Performance

Report

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| Name of service: | Valley View Nursing Home |
| Service address: | 71 McLeod Street COLERAINE VIC 3315 |
| Commission ID: | 4406 |
| Approved provider: | Western District Health Service |
| Activity type: | Site Audit |
| Activity date: | 22 November 2022 to 25 November 2022 |
| Performance report date: | 11 January 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 Valley View Nursing Home (**the service**) has been prepared by D. Fekonja, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received on 19 December 2022 where they outlined they had no feedback.

# 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

All consumers and their representatives were satisfied that the staff and management treated them with respect and dignity, and their culture and diversity were valued. Staff demonstrated an awareness of consumers’ individual choices and preferences. Care planning documents contained information about consumers’ past and present interests and preferences. The service has a current dignity, culture, and diversity policy. The Assessment Team observed staff providing care in a kind and respectful way during meal assistance and assisting consumers in mobilising within the communal areas of the service.

Consumers and their representatives were satisfied that the service provides care and services that are culturally safe. Staff explained and provided examples of how they support consumers’ individual needs including in relation to their preferred religion. Care planning documents of consumers described individual requirements including their preferences for when their daily care is provided.

Consumers and their representatives were satisfied that they could make and communicate decisions about care and service and make connections and maintain relationships of choice. One consumer explained how the lifestyle staff helped them maintain a connection to their family member who was overseas by helping them use a messaging application on the service’s electronic tablet.

Consumers and their representatives were satisfied that the service supported consumers to do what they wanted, including where the activities involved risk, so they could live the best life possible. One consumer chooses to smoke and the service supports them to do so safely. The consumer’s care planning documentation includes a signed dignity of risk for smoking.

Consumers and their representatives are satisfied that they are informed of lifestyle activities on offer, and the consumers are invited to attend. Activities programs were displayed throughout the service on notice boards and in consumers’ rooms. The service prepares a monthly newsletter distributed to all consumer’s rooms, emailed to consumers and their representatives, and displayed through the service. Consumers and their representatives are satisfied that consumers are offered a choice of meals.

All consumers and their representatives interviewed are satisfied that their privacy is respected. Staff demonstrated an understanding of the practice to support consumers’ privacy and maintain the confidentiality of information. Observation of staff practice shows that the privacy of consumers is respected. One consumer chooses to lock their door to maintain their privacy and has a signed dignity of risk form. The Assessment Team observed staff knock and introduce themselves before entering consumer rooms.

I am satisfied the service is compliant with this Quality Standard.

# 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

Consumers and their representatives were satisfied with the assessment and care planning processes that include the consideration of risks to inform safe and effective consumer care. Clinical and care staff demonstrated knowledge of consumer risks and described strategies to ensure safe and effective care. The organisation has policies and procedures to guide staff in assessment, care planning and risk management. The Assessment Team reviewed three files and associated documentation, including assessments and care plans. Where risks were identified, individual interventions to minimise risks were incorporated into consumers’ care plans.

Consumers and their representatives said their care and services are planned around what is important to them. Assessment and care planning documents reflect and address consumers’ needs, goals and preferences, including advance care plans. Staff demonstrated knowledge of consumers’ needs and were able to describe what is important to consumers about how their care is delivered. The assessment and care planning documentation were observed to be individualised to consumer needs, reflecting their preferences for care.

Consumers and their representatives confirmed they provide their input into the assessment and care planning process through formalised conversations and regular feedback. Staff reported ongoing communication with consumers and representatives to ensure consumer and representative consultation and partnership. Care documentation reflected the inclusion of multiple health disciplines and services into consumer assessment and planning, such as dietitians, speech pathologists, medical practitioners, wound consultants and physiotherapists.

Consumers and their representatives expressed satisfaction with the level of communication from staff regarding the care provided to consumers. Representatives confirmed that the service offers a copy of the care plan following the 3-monthly care plan consultation. Staff stated they have ready access to the consumer’s care plans and were able to discuss the process in which consumers and their representatives were involved in care planning. The care plan evaluation document reflects the assessment and care planning outcomes. Three of the 3 care files reviewed contained a comprehensive ‘extended’ care plan and a ’summary’ care plan for consumers and their representatives in an easy-to-understand format. All consumers and their representatives said they have been informed of their assessment outcomes and can access the care plans if they wish.

Consumers and their representatives said they were satisfied that the staff are regularly reviewing their care and were provided with an opportunity to give feedback or discuss changes to their preferences. Staff said the consumer and their representatives are included in the regular reviews, and where an incident has occurred, the representative is contacted. Communication of the incident and the interventions, such as transfer to the hospital are discussed. Care documentation demonstrates that the service completes 3 monthly consumer care plan reviews and evaluations, and staff follow a schedule to ensure they are completed in a timely manner.

I am satisfied the service is compliant with this Quality Standard.

# 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 their representatives said they are satisfied with the provision of personal care that meets their needs and preferences. Consumers receiving clinical care such as pain management and wound management said they are satisfied that the staff are ensuring effective and timely medication administration and non-pharmacological measures for pain relief. Consumer care documentation reviewed by the Assessment Team reflected prompt charting of daily needs, behaviour charting and monitoring of restrictive practice.

Clinical reporting documentation identified that the service had a low number of wounds at the time of the site audit. The restrictive practice register identified no consumers were subject to environmental and chemical restraints. Consumers who have their beds against the wall, due to the configuration and size of the room, have a dignity of risk form completed.

Consumers and their representatives stated they felt consumers' high impact or high prevalence risks are effectively managed by the service, such as risks associated with falls, weight loss, skin integrity and pain. Staff recognised the term 'high impact and high prevalence' and identified individual consumer risks and most of the strategies in place to mitigate these risks. Policies and procedures are available to staff in relation to high-impact or high-prevalence risks that include fall prevention, medication management, nutrition and hydration, pain management, weight management, and wound care policies. Care documentation reflects the high impact and high prevalence risks identified, and interventions have been implemented to manage the risk effectively.

There were no consumers actively palliating at the time of the Site Audit. The Assessment Team reviewed care documentation for a recently deceased consumer. The service demonstrated that the consumer had their dignity preserved and that care was provided in accordance with their needs and preferences. Staff interviewed were able to provide a detailed recollection of care provided in line with the consumer or representatives’ preferences. Care documentation included the use of external palliative care providers as available. The service has procedures and practices standards to inform staff practice in relation to ‘Palliative Care’, and ‘Clinical Deterioration.’ Care documentation confirmed that staff responded in a timely manner, involved representatives regularly, provided them emotional support and the consumer received effective palliative care with their symptoms well controlled.

Consumers and their representatives expressed satisfaction with how the service has responded to a change or deterioration in the consumer’s condition, health or ability. Staff interview and care planning documents reflected actions taken as appropriate in response to a deterioration or change in a consumer’s health, including one instance where staff noted a deterioration in a consumer and observed they had difficulty swallowing. The consumer was promptly referred to a speech pathologist for review. Organisational policies and procedures guide staff in the timely identification and response to consumer deterioration.

Consumers and their representatives provided positive feedback on the staff’s understanding of their care needs and preferences. The care documentation, including clinical handover sheet, progress notes and care plans, reflected information from staff and external organisations on the consumers’ condition, treatment, upcoming appointments and care interventions. The handover prior to the start of a shift ensures information regarding consumers is consistently shared with staff and understood.

Consumers and their representatives said they could access their medical practitioner, allied health providers and external health organisations when required. Staff discussed the various referral options available dependent on the consumer’s care needs. Care documentation reflected referrals to a range of services and providers. The physiotherapists are available on site 4 days a week and can respond to consumer needs as they arise. Consumers’ clinical documentation identified timely and appropriate referrals to medical and other health professionals.

The service demonstrated satisfactory infection prevention and control processes, including a dedicated staff member assisting staff and visitors with the service’s screening process. The service has appointed an infection prevention and control lead who conducts daily spot checks of personal protective equipment (PPE) use and hand hygiene practices. The service maintains infection prevention and control policies, including outbreak management plans for acute respiratory and gastroenteritis outbreaks. Consumers provided positive feedback on the service’s process to ensure infection-related risks are minimised.

Clinical staff demonstrated an understanding of how they minimise infection-related risks and understood the value of antimicrobial stewardship. Care documentation reflects where consumers have contracted an infection, clinical assessment, referral for medical review and pathology specimens are collected as ordered. Consumers who have been prescribed antimicrobial agents have documentation to ensure the full course is completed and a clinical review is conducted by the registered nurse and the medical practitioner.

I am satisfied the service is compliant with this Quality Standard.

# 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 their representatives felt supported to engage in what they wanted to do and how their individual preferences were respected. Care planning documentation identifies consumers’ choices and provides information, services, and the support needed to help them undertake activities of interest to them. The activities program is designed in consultation with consumers and representatives. Consumers provided positive feedback on the service’s activities and enjoyed participating in bingo.

Consumers and their representatives are satisfied that consumers’ emotional, spiritual, and psychological well-being is supported. Staff described how they provide emotional support to consumers when they are feeling down by sitting down and spending some time with them. Care planning documentation includes information on consumers’ emotional, spiritual, and psychological needs.

Consumers and their representatives are satisfied that the services and supports enable them to participate in the community, have relationships and do things of interest to them. Staff describe how they support consumers to do the things important to them, participate within and outside the service environment and have social relationships. One consumer is supported to go into town to catch up with friends. Care planning documents contained information on the consumer’s interests and included a signed dignity of risk form.

The service demonstrates that information about consumers’ needs and preferences is communicated within the organisation and with others where the responsibility for care is shared. One consumer with dietary intolerances has this information shared with catering staff in writing and verbally and clinical staff update this information on a regular basis.

Management and staff were able to describe the referral process to refer consumers to other organisations and providers of care and services.

Consumers and their representatives expressed satisfaction with the quality and quantity of meals that are prepared onsite. Individual consumers’ preferences and dietary requirements are communicated via a menu monitor and recorded in a menu management system. Consumers were involved in the menu planning process, and food was a regular discussion topic at the resident and relative meetings. The service is forming a food focus group to improve the dining experience continually. Staff were observed to be respectfully assisting, encouraging, and offering choices with meals during the site audit. The Assessment Team reviewed the picture menu and noted that it had various options catering to individual preferences and requirements, as well as pictures to assist with the selection.

Consumer and their representatives and staff were satisfied that they had access to suitable and well-maintained equipment. Equipment was observed to be clean, well-maintained, and available to meet the needs of consumers. Each consumer had their own sling and shared equipment was cleaned between consumers.

I am satisfied the service is compliant with this Quality Standard.

# 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

Consumers and their representatives said they feel at home living at the service and can spend time in the communal areas provided when they wish. The service is within the service’s subacute patient area and connected to the collocated service via a secure corridor.

The service’s living environment is spacious, with living areas for consumers to entertain guests. The Assessment Team observed consumers engaging with each other in a lounge area, entertaining their visitors, and sitting outdoors in various courtyards throughout the visit.

Consumers and their representatives said the service is clean, well maintained and comfortable. Corridors and communal areas have handrails and adequate lighting to assist consumers with impaired mobility in easily moving throughout the service. Signage within the service assists consumers in finding their way from their rooms to activities and meal areas.

Maintenance documentation demonstrates that an effective preventative and reactive maintenance system is in place. Maintenance staff described how equipment is asset labelled and checked regularly for safety. All internal areas of the service appeared clean and well-maintained and consumers confirmed the furnishings and equipment are well-maintained.

I am satisfied the service is compliant with this Quality Standard.

# Standard 6

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

Findings

Consumers and their representatives said they felt comfortable providing feedback and making complaints. Information about the complaints process is provided upon entry to the service, at ‘resident and representative’ meetings and via newsletters. Staff described assisting consumers and their representatives in raising concerns. The Assessment Team noted that information regarding how to make a complaint is located throughout the service. Documentation, including ‘resident and representative’ meeting minutes and feedback systems, demonstrated that the service encourages and actions feedback.

Consumers and their representatives said they are aware of how to raise complaints. Staff were mostly able to describe how to refer consumers to advocacy services. The Assessment Team observed information displayed throughout the service regarding advocates and other methods of raising a complaint.

Consumers and their representatives who had provided feedback or raised a complaint were satisfied with the resolutions. Management and staff described using open disclosure principles in the handling of complaints. Documentation demonstrated the service actions complaints in a timely manner. The Assessment Team reviewed complaints and feedback documentation that demonstrated appropriate action was taken and an open disclosure process was applied.

Consumers and their representatives were satisfied that their concerns had been addressed. Staff described how feedback and complaints result in improvements. For example, complaints data trends indicated that improvement in communication with residents and their families was needed. In response, the service employed a customer service officer resulting in improved communication and was evidenced as effective by compliments received in the point-of-care feedback.

I am satisfied the service is compliant with this Quality Standard.

# 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

Most consumers and their representatives said there is sufficient staff to meet consumer needs and preferences. Rosters viewed by the Assessment Team, reflect that vacant shifts are filled through part-time staff and the supernumerary nurse unit manager and director of nursing who assists at times with clinical care. Management said they continue to ‘cap’ bed numbers to ensure sufficient staff are available to provide care.

Registered and enrolled nurses are rostered to provide clinical care to the consumers living in this service and any sub-acute patients 24 hours per day. Care staff from the co-located service assist as the need arises; however, they are not routinely rostered to assist. The number of registered and enrolled nurses rostered in the service and the sub-acute area is altered frequently in response to admissions to the sub-acute beds. Registered nurses also provide support to staff in the collocated service overnight and on afternoon shifts when registered nurses are not available there.

Call bell response times are monitored, and weekly reports are generated. If call bells are not answered within 5 minutes, an alert is forwarded to senior management to ensure a timely call bell response. Call bell reports demonstrate an average call bell response time of less than 5 minutes for November 2022. All consumers and their representatives commented positively regarding how the staff are kind, caring, and respectful to them. The Assessment Team observed staff across all designations engaging with consumers gently and kindly and addressing consumers by their preferred names.

Consumers and their representatives expressed satisfaction regarding staff skills and knowledge. Management ensures all staff have the relevant qualifications appropriate to their role and responsibility before being appointed. Position descriptions contain minimum qualifications and skills expected for each role. Ongoing training supports all staff designations in maintaining and improving their knowledge to provide consumer care and services. Nursing staff described how they are checked annually for compliance with nursing registration requirements.

The organisation has processes to ensure appropriate staff are recruited and provided with orientation and ongoing training. The organisation’s human resources team supports and assists the service in employing and training staff. The service demonstrated that all staff are recruited based on the required skills and qualifications to fill the role. Formal orientation programs are in place with staff-provided ‘buddy’ or supernumerary shifts supported by face-to-face orientation to their roles and the organisational policies and procedures. Staff are required to complete mandatory training topics every year and all staff confirmed they had completed training on elder abuse, incident reporting, fire and emergency, and infection control/personal protective equipment use.

Management demonstrated that staff are provided with the opportunity to participate in staff appraisals and provided the Assessment Team with an appraisal schedule. Management told the Assessment team a new tool had been introduced that was tailored to each role within the service. The tool is said to make the appraisal meaningful and provides an opportunity for open discussions between the staff member and their supervisor completing the appraisal. Staff that have completed their appraisals have found the new template beneficial and easy to understand.

I am satisfied the service is compliant with this Quality Standard.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The service demonstrated that consumers and their representatives are supported to be engaged in developing, delivering, and evaluating care and services. The organisation has a community advisory committee that includes relatives of consumers as members.

Management discussed and described the overarching policies and procedures endorsed by the Board of management, which promotes a culture of safe, inclusive, and quality care and services. Management discussed how these policies promote a positive culture with accountability incorporated into them. There is a range of committees and sub-committees that oversee all care and services and monitor how services are provided with accountability embedded in each committee. Several committees have Board members as part of their structure, such as the ‘Aged Care Governance workgroup.’

The organisation has governance systems to oversee and guide information services, continuous improvement, financial governance, workforce governance, regulatory compliance, and manage feedback and complaints. Continuous improvements are identified, and actions taken are documented. The improvement plan is shared with the Board.

The service has risk management systems supported by clinical governance frameworks, policies and procedures which document reporting mechanisms and legislative requirements. High-impact or high-prevalence risks are identified through a review of data, incident reporting, industry alerts, and consumer assessments. There are policies and procedures in place for identifying risks associated with clinical care needs and consumer choices.

The service has a clinical governance framework with documented policies and procedures to guide staff practice. The framework is embedded in policies and procedures and covers a range of principles including governance, leadership and culture, safety and quality improvement, safe environment, and clinical performance. Within these principles underlying actions and requirements are reflected, including open disclosure, minimisation of restraint, and antimicrobial stewardship. Antimicrobial use is discussed at the organisation’s ‘Drugs and Therapeutic Committee’ whose role is to monitor and review antibiotic use.

Incident reports viewed by the Assessment Team demonstrated that where things go wrong, the incident is discussed with the consumer or their representative, and the appropriate staff member or manager apologises and explains what has occurred and what measures are to be taken to prevent the incident from reoccurring.

I am satisfied the service is compliant with this Quality Standard.

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)