Performance

Report

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| Name of service: | Uniting Caroona Marima Goonellabah |
| Service address: | 65 - 101 Rous Road GOONELLABAH NSW 2480 |
| Commission ID: | 2535 |
| Approved provider: | The Uniting Church in Australia Property Trust (NSW) |
| Activity type: | Site Audit |
| Activity date: | 29 August 2023 to 31 August 2023 |
| Performance report date: | 06 October 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 Caroona Marima Goonellabah (**the service**) has been prepared by K. Richards 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 Performance Report dated 13 July 2023 in relation to an Assessment Contact undertaken on 20 June 2023.

The provider did not submit a response to the Assessment Team’s report.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| 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

This Quality Standard is Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives confirmed they were treated with dignity and respect, and their identity, culture, and diversity were valued. Staff described consumers’ diversity, religious and cultural needs and explained how they supported them. Consumers’ care plans showed effective identification of their identity, culture, and diversity with documented supportive strategies. The consumer handbook detailed how the service delivered person centred care and supported the identity, culture, and diversity of consumers.

Consumers and representatives said the service provided culturally safe care and services in line with their needs and preferences, such as providing religious services and cultural lifestyle activities. Staff described how they considered each consumer’s cultural background and spiritual preferences in developing individualised or group lifestyle activities. Consumers’ care plans showed their cultural needs and preferences were documented and their care and services were tailored accordingly. The lifestyle calendar included numerous cultural activities.

Consumers and representatives said they were encouraged and supported to make choices about their care and services, involve others they wished to involve, and maintain important relationships either inside or outside the service. Staff explained how they supported consumers to maintain relationships, such as through regular family visits and using technology to stay in contact. Care planning documents showed each consumer’s nominated representative, their important relationships, and communicated choices were recorded within preferences.

Consumers and representatives said they were supported to take risks and live the best life they could. Staff described how they supported consumers to understand risks they wanted to take and implemented strategies to mitigate these risks. Consumers’ care plans confirmed risks were identified and documented, along with the relevant mitigation strategies. The service had an up-to-date risk management framework, policy and procedure to guide staff practice.

Consumers and representatives confirmed they were regularly provided with current information about their care and services, and activities and events happening inside and outside the service. Staff described the regular communication processes they used to inform consumers and representatives in line with their specific needs. Management explained the monthly newsletter, monthly and weekly activities calendar, and fortnightly menu were printed and given to each consumer and representative. Management said they had ready access to translating and interpreting services if required.

Consumers and representatives confirmed their privacy was respected and personal information was kept confidential. Staff explained how they maintained each consumer’s privacy and dignity when delivering their care. Management said staff received training in relation to privacy and confidentiality. Staff were observed knocking on consumer’s bedroom doors, waiting for a response before entering, and closing privacy curtains and doors to provide care. Nurses’ stations containing records and computers were secured. The service had a privacy policy which guides staff practice and informs consumer expectations.

# 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Staff described the assessment and care planning process and how they ensured the care and services were safe and effective. Management explained the risk assessments and tools they used within the electronic care management system and described how it informed delivery of safe and effective care. Care plans reflected consideration of risks to consumers through completed assessments and relevant forms, with documented management strategies to guide staff.

Consumers and representatives said the service provided opportunity to discuss consumers’ current needs, goals, and preferences, including advance care plans and end of life wishes. Staff said they used assessment tools in the electronic care management system to identify and address consumers’ needs and preferences, and record end of life plans and wishes. Management explained that conversations are approached in relation to advance care directives and end of life plans during admission, during routine 3 monthly care plan evaluation, and when care needs changed. Consumers’ care documentation showed advance care and end of life plans and strategies to address each consumer’s needs and preferences.

Consumers and representatives confirmed they, and others they chose, were actively involved in the assessment, planning, and review of their care plans. Staff described how consumers and representatives were included in the assessment, planning, and review of their care and services. Care planning documents showed the involvement of nominated representatives and a diverse range of external service providers and Allied health professionals.

Consumers and representatives said they received constant updates from the service through letters, meetings, phone calls, or face to face discussions. Consumers and representatives confirmed the service offered them a copy of the consumer’s care plan by email or hardcopy. Management and staff described how they could readily access each consumer’s care plan in summary and extended forms, and how they communicated outcomes and changes to consumers and representatives effectively. Care planning documents included record of communication with consumers and representatives and verified copies of the care plan were offered.

Consumers and representatives confirmed the service regularly communicated with them about their care and services, including when there was a change in condition. Management and staff explained consumers’ care plans were reviewed every 3 months, and when circumstances or consumer condition changed, or following an incident. Consumer’s care plans showed they had been evaluated for effectiveness within expected timeframes, when circumstances changed, or incidents impacted on the needs, goals, and preferences of consumers.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | 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

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said consumers receive tailored safe and effective personal and clinical care, optimising health and wellbeing. Staff described individual consumer’s personal and clinical care needs which were consistent with their documented care plan. Management explained how clinical care was monitored through a variety of mechanisms including clinical meetings and audits to ensure best practice and tailored to consumers. Staff practice is guided by a suite of policies and procedures including for use of restrictive practices and management of skin integrity. Documentation reflected provision of best practice care, that was safe, effective, and tailored to the needs and preferences of consumers.

Consumers and representatives confirmed the service assessed, explained, and effectively managed risks to consumers health and well-being. Staff described the high-impact,

high-prevalence risks associated with consumers at the service and described how they managed those risks. Management said they maintained a special care needs register which included consumers’ high-impact, high-prevalence risks and the management strategies for each risk identified. Care documentation captured high-impact and high-prevalence risks and included mitigation strategies. The service had a range of clinical policies and procedures to guide staff in managing high-impact and high-prevalence risks.

Consumers and representatives were satisfied the service could deliver competent end of life care in line with their needs and preferences. Staff said they were trained to provide comfortable and dignified end of life care, and management explained how they developed consumer’s palliative and end of life care in consultation with consumers and representatives. Care planning documentation for a late consumer demonstrated monitoring and management of pain and comfort, and engagement with the family.

Consumers and representatives confirmed the service recognised, responded to, and communicated a deterioration or change in consumer condition in a timely manner. Staff described how they discussed consumers’ current condition and any changes during shift handovers and escalated to Medical officers and others when necessary. Management said they monitored and discussed consumers’ current health condition through daily rounds, shift handovers, and accessing the electronic care management system. Care planning documents confirmed timely and appropriate responses to a deterioration or change in consumers’ condition.

Consumers and representatives said information about consumers’ condition, needs and preferences was documented and adequately communicated between staff and others involved in their care. Staff described their responsibilities to update care plans and report changes in consumers’ condition, care management, or incidents. Management explained how the service documents and shares current information about consumers with staff, consumers, representatives and other health professionals, where appropriate. Consumer’s care documents showed adequate information to support care delivery in line with their individual needs and preferences.

Consumers and representatives said they had access to Medical officers and Allied health professionals, when required. Clinical staff explained the referral process to specialist Medical officers and Allied health professionals went through management to ensure timely access to appropriate services. Management said they utilised a network of health professionals and organisations within the local area. Consumer’s care plans showed timely input from referred providers.

Consumers and representatives felt the service was competent in managing infection outbreaks and confirmed staff consistently followed infection control protocols such using face masks and practicing hand hygiene. Staff said they had been trained in various aspects of infection prevention and control, including antimicrobial stewardship. Management confirmed the service had an Infection prevention and control lead and mandatory infection prevention and control training for all staff. The service had written policies and procedures to guide staff in relation to antimicrobial stewardship and outbreak management.

**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

This Quality Standard is Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives confirmed they were supported to do things of interest, participate in group activities provided by the lifestyle team, and spend time on independent activities of choice. Management and staff explained the detailed lifestyle assessment and review process which captured and informed support for consumers’ current needs, goals, and preferences. Care planning documents detailed the individual services and supports provided to each consumer and these aligned with consumers’ stated needs, goals, and preferences. Whilst group activities were not observed within the memory support unit, management explained staff spend one-on-one time with consumers to support activities of interest, verified within care planning documentation.

Consumers and representatives said their emotional, spiritual, and psychological well-being was supported by the service. Staff said they knew consumers well, could identify when consumers felt low, and were familiar with how to provide appropriate emotional support. Management said pastoral care volunteers and the Chaplain spend time with each consumer for their spiritual and psychological well-being. Care planning documents included information about how to best support the consumer’s emotional, spiritual, and psychological well-being. The service had documented spiritual and pastoral support policy to guide staff.

Consumers and representatives said they were supported to participate in activities within the service and in the community, have social and personal relationships, and do things of interest to them. Staff demonstrated there was a wide variety of lifestyle activities available to consumers within the service, and consumers participated in activities in the wider community, and provided examples of how they adapted activities to meet consumers’ changing circumstances. Care planning documents identified consumers’ important relationships and their activities of interest, both within and external to the service.

Consumers and representatives said information about their condition, needs and preferences was effectively communicated and staff consistently understood their needs. Staff could describe consumers’ current needs and preferences and explained how they accessed care plans and participated in daily handover sessions to get updated information. Care planning documents reflected consumers’ current condition and lifestyle needs and preferences.

Consumer and representatives confirmed referrals were made in a timely manner and they could access other organisations and services, as needed. Staff described the referral process and detailed the other organisations, services and supports that were available to consumers. Care planning documents confirmed the service promptly referred consumers to other individuals and organisations to meet their needs and preferences.

Consumers and representatives said the meals were varied, of suitable quality and quantity, and they enjoyed the dining experience. Management and staff explained the rotating seasonal menu and alternative menu provided plenty of different options for consumers to select from. Menus were displayed around the service and staff were observed asking consumers for their meal choices. Care planning documents detailed consumers’ dietary needs and preferences including their likes and dislikes and recommendations from the Dietitian.

Consumers and representatives said the equipment provided for use was safe, suitable, clean, and well-maintained. Available personal and lifestyle equipment was observed to be safe, suitable, clean, and well maintained. Staff demonstrated they knew how to report maintenance issues on the service’s electronic maintenance system. The maintenance logs showed all maintenance issues had been attended to in a timely manner.

# 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

This Quality Standard is Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service was welcoming, easy to understand and they felt at home. Consumers’ rooms were personalised and there was adequate lighting and signage to aid navigation. Corridors were wide and well-lit with handrails to assist independence and movement. Consumers were observed sitting or socialising in the outdoor courtyard and other communal areas.

Consumers and representatives said the service environment was safe, clean, well maintained, and they could move freely both indoors and outdoors. Staff described how consumers could move independently throughout the service, including to outdoor areas. Staff explained there were documented preventative maintenance and cleaning schedules outlined the daily, weekly, monthly, and quarterly work requirements. The service environment was observed to be safe, clean and well-maintained with consumers moving freely between their rooms and inside and outside communal areas.

Consumers and representatives said the furniture, fittings and equipment were safe, clean, well maintained and suitable for use. Staff and management described how shared equipment was cleaned in between use with disinfectant wipes. Maintenance staff demonstrated how routine maintenance was scheduled and reactive maintenance recorded with the preventative maintenance schedule confirming all maintenance was up to date. Furniture, fittings, and equipment appeared to be safe, clean, and well maintained.

# 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

This Quality Standard is Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they felt comfortable raising concerns and giving feedback directly to management and staff. Staff explained how they supported consumers and representatives to give feedback or make complaints. Management described different feedback and complaint mechanisms available to consumers, representatives, and staff, such as through feedback forms and consumer meetings. Feedback forms and lodgement boxes were observed to be available around the service.

Consumers and representatives were aware of different feedback and complaint avenues including external complaint avenues and advocacy services. Staff cited the internal and external methods for making complaints and explained how they supported consumers to complain including those with visual or cognitive impairment and language barriers. Advocacy support service posters, invitations to submit a feedback and complaints, and feedback forms were displayed in the foyer and all nurses’ stations. Consumers discussed a visit from a Senior Rights representative to explain advocacy services, with details of the visit captured in consumer meeting minutes.

Consumers and representatives confirmed their feedback and complaints were actively addressed and resolved in a timely manner, and the service apologised when things went wrong. Staff explained situations when they practiced open disclosure and said they responded to consumer’s feedback immediately and escalated significant complaints to management for investigation and action. Management explained their process for responding promptly to complaints and practicing open disclosure process. The service’s feedback and complaints policy incorporated the open disclosure process and training records showed staff were trained in open disclosure.

Consumers and representatives said they noticed improvements in the quality of care and services in response to feedback and complaints. Staff explained how they discussed all feedback and complaints at staff meetings. Management described how all feedback and complaints were registered and used to inform the plan for continuous improvement, and improvement actions were evaluated in consultation with the person who submitted the feedback.

# 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

The service had been previously found to be non-compliant with Requirement 7(3)(a), at an Assessment Contact on 20 June 2023, and had subsequently implemented several actions which were found to have been effective. Consumers and representatives said there were sufficient staff to provide safe and effective care and services. Staff said there were enough staff, and management provided additional assistance or support when required. Management explained how they had recently recruited and trained more staff, and how they planned the number and mix of staff to deliver safe and quality care and services. Rosters showed most shifts were filled, and unplanned absences were filled with existing, casual, or long-term agency staff. Staff were observed to be calm and unrushed when delivering care and services to consumers.

Consumers and representatives said staff were kind, gentle and respectful when providing care. Staff knew consumers personally and described their individual needs and preferences and were observed interacting with consumers in a kind, caring and respectful manner. The service had policies and procedures to guide staff, and staff confirmed receiving training on privacy, dignity, and interacting with consumers respectfully.

Consumers and representatives said staff were effective in their roles and they were confident staff were competent and knowledgeable to meet their care needs. Staff identified core competencies and available guidance and training. Management described how they determined the competency, qualifications, knowledge, and professional registration status of staff against their position descriptions during recruitment. Management also said staff underwent criminal history checks. Position descriptions outlined qualifications, responsibilities, skills, and duties for each role.

Consumer and representatives confirmed staff had the appropriate skills and training to meet their care and service needs. Management described thorough processes for recruiting, training, equipping, and supporting staff. Staff said they received orientation and ongoing training and support from management. Records confirmed staff underwent orientation, completed core competencies, and received annual mandatory training and ongoing education relevant to their roles.

Consumers and representatives stated they were happy with the quality and performance of staff. Records showed the service completed coaching conversations after the probationary period for new staff, and annually for all staff. Staff confirmed participating in initial and annual coaching conversations. Management described the coaching conversations review process and provided examples of completed reviews. The service had a written performance and development policy and appraisals procedure in place.

# 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

This Quality Standard is Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumer and representatives were satisfied the service was well-run and they participated in the development and evaluation of their care services, providing feedback through consumer meetings, case conferences, and consumer experience surveys. Consumers and representatives said they noted improvements as a result of their engagement. Management and staff advised that consumers and representatives were encouraged to provide input through channels such as consumer meetings and they actioned changes because of this input. Meeting minutes, consumer experience survey results and the feedback and complaints register confirmed consumers were engaged and supported in the development, delivery and evaluation of care and services.

Management described how the organisation’s governing body promoted a culture of safe, inclusive, and quality care and services and was accountable for their delivery. Management described how clinical indicators, quality initiatives and incidents were reported and discussed at relevant meetings. Management explained the organisation’s governance structure and how the Board was informed of the performance of the service, with monitoring through a ‘scorecard report’. Consumers and representatives considered the service was safe, inclusive, and well managed.

Management described how the organisation has subcommittees responsible for effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, the workforce, regulatory and legislative compliance, and feedback and complaints management. Management and staff were aware of the governance framework and knew how to access the policies and procedures, and work within guidelines to meet consumer needs.

The service had effective risk management systems in place for high impact or high prevalence risks to consumers, identifying and responding to elder abuse and neglect, supporting consumers to live their best life, and managing and preventing incidents. Staff confirmed they could access these policies and had received training on these topics, detailing their responsibilities to identify and report concerns or incidents. Management described how the organisation monitored various clinical indicators to manage risks and prevent incidents.

The organisation had a clinical governance committee and framework which included documented policies covering antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff understood their responsibilities under the clinical governance framework and staff confirmed they had received training on these policies and systems. Monitoring processes were used to maintain oversight and monitor clinical care, for example, the Medication advisory committee monitored medication use against benchmarked national standards.

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