

**Performance Report**

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| Name: | Uniting Starrett Lodge Hamlyn Terrace |
| Commission ID: | 0541 |
| Address: | 35-45 Louisiana Road, HAMLYN TERRACE, New South Wales, 2259 |
| Activity type: | Site Audit |
| Activity date: | 15 October 2024 to 17 October 2024 |
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| Service included in this assessment: | Provider: 1352 The Uniting Church in Australia Property Trust (NSW)  Service: 5181 Uniting Starrett Lodge Hamlyn Terrace |

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 Starrett Lodge Hamlyn Terrace (**the service**) has been prepared by S Turner, 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 21 November 2024 accepting the Assessment Team’s findings

# 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

Consumers and representatives spoke highly of staff and confirmed consumers felt respected and that consumers’ cultural and religious beliefs were respected. Care plans reflected consumers’ diversity and detailed relevant information relating to consumers’ cultural and religious preferences. The service had a framework that included policies that guide staff in the provision of care and services that support consumers’ dignity and respect. Staff demonstrated an understanding of consumers, their personal circumstances and preferences, and were observed interacting with consumers and speaking about them in a respectful manner.

Consumers said their physical, spiritual, cultural and social needs were catered for and provided examples of how staff supported them. Care planning documentation was tailored to the consumer and staff could describe how they supported consumers’ cultural beliefs and practices.

Policies relating to consumer choice and informed consent guided staff and consumers and representatives described how consumers are supported to exercise their independence and maintain relationships that are meaningful to them. Staff demonstrated an understanding of how to support consumers to make informed choices about care and services, and care planning documentation included details of authorised decision makers.

Consumers said they felt empowered to pursue the things they wished to do and provided examples of how they continue to exercise their independence including meeting with friends, going shopping and managing their medication. Care planning documentation included risk assessments and information that supported consumers to exercise choice safely. Staff described how consumers are educated about risks and strategies to promote safety associated with their choices, and how they monitor and support them in these activities.

The service utilised a range of mechanisms to provide consumers with current, accurate and timely information. This included a consumer handbook, noticeboards and displays, menus, activity calendars, service agreements and contractual information on entry to the service. Consumers reported they were kept informed about what happened at the service and had access to information that was in a format that was easy to understand. Information was observed to be displayed throughout the service and included details relating to the hairdresser, dental mobile visits, podiatry, church services and pastoral care, vaccination programs, menus and activities.

Consumers and representatives were confident that consumer information was kept confidential and felt that staff promoted consumers’ privacy. Consumers provided feedback that staff consistently knocked before entering rooms and respected their privacy. Staff said they received education relating to consumers’ privacy including during the provision of personal care and provided examples of how they managed electronic information and maintained confidentiality of consumer information.

For the reasons detailed, I am satisfied consumers are treated with dignity and respect and that they are supported to live their lives in the way that they choose. I find Standard 1 is Compliant.

# 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

The service demonstrated assessment and care planning processes inform the delivery of safe and effective care and services and include a consideration of risk; organisational policies and procedures supported assessment and care planning processes. Consumers and representatives confirmed they were regularly engaged in assessment and care planning processes and that this included the management of risks related to consumers’ health and well-being, for example, skin care, falls risks, changed behaviours and restrictive practice. Care planning documentation included strategies to mitigate risk. Staff were familiar with consumers’ needs and preferences and could describe how they manage risks associated with consumers’ care.

Consumers and representatives provided positive feedback that consumers’ needs, goals and preferences, including end-of-life preferences had been identified and discussed; this was reflected in care planning documentation. Staff were familiar with consumers’ individualised needs and preferences and provided examples of how they plan and deliver care including for consumers with specialised nursing care needs or those approaching end-of-life.

There were processes to ensure assessment and planning is based on an ongoing partnership with consumers, those people they wish to be involved in their care, and other providers of care and services. Consumers and representatives confirmed they had been involved in case conferences and had been provided with a copy of the consumer’s care plan. Case conferences included other health care providers for example dietitians, speech pathologists and wound care consultants.

Care and services were reviewed for effectiveness when consumers’ circumstances changed, or incidents occurred that impacted on the consumers’ needs, goals and preferences. Registered staff reported consumers’ care is reviewed on a regular basis and is discussed at daily handover. Additionally, management said case conferences are conducted, and regular clinical consultations occur. Care planning documentation demonstrated regular review processes that involved registered staff, medical officers and other health professionals.

For the reasons detailed, I am satisfied that the service works in partnership with the consumer and their representatives during assessment and care planning, and that this informs the delivery of safe and effective care and services. I find Standard 2 is Compliant.

# 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

Consumers and representatives were satisfied with the care and services provided to consumers. Representatives said consumers received person-centred personal and clinical care from staff. Staff could describe how care planning processes resulted in the delivery of safe and effective care that was tailored to the specific needs and preferences of consumers.

Care documentation was reviewed for consumers with complex health conditions, and this demonstrated the involvement of registered nurses, medical officers and allied health professionals in planning and delivering care. There was evidence that non-pharmacological pain management interventions were used as an element of pain management and clinical equipment was available to support care delivery.

High-impact, high-prevalence risks included falls, wounds, skin tears and changed behaviours; these were recorded and managed through monitoring of clinical data, trending and the implementation of risk mitigation strategies. Management said risks were discussed during handover, at weekly risk review meetings and monthly clinical governance meetings. Additionally, the organisation maintained a risk register that was relevant to each service and informed planning in relation to risk management.

Policies and procedures relating to palliative care and advanced care planning provided guidance to staff and emphasised the consumer’s comfort and dignity. Representatives said they were consulted regarding consumers’ wishes and staff were able to describe the strategies used to support consumers who are approaching end-of-life. Care planning documentation demonstrated that for a consumer nearing end of life, their wishes and directives were detailed and a substitute decision-maker had been noted.

Care staff said they reported any changes in a consumer’s condition to a registered staff member who would then undertake an assessment of the consumer and refer to a medical officer. Registered staff described how they review a consumer who has deteriorated by completing a comprehensive assessment and a delirium screen, by monitoring the consumer’s vital observations and referring them to a medical officer or hospital as required. Care documentation confirmed changes in consumers’ health were identified and addressed.

Care planning documentation provided adequate information to support effective care delivery and sharing of information. Registered staff and care staff said changes in consumers’ care needs are documented and shared through staff meetings and during handover. Consumers and representatives felt that consumers’ care needs were effectively communicated between staff.

Staff described processes for referring consumers to other health professionals and care planning documentation demonstrated appropriate referrals were undertaken in a timely manner. Care planning documentation demonstrated the involvement of varied health service providers in the consumers’ care including medical officers, a physiotherapist, pharmacy service, a dementia advisory service, dietitian and wound consultants. Consumers and representatives provided positive feedback about consumers’ ability to access other health professionals.

The service has systems and processes to minimise infection-related risks including policies and procedures and a documented outbreak management plan. Staff training was conducted and competencies relating to personal protective equipment were completed. Registered staff had a sound understanding of antimicrobial stewardship, infection control and standard precautions and provided examples of how they prevented infection. A vaccination register was maintained and included information relating to COVID-19 and influenza vaccination rates. Hand sanitisers were located throughout the service and staff were observed performing hand hygiene before and after attending to consumers.

For the reasons detailed, I am satisfied consumers receive, safe, effective, quality personal and clinical care. I find Standard 3 is Compliant.

# 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

Consumers and representatives were satisfied that services and supports for daily living met consumers’ needs, goals and preferences. Lifestyle services provided to consumers were found to be safe, effective and promoted well-being and quality of life. Lifestyle staff collaborated with consumers and representatives to develop personalised lifestyle profiles that incorporated individual preferences, past and current interests, and important social, cultural and spiritual needs. Consumers provided examples of how they are supported to do things of interest to them that add meaning and purpose to their lives. Information about consumers’ needs and preferences was communicated effectively through care planning documentation and handover processes, and staff were familiar with consumers’ individualised needs and preferences.

Consumers and representatives spoke positively about the emotional support that was provided. Consumers described being made to feel welcome and at home on entering the service and staff had an awareness of the consumer’s emotional well-being and strategies that would support this. The service employed a pastoral care team who were familiar with consumers’ emotional, spiritual, and psychological needs and preferences. The service demonstrated how consumers are supported to engage with their chosen faith, if applicable, with a range of religious services held regularly in the on-site chapel.

Consumers were satisfied with their ability to participate in the community, do things of interest and maintain social and personal relationships. They provided examples of participating in church services, doing their own shopping, meeting friends in the local cafeterias, going on bus outings and pursuing hobbies such as photography. Care planning documentation included details relating to preferred activities, important social occasions and significant relationships; lifestyle staff said they updated the documentation as required.

Consumers and representatives were satisfied there were appropriate and timely referrals to other organisations when a need is identified. Management and staff described the referral process in relation to consumers’ diet, pastoral services and other activities of daily living. Lifestyle staff described how they work with external organisations and access volunteers to supplement lifestyle activities offered within the service.

Meals were prepared on site and were found to be varied and of suitable quantity and quality. Management staff and the chef advised the menus are reviewed by a dietitian at an organisational level, with consumer input collected via feedback forms and consumer meetings. Consumers were offered a choice of meals and consumers and representatives provided positive feedback regarding the quality and variety of the meals and said they can provide feedback to staff and to the chef. Care planning documentation and dietary information held in the kitchen detailed consumers’ likes, dislikes and food requirements.

The service provided equipment tailored to consumers’ needs and established processes were in place to ensure it was safe, clean and well-maintained. Consumers and representatives said the service provided the equipment consumers required and that consumers felt safe when using it. Consumers were familiar with how to raise a concern if their equipment required repair and said that items were replaced as necessary. Staff said they have access to the equipment they need to support consumers and maintenance staff explained how they undertake minor repairs and adjustments to consumer equipment when required.

For the reasons detailed I am satisfied consumers have access to the services and supports for daily living that optimise their health, well-being and quality of life. I find Standard 4 is Compliant.

# 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 environment was welcoming and easy to navigate with signage in place; furniture, artwork, murals and other décor created a homelike atmosphere. The service had an on-site chapel, café, communal spaces and lounge areas where consumers could receive visitors. Consumers had their own bedroom with ensuite and kitchenette, and rooms were able to be furnished with consumers’ personal items. Consumers and representatives spoke highly of the service environment and provided feedback that consumers enjoyed living there.

Consumers and representatives said the environment was safe, clean and well-maintained and were satisfied with the indoor and outdoor areas that were available to consumers. Consumers said they could access all parts of the service and described the strategies in place to support them to move about freely, for example, using their key fobs to exit locked doors. They said the service was ‘home-like’ and that they ‘feel safe’ living there. Where consumers resided in a secured environment, current consent was found to be in place.

Management described the processes for ensuring furniture, fittings and equipment was cleaned and well-maintained. Consumers spoke highly of cleaning and maintenance services. Their feedback included their room was ‘spotlessly clean,’ staff do a ‘good job,’ and maintenance staff address maintenance issues immediately. The service had a planned maintenance schedule and a process for responding to maintenance requests as they arose; a review of this documentation demonstrated maintenance work was attended as scheduled and within a reasonable timeframe. Equipment including lifters, commodes, air mattresses, bed sensors, wheelchairs, recliners and tub chairs were found to be in working order and had been checked for functionality and safety.

Furniture in communal areas and consumers’ rooms was observed to be clean and in good condition. Cleaners were observed sanitising high touch surfaces and appropriate infection control measures were in place.

For the reasons detailed, I am satisfied the service environment suits the consumers’ needs and is safe and comfortable. I find Standard 5 is Compliant.

# 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, representatives and others were familiar with processes to provide feedback and make complaints and said they felt comfortable raising matters with staff and management. Management described the various forums available to consumers and representatives to provide feedback; these included consumer meetings, feedback forms, locked suggestion boxes, an ‘open-door’ policy and the availability of the manager who walked through the service daily.

Management advised an overview of the feedback and complaints processes was provided to consumers and representatives on entry to the service and that this included the availability of pamphlets relating to external complaints mechanisms, advocacy and language services. Feedback and complaints processes were communicated at meetings, through the newsletter and via posters and noticeboards; a ‘Welcome Home Guide’ was available for consumers and representatives that included information about how compliments, complaints and suggestions could be made.

The service demonstrated that appropriate action was taken in response to feedback and complaints and that the principles of open disclosure were an element of this process; examples of this were brought forward by staff.

Feedback and complaints were documented in an electronic system and data was analysed by an external benchmarking organisation. Feedback and complaints informed the continuous improvement plan and management provided examples of this. Consumer meeting minutes demonstrated consumer feedback informed improvements and consumers and representatives confirmed this.

For the reasons detailed, I am satisfied consumers and representatives are encouraged and supported to provide feedback and make complaints. I find Standard 6 is Compliant.

# 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 were satisfied there were sufficient staff to enable the delivery of safe care and services. They said staff were available when consumers needed them and were prompt in responding when the consumer required assistance.

Management described staff allocation and rostering processes and said the organisation’s head office determined staffing allocations, and that the service then assigned staff based on consumers’ care needs. Management said there were processes to replace unplanned leave and there was evidence in the service’s roster that agency staff were utilised when a need was identified.

Consumers and representatives said staff were kind and respectful and were mindful of the consumer’s privacy; they said staff knocked on doors and sought permission to enter the consumer’s room. Staff demonstrated an understanding of consumers’ needs and preferences and were observed addressing consumers by their preferred name and using respectful language.

Staff were required to participate in annual mandatory training and competencies were determined through skills assessments and monitored through performance reviews, consumer and representative feedback, audits and surveys. There were processes for monitoring criminal history checks, professional registrations and vaccination status and the completion of staff training.

Training and education was delivered on-line and face to face and included workplace health and safety, infection control, governance, fire safety, manual handling and the Serious Incident Response Scheme. Topics relating to consumer care included cultural diversity and safety, end-of-life care, dementia and nutrition in aged care.

Consumers and representatives provided feedback that staff delivered person-centred care and said they were satisfied with the way staff were trained and supported in their roles.

Management said staff performance is monitored through various mechanisms including feedback from consumers and representatives, discussions at staff meetings, performance appraisals and observations made during the manager’s daily walk through the service. Staff described how they have ongoing opportunities to discuss their training needs with management and this included regular meetings during the probationary period.

For the reasons detailed, I am satisfied the workforce is skilled and provides safe, respectful quality care to consumers. I find Standard 7 is Compliant.

# 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**

Consumers and representatives said the service was well-run and they are invited to provide feedback on care and services and to make suggestions for improvement. Management said consumer advisory body meetings discuss topics including food, the environment, billing and invoicing, autonomy and privacy, employees and communication; they advised this information was reported to the governing body.

The governing body included people with varied backgrounds and experience and recruitment to the board included reference to a skills matrix. The service had access to a quality care advisory body that consisted of executive and key personnel representatives, consumer representatives and other guests. Management described how the governing body established clear expectations through policies that emphasised safe, inclusive, quality care and there were clear reporting channels in place. Consumers provided positive feedback about the care and services they received and said they felt it was safe and inclusive.

The service demonstrated effective governance systems and processes relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. For example:

* Policies and procedures provided guidance for staff. Password protected electronic information systems ensured staff had access to the information they required and that consumer information remained confidential. A centralised incident management system supported the service and the organisation to monitor and identify trends. Consumers and representatives received information in hard copy and electronically; additionally, information was communicated at consumer meetings.
* The organisation and the service had an effective plan for continuous improvement which was regularly monitored and reviewed. Continuous improvement initiatives were informed by suggestions, feedback and complaints, the results from audits and changes in legislation.
* Senior management staff explained the organisation’s financial management processes including approval for expenditure and provided examples of this in relation to equipment supplies and human resources.
* The Assessment Team brought forward information under Standard 7 relating to care minutes; I have considered this information under Standard 8 and am satisfied there are processes to monitor the provision of care minutes to ensure compliance with workforce responsibilities. Further there was an effective clinical governance framework in place, risks were identified and managed and consumers and representatives were satisfied with the delivery of personal and clinical care to consumers.
* Management advised they subscribe to various industry newsletters and receive government body updates. There were processes in place to communicate regulatory changes as they occurred.

There was a risk management system in place that included policies and procedures that supported consumers to live the best life they can and enabled the identification of high-impact and high-prevalence risks associated with consumer care. Staff received training in this area and were familiar with their reporting responsibilities. Management ensured serious incidents were being reported and actioned appropriately and in a timely manner, including allegations of abuse and the board was informed of critical incidents.

A documented clinical governance framework included policies and procedures, service delivery practices and staff education in areas such as the use of antibiotics, minimising restrictive practices and the principles of open disclosure. Policies relating to restrictive practices were aligned with legislative requirements. There was clinical oversight of matters including clinical indicators, high-impact and high-prevalence risks, restrictive practices, antimicrobial stewardship, complaints processes and the use of open disclosure. Senior clinical staff monitored clinical care and reported to the clinical governance committee.

For the reasons detailed, I am satisfied there are organisational governance processes in place to support the delivery of person-centred aged care. I find Standard 8 is Compliant.

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)