Performance

Report

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| Name: | Uralba Retirement Village |
| Commission ID: | 0220 |
| Address: | 5 Eulamore Street, CARCOAR, New South Wales, 2791 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 19 March 2024 to 21 March 2024 |
| Performance report date: | 17 April 2024 |
| Service included in this assessment: | Provider: 7020 Burswood Care Pty Ltd  Service: 236 Uralba Retirement Village |

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 Uralba Retirement Village (**the service**) has been prepared by G-M. 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 Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Not applicable as not all requirements have been assessed |
| **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 | Not applicable as not all requirements have been assessed |
| **Standard 6** Feedback and complaints | Not applicable as not all requirements have been assessed |
| **Standard 7** Human resources | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | Not applicable as not all requirements have been assessed |

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)(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)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

The performance report dated 4 August 2023 found the service was non-compliant in four Requirements under Standard 1:

* Requirement 1(3)(a)
* Requirement 1(3)(c)
* Requirement 1(3)(d)
* Requirement 1(3)(f)

Deficiencies included consumers not always being treated with dignity, respect, and their privacy maintained; consumers not supported to undertake risk-associated choices to enable them to live the best life they can and to choose the people they wish to involve in their care; and care documentation not containing up to date information about consumers such as their life history and current interests.

The Assessment Contact report following a visit from 19 March 2024 to 21 March 2024, identified the service demonstrated actions to improve its performance under these Requirements as evidenced in the service’s plan for continuous improvement and other service documentation.

Consumers and representatives sampled spoke highly of how staff care for consumers like their family, treat them with dignity and respect, and how their culture and diversity is valued. Care planning documents evidenced information about consumers’ background, needs and preferences such as addressing consumers with their preferred name. Observations showed staff undertaking personal care specifically continence care ensuring consumers dignity was maintained.

Consumers were supported to exercise choice in relation to developing the lifestyle program, the activities they would prefer to participate in, and the people they wish to involve in their decision making. Consumers’ preferences and choices are captured in their care planning documentation and supported with current and completed ‘Key to Me’ assessments for all consumers.

Consumers and representatives described how the service supported them to take risks that enable them to live the best life they can. Care documentation contained risk identification and assessments and review, including strategies on how to support consumers in undertaking their chosen activities.

All consumers stated they are satisfied with measures the service has taken to ensure privacy is respected and confidentiality of personal information maintained. Staff confirmed completion of a range of training and education including continence care, dignity, respect, privacy, and confidentiality and described their learning on the provision of personal care to consumers with dignity and respect and in line with their preferences.

The Assessment Contact record contained information that the service had taken action to improve performance under these Requirements including:

* An update and review of all consumers’ lifestyle ‘Key to Me’ assessments were undertaken to ensure they are reflective of consumers needs and preferences.
* A range of staff education and training was provided including in continence care, privacy and confidentiality, and respectful communication.
* The implementation of person-centred approach in assessment and care planning and toolbox talks regarding offering choices and decision making to consumers who choose to undertake risks-taking activities.

It is my decision that the assessed Requirement 1(3)(a), Requirement 1(3)(c), Requirement 1(3)(d), and Requirement 1(3)(f) are 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 performance report dated 4 August 2023 found the service was non-compliant in all five Requirements under Standard 2:

* Requirement 2(3)(a)
* Requirement 2(3)(b)
* Requirement 2(3)(c)
* Requirement 2(3)(d)
* Requirement 2(3)(e)

Deficiencies included consumer assessment and care planning did not consider consumers range of clinical risks; reflect consumers’ current and accurate information of their needs, goals and preferences including information to guide staff in effective delivery of end-of-life care; evidence outcomes of consumers care is communicated to consumers and other stakeholders with shared responsibility of care; and the review of consumers’ care and services plan following changes in care and incidents to reflect specialist services recommendation. The service did not have a Registered Nurse rostered on-site and on-duty at the service 24 hours, 7 days a week and as a result consumer information was not contemporaneous or communicated.

The Assessment Contact report following a visit from 19 March 2024 to 21 March 2024, identified the service demonstrated actions to improve its performance under these Requirements as evidenced in the service’s plan for continuous improvement and other service documentation.

Consumers and representatives expressed satisfaction with the improvements made in relation to assessment and care planning and described how additional strategies are implemented to ensure consumers’ identified risks are minimised. An admission checklist is initiated for respite consumers outlining specific risk assessment and care plans that are to be completed on entry to the service. Assessment and care planning documentation identifies consumers’ risks including behaviour support plans which are completed in line with the Quality-of-Care Principles and reflect best practice in behaviour support.

Consumers and representatives advised the consumers’ care and services plan reflects their current needs including their end-of-life wishes and identified what is currently important to them. Care planning documents reflect consumers’ current goals, needs, and preferences including at end of life as documented in advanced care directives.

Consumers and representatives confirmed participation in the annual case conference and the regular 3 monthly review of consumers’ care. Care documentation demonstrated improvements in, and ongoing partnership with consumers and their representatives in the planning and review of the consumer’s care and services in line with their needs, preferences, and goals.

Consumers and representatives expressed confidence that they are well-informed on all matters concerning consumers’ care and confirmed they received a copy of consumers’ care plan. Care documentation evidence all outcomes of assessment and planning were effectively communicated to the consumer and their representative in a timely manner. The outcomes of consumers’ care following review conducted by the general practitioner and other allied health professional are documented in electronic documentation which was readily accessible to consumers and their representatives as requested.

Consumers care planning documentation was regularly updated following incidents and changes in consumers’ care needs, and staff described how assessments are undertaken by the Registered Nurses in collaboration with the consumers, allied health professionals and specialist services.

The Assessment Contact Report contained information that the service had taken action to improve performance under these Requirements including:

* A review of care planning procedure to ensure the inclusion of triggers to identify when a review of consumers’ care plans should be completed such as following specialist services review to ensure recommendations are documented.
* The utilisation of a suite of comprehensive risks assessment tools that are available in the electronic clinical management system.
* Implementation of annual case conference schedule in collaboration with consumers, representatives, clinical staff, and the medical officer; and the completion of 3 monthly care assessments which is overseen by clinical management.
* Communication and discussions of the review and outcome of consumers’ care are documented in the electronic care documentation system, offered to consumers and representatives during the regular case conference or as requested.

It is my decision that the assessed Requirement 2(3)(a), Requirement 2(3)(b), Requirement 2(3)(c), Requirement 2(3)(d), and Requirement 2(3)(e) are 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

The performance report dated 4 August 2023 found the service was non-compliant in the 7 Requirements under Standard 3:

* Requirement 3(3)(a)
* Requirement 3(3)(b)
* Requirement 3(3)(c)
* Requirement 3(3)(d)
* Requirement 3(3)(e)
* Requirement 3(3)(f)
* Requirement 3(3)(g)

Deficiencies related to the effective management of high impact high prevalence risks, end-of-life and personal and clinical care including pain, medication, changed behaviour, falls, unplanned weight loss, continence and wound care; timely identification, response, and referral of consumer’s who experience mental and physical deterioration; effective communication of consumers’ condition, needs, and preferences with relevant stakeholders; and minimisation of infection-related risks.

The Assessment Contact report following a visit from 19 March 2024 to 21 March 2024, identified the service demonstrated actions to improve its performance under these Requirements as evidenced in the service’s plan for continuous improvement and other service documentation.

Consumers and representatives spoke of satisfaction with the care consumers received and care documentation reviewed demonstrated individualised care which was based on best practice and tailored to consumers’ needs. Staff demonstrated understanding of consumers’ individual care and service needs including consumers at risk of falls and knowledge of monitoring strategies for consumers prescribed blood thinning medication. Care documentation and staff interviews evidenced personal and clinical care is provided by qualified staff based on the consumers’ assessed care needs and preferences, in line with the organisation’s policies and procedures and best practice.

Consumers and representatives expressed satisfaction that high impact high prevalence risks affecting each consumer are safely managed. Staff identified falls, wounds, and changed behaviour as the high impact and high prevalence risks to consumers and care documentation evidence identified risks are effectively managed and minimisation strategies implemented.

For two named consumers, receiving palliative care, representatives expressed satisfaction with the care received at the service that optimises the consumers’ comfort and minimises pain. Staff described and care documentation reflected information related to the consumers wishes and the care they would like to receive when nearing the end of life.

Changes to consumers’ health and care needs are identified, escalated, and responded to in a timely manner. Consumers and representatives expressed confidence on the immediate identification and response of staff when consumers presented with changes including when feeling unwell. Care documentation evidence appropriate actions taken in response to deterioration or change in a consumer’s physical, emotional, and mental health status.

Consumer documentation and service documentation reflected current information about consumers' condition, needs and preferences that are effectively communicated to relevant stakeholders. Consumers, representatives, a medical officer and allied health professionals spoke highly of the improved communication at the service.

Consumers and representatives said the service ensured consumers are referred timely and appropriately to other allied health professionals and specialist services as required. Care documentation, staff and management interviews evidenced the referral of consumers to the medical officer and allied health professionals for assessment and advice to inform safe and quality care delivery.

Consumers and representatives provided positive feedback about the service’s ongoing infection prevention and control practices and staff demonstrated knowledge and understanding of infection prevention and control practices and antimicrobial stewardship principles.

The Assessment Contact Report contained information that the service had taken action to improve performance under these Requirements including:

* The service has employed registered nurses 24 hours per day, across 7 days of the week to ensure clinical care is provided by qualified clinical staff. The service had also engaged a nurse practitioner to provide training and education to staff on management of wounds, skin integrity issues, pain, continence, and bowels.
* In alignment with the effect management of consumers with high-impact and high- prevalence risks, further education in these areas had been provided and this was evidence in staff training records. In addition, a weekly clinical risk review meeting is conducted to review clinical incidents and discuss strategies to mitigate risks for consumers.
* Strategies to ensure consumers’ end-of-life wishes are identified and provided include the implementation of induction and ongoing training programs to support identification and response to advanced care and end-of-life planning needs.
* The service had 24/7 Registered Nurse coverage and full-time clinical nurse manager on site providing clinical leadership and oversight and to ensure effective communication of consumers’ condition and care needs is implemented.

It is my decision that Requirement 3(3)(a), Requirement 3(3)(b), Requirement 3(3)(c), Requirement 3(3)(d), Requirement 3(3)(e), Requirement 3(3)(f), and Requirement 3(3)(g) are 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 |

Findings

The performance report dated 4 August 2023 found the service was non-compliant with the following Requirements under Standard 4:

* Requirement 4(3)(a)
* Requirement 4(3)(b)
* Requirement 4(3)(c)
* Requirement 4(3)(d)
* Requirement 4(3)(e)

Deficiencies identified related to the provision of consumer services and supports for daily living that meet consumers’ needs, goals, and preferences and optimised their independence, health, well-being, and quality of life; the emotional, spiritual, and psychological well-being needs of consumers in were not reflected in assessment and care planning; not supporting consumers to participate in community life, to have relationships, and to do things of interest to them; accurately communicating information regarding consumers’ conditions, needs, and preferences within the organisation and with others where care is shared; and timely referral of consumers to providers of other care and services.

The Assessment Contact report following a visit from 19 March 2024 to 21 March 2024, identified the service demonstrated actions to improve its performance under these Requirements as evidenced in the service’s plan for continuous improvement and other service documentation.

The service completed a reassessment of all consumers and updated care plans in consultation with consumers and/or their representatives to reflect the individual needs, goals, and preferences for services and supports for daily living. Staff demonstrated knowledge of individual consumer needs and preferences, and the service demonstrated the effectiveness and sustainability of improvements through consumer satisfaction surveys, file reviews, interviews, and observations.

Consumers are satisfied their emotional and psychological needs were acknowledged and supported by the service, and care documentation and the activity calendar included entries for leisure and lifestyle, relationships, and emotional, spiritual, and psychological considerations. The service updated the consumers’ lifestyle and leisure assessments and care plans with relevant information, for example, for one named consumer care documentation identified staff are to provided reassurance with the consumer is feeling down.

Consumers described how they are supported and encouraged to do things of interest to them and are supported to keep in contact with people important to them. Staff provided examples of how they support consumers to participate within and outside the service environment and to maintain personal and social relationships. Care documentation contain information on individual consumer interests which were also reflected in the service’s activity calendar.

Consumers’ lifestyle assessments and care plans reflected consumers’ current needs and preferences, and staff provided examples of information sharing within and outside of the organisation including through progress notes, handover sheets, care plans, and a communication book available to all staff.

Consumer care planning documentation reflects the service collaborates with other organisations, individuals, and external providers to support the diverse needs of consumers. Staff described how the registered nurse on duty is advised of any consumer’s additional need identified for further assessment and referrals as appropriate.

Improvement actions included (but were not limited to):

* Completion of ‘Key to me’ assessments in consultation with consumers and representatives to ensure individual consumers’ needs and preferences are identified and including in the care planning process.
* Incorporating the consumers’ emotional and spiritual needs identified from ‘Key to Me’ into care plans and utilising this information in developing the activity calendar.
* Implementation of a referral system and providing staff with a directory of local support services available for easy access.

It is my decision that Requirement 4(3)(a), Requirement 4(3)(b), Requirement 4(3)(c), Requirement 4(3)(d), and Requirement 4(3)(e) are Compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

The performance report dated 4 August 2023 found the service was non-compliant with the following Requirements under Standard 6:

* Requirement 6(3)(d)

Deficiencies related to the service not monitoring and utilising feedback and complaints to continuously improve care and service for consumers.

The Assessment Contact report following a visit from 19 March 2024 to 21 March 2024, identified the service demonstrated actions to improve its performance under this Requirements as evidenced in the service’s plan for continuous improvement and other service documentation.

Complaints documentation, meeting minutes, and audit results demonstrated that feedback and complaints are used to inform continuous improvement. Staff provided examples of improvements to care and services that were driven by consumer feedback such as setting up a vegetable and flower garden for one named consumer. Consumers said they did not have any complaints about the service and could not think of any improvements the service might make.

The service has rectified the previous non-compliance through a range of actions including:

* Staff education on documentation and reporting of feedback and complaints into the organisation’s electronic governance and reporting system which is collated and analysed by the leadership team and submitted to the Board.

It is my decision that Requirement 6(3)(d) 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)(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 |

Findings

The performance report dated 4 August 2023 found the service was non-compliant with the following Requirements under Standard 7:

* Requirement 7(3)(a)
* Requirement 7(3)(c)
* Requirement 7(3)(d)

Deficiencies related to the workforce not being effectively planned and adjusted to enable safe and quality care delivery; some personnel not having the appropriate qualifications and knowledge to perform their roles; and staff provided adequate education and training to effectively perform their duties including role-specific competency assessments and training.

The Assessment Contact report following a visit from 19 March 2024 to 21 March 2024, identified the service demonstrated remedial actions to improve its performance under these Requirements as evidenced in the service’s plan for continuous improvement and other service documentation.

Twenty consumers and representatives interviewed expressed satisfaction with the number of staff available to care for consumers and noted the improvement in clinical care and services with the employment and availability of Registered Nurses 24/7 on-site. Staff from different roles are satisfied there are sufficient numbers of personnel to provide care and services to consumers, including the timely clinical care provided by Registered Nurses. The workforce roster and other documents demonstrated that shifts, including Registered Nurse shifts, are always filled to deliver safe and quality care and services.

Consumers said they felt staff knew what they were doing and provided examples of clinical care competently performed by clinical staff such as the effective management of consumers’ falls, oxygen therapy, pain, and wounds. Relevant documentation and feedback from management and staff demonstrated effective systems and processes to manage staff onboarding, mandatory competencies, and training, and demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Consumers and representatives were satisfied staff are adequately trained and equipped to perform their roles including the effective management of falls and assessing, monitoring, and timely escalation of consumers’ clinical care as required. Management explained how the workforce is trained and equipped in line with the newly developed training and development program. Staff across different roles and departments described a range of education and training received including mandatory training and supplementary topics as evidenced in staff training records and other relevant documentation reviewed.

Improvement actions included (but were not limited to):

* Review of the workforce roster and staffing arrangements to ensure the availability of medication-competent staff and Registered Nurses, and the adequacy and availability of clinical oversight.
* Recruitment and implementation of 24/7 Registered Nurse shift coverage.
* Completion of medication competency and skills training for qualified nursing staff and medication-competent staff.
* Employment, training, and support for the new Registered Nurses, management, and supervisory roles to reinforce their responsibilities in ensuring all staff work within the scope of their roles.
* Review of staff position descriptions to ensure that minimum qualification and skill requirements are appropriate for every job role including clinical care and medication management and that the scope of every position is articulated.

It is my decision that Requirement 7(3)(a), Requirement 7(3)(c) and Requirement 7(3)(d) are Compliant.

# Standard 8

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| Organisational governance | |  |
| 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   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 performance report dated 4 August 2023 found the service was non-compliant with the following Requirements under Standard 8:

* Requirement 8(3)(b)
* Requirement 8(3)(c)
* Requirement 8(3)(d)
* Requirement 8(3)(e)

Deficiencies previously identified during the site audit in June 2023 related to the organisation’s ineffective governance framework to deliver safe, inclusive, and quality care and services; effective governance of information management, continuous improvement, the workforce, and regulatory compliance; the effective management of high impact or high prevalence risks associated with the care of consumers; and the clinical governance framework not being fully implemented in relation to antimicrobial stewardship or open disclosure as it relates to consumer incidents.

The Assessment Contact report following a visit from 19 March 2024 to 21 March 2024, identified the service demonstrated actions to improve its performance under these Requirements as evidenced in the service’s plan for continuous improvement and other service documentation.

Management demonstrated how the governing body is involved in the delivery of care and services as indicated in its organisational governance and how they are kept informed about consumer incidents and safety issues via mechanisms such as senior management and governance meetings. Consumers said that they feel safe and receive the care they need.

The organisation's electronic care planning and medication management system have been fully implemented to improve access to current consumer information. Continuous improvement actions are identified through incidents, feedback, trending analysis, and through the implementation of the clinical governance framework and the continuous improvement policy. The governing body was involved in the review and restructuring of the service’s staffing profile including the implementation of 24/7 Registered Nurses. Legislative changes and updates such as the changes to Serious Incident Response Scheme legislation, the new Code of Conduct for Aged Care, the 24/7 RN responsibility, the establishment of the governing body, and reporting requirements, are monitored and communicated.

The service now has effective risk management systems in place including regular reporting of risks to the Board and the implementation of 24/7 Registered Nurse and appointment of a clinical manager to improve clinical oversight and accountability of clinical incidents, staff practice and delivery of safe and quality care. The service demonstrated improvements in the management of high impact or high prevalence risks, with staff following correct processes, reporting mechanisms and clinical review of consumers. Staff confirmed they have received education in relation to elder abuse and incident reporting, and demonstrated knowledge of their responsibilities in line with their position. Management, clinical, care, and lifestyle staff described how consumers are supported to live the best life they can such as consumers who choose to exercise their rights to walk independently offsite with risk mitigation strategies implemented including the installation of door alerts and the use of a tracker for one named consumer.

Management demonstrated oversight of open disclosure through feedback and incident reviews, oversight of restrictive practices through clinical indicator reporting and audits, and oversight of antimicrobial stewardship through the electronic care management and reporting system.

Improvement actions included (but were not limited to):

* Establishment of an organisational governance framework along with the establishment of the Board in December 2023.
* Development and implementation of a Quality Care Advisory Body to support the core governing body in decision-making and suggestions for care and service improvement.
* Implementation of a risk and incident management framework that describes risks in care, and systems for identifying, rating, analysing, reporting, and responding to risks and incidents which have been embedded into existing processes.
* Targeted staff education regarding antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure principles, a review and reinforcement of the organisation’s clinical governance framework, and the implementation of a weekly clinical risk review meeting.

It is my decision that Requirement 8(3)(b), Requirement 8(3)(c), Requirement 8(3)(d), and Requirement 8(3)(e) are Compliant.

1. The preparation of the performance report is in accordance with section s 68A – assessment contact, of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)