feedback processes, and all staff are provided training on open disclosure.

Consumers and representatives confirmed feedback and complaints were reviewed and used to improve the quality of care and services. The service had processes, and a commitment to consider the potential for quality improvement when managing all feedback, including complaints. Management and staff provided examples of how service improvements had been made in response to feedback. Consumer meeting minutes and the plan for continuous improvement demonstrated complaints, feedback and suggestions were documented and changes at the service were communicated with 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

Consumers and representatives expressed satisfaction that staff attended to consumers’ care needs in a timely manner, and consumers indicated they did not have to wait long for their call bell to be answered. There were processes to ensure the workforce was planned and the number and skills mix enabled the delivery of quality care and services. There were processes for planned and unplanned leave including if required the utilisation of external agency staff. The service demonstrated a registered nurse is rostered on-site and on-duty 24 hours, across 7 days of the week.

Consumers and representatives spoke about staff being kind, caring and treating consumers with respect. Observations showed staff interacting with consumers and speaking to consumers in a kind and caring manner.

Feedback from consumers and representatives identified they confident with staff abilities and practices and were confident the staff were trained to perform their roles effectively. Staff described how they received training during orientation and induction, ongoing training including completing annual skills competency assessments. The orientation and onboarding process for new staff included buddy shifts with experienced staff in their role, mandatory training, and organisational orientation. Staff confirmed completion of training and spoke of having the resources and equipment needed to deliver care to consumers.

The service evidenced processes for the monitoring and review of the workforce’s performance, including formal performance review processes with staff completing initial probationary reviews followed by an annual review. In transition of the service to a new approved provider, staff completed induction and competency assessments and staff interviewed spoke positively of the support they had received.

# 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 service demonstrated it supports consumers and representatives to be involved in the development, delivery and evaluation of care and services. Consumers and representatives felt the service was well run and they were comfortable to raise feedback and participate in the engagement in care and services. Management provided examples of different ways the service incorporated consumer feedback and suggestions into changes implemented to care and services at the service and organisational level. The organisation’s consumer advisory committee has been established and feedback from consumer meetings are presented to the board.

Management explained how the organisation’s governing body was accountable for the delivery of safe, inclusive, quality care and services, through strategies such as reporting and monitoring mechanisms, audits, policies and procedures, a risk register, and governance frameworks. Documentation demonstrated the governing body was accountable the delivery of safe, inclusive care and services such as monthly management reports and email communications from the chief executive officer to consumers and representatives.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service has an effective continuous improvement framework and plan for continuous improvement, established financial governance arrangements, and processes for workforce governance, feedback, and complaints. The service is transitioning to a new electronic care documentation system, and all assessments and care plans for consumers were updated in line with service’s 3-monthly review process.

The organisation implemented effective organisation-wide governance and risk management systems and practices to prevent and manage incidents and to identify and respond to abuse and neglect of consumers. The organisation has risk management systems in place with ongoing monitoring, auditing and clinical indicator analysis and trending. For example:

* The service utilises a high-impact and high-prevalence risk register which is updated on an ongoing basis.
* Risks are reported, escalated, reviewed, and analysed at a service and organisational level and reported through various committees and meetings to the governing body.
* A review of the service's Serious Incident Response Scheme notifications identified that incidents had been reported in line with legislative requirements.
* The organisation has an incident management policy which reflects incident management system obligations such as staff and contractors’ responsibilities, incident reporting and incident registers.

The service has a clinical governance framework and supporting policies that address antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Staff demonstrated a shared understanding of these policies and could describe how they apply these as relevant to their roles.

The service had a clinical governance framework in place to help guide staff on provision of safe care including outlining core elements of antimicrobial stewardship, restrictive practices, and open disclosure. Staff had received training in policies and processes relating to antimicrobial stewardship; and staff demonstrated a general understanding of how they practiced open disclosure, including being open, transparent, and apologising when things went wrong. In relation to restrictive practices, the Site Audit report contained conflicting information identifying that consumers prescribed psychotropic medication are not consistently monitored in alignment with the organisation's processes of 3 monthly review. I have considered this under my decision for Requirement 3(3)(a).

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)