Performance

Report

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| Name of service: | Wallarah Point Care Community |
| Service address: | 149 Main Road Toukley NSW 2263 |
| Commission ID: | 1091 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 17 January 2023 to 19 January 2023 |
| Performance report date: | 28 February 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 Wallarah Point Care Community (**the service**) has been prepared by K Richards, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

# 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 consumers/representatives, staff, and management, and
* the provider’s response to the Assessment Team’s report received 14 February 2023.

# 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 were satisfied they were treated with dignity and respect, describing staff as friendly and caring. Staff interactions with consumers were observed to be kind and respectful, showing an interest in well-being. Care plans were personalised and included personal information about consumers’ life stories, social supports, interests, and preferences. Lifestyle staff could give examples of respecting consumer dignity, identity and diversity.

Consumers and representatives said staff understand consumers’ culture and values, and they are treated as individuals. Staff could describe cultural needs of consumers and how they influence daily care in line with care plans.

Consumers said they felt supported to exercise choice and independence about their care, the delivery of care, and who should be involved in their care. Staff described engaging consumers to make informed choices about care and services through daily informal conversations. Staff also demonstrated knowledge of friendships and relationships of importance to consumers, including with other consumers.

Consumers said they do not feel restricted in what they wish to do, and they undertake consultation about the risk with staff. Staff described actions to support consumers choosing to take risk, with documented risk assessments and discussions. The Assessment Team raised concern at a lack of risk assessment for an independent activity for two consumers, however, I acknowledge the provider’s response indicating not all activities require risk assessment, and the Assessment Team did not include evidence of any particular risk associated with the activity. The provider also supplied evidence of regular evaluation of the Dignity of risk care plan undertaken every three to four months to respond to the Assessment Team’s documented concerns around risk assessment for one consumer’s independent activities.

Information provided to each consumer, such as newsletters, meeting minutes, and activity calendars, was current, accurate, timely and to the satisfaction of consumers and representatives. Consumers advised the activity schedule is available in large print, and staff let them know of changes. Monthly newsletters inform consumers of current topics and recapped recent events. The Assessment Team’s report noted inconsistencies in information on menus displayed in dining areas under Standard 4 Requirement (3)(f), with some being blank or having old information displayed, and the provider’s response indicates there has now been a change of process and increased monitoring to ensure the correct menu is displayed.

Most consumers felt confident staff took action to maintain their privacy and keep personal information confidential. The Assessment Team’s report raised concerns on behalf of one consumer on the poor reception for mobile phones in rooms, requiring them to be in communal areas to make or receive phone calls. The provider’s response acknowledged awareness of the issue and included actions being undertaken, including working with the internet services provider and reviewing internal systems to improve Wi-Fi connectivity, and offering alternative solutions to consumers, such as use of the service’s hands free phones to make private calls from consumer rooms.

For the reasons detailed above, I find all Requirements in Standard 1 Consumer dignity and choice 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

Consumers and representatives said staff are knowledgeable of individual risks for consumers. Staff demonstrated familiarity with assessment processes and confirmed care plans contained sufficient information to inform care. Consumers are assessed on entry, at scheduled care plan reviews, and when needs change to identify risks. Care plans identified risks to consumers’ mental and physical health and well-being, and included personalised strategies to minimise risk of harm. Monitoring processes, such as review of care plans and progress notes, ensures risks are captured.

Consumers and representatives confirmed needs, goals, and preferences were captured through assessment and planning, and staff demonstrated how this was used to inform care. Representatives were satisfied with care and emotional support provided during end of life care, managing pain well and maintaining dignity. Care planning documentation is written from the perspective of the consumer and contains statements regarding goals and preferences, and advance care planning was captured in alignment with consumer wishes.

Consumers and representatives said they were engaged in assessment and planning process, considering the process to be based on partnership. Staff confirmed involvement of other providers in assessment and planning, including Allied Health and specialised services. Care plans sampled included records of consultation with consumers and representatives as part of three monthly care plan review.

Assessments and strategies were captured in detail within care plan summaries. Consumers and representatives said they receive regular communication on assessment and planning and they could access a copy of the care plan if required. Progress notes demonstrated assessments, reviews, or changes were communicated with the consumer or representative.

Care and services were reviewed regularly for effectiveness, to ensure needs, goals, and preferences of consumers were captured and contemporary. The Assessment Team provided evidence throughout their report to demonstrate assessment and strategies were reviewed following incidents or changes of circumstance, including following falls or weight loss, or due to deterioration or change of condition.

For the reasons detailed above, I find all Requirements in Standard 2 Ongoing assessment and planning with consumers 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

Staff were able to describe best practice guidelines for clinical care delivery, and how to access policies and procedures to guide them. Documentation viewed showed each consumer receives effective tailored care that is best practice and optimises health and well-being. Documentation within consumer care files demonstrates personalised strategies for care delivery, and ongoing monitoring for efficacy for key concerns, including pain management, and wound care. Where appropriate, guidance on best practice management was sought from internal and external providers, such as Allied Health or wound care specialists.

Consumers and representatives said they were satisfied with how individual risks were managed. Clinical and care staff were knowledgeable about high impact and/or prevalence risks for consumers, and could detail how they identified and managed risks. Care documentation included identified risks and strategies for management of risks, including for changed behaviours, falls, and diabetes.

Consumers confirmed their needs, goals, and preferences for end of life care are discussed and captured in care plans. Representatives expressed satisfaction with palliative care provided, with consumers kept comfortable. Staff confirmed they received training in end-of-life care and are guided through consultation with the Medical Officer and family on when end-of-life care should be commenced.

Consumers and representatives said appropriate and prompt action is taken to identify deterioration in health. Care file documentation included examples of changes to consumers’ health and actions taken in response, including transfer to hospital or escalation to the Medical Officer or Allied Health. Care and clinical staff could describe escalation processes in line with policies and procedures.

Consumers said there is sufficient communication on changes with care to keep staff abreast of current needs. Staff confirmed they are kept updated of consumers’ condition, needs, and preferences through updates and handover processes. Directives from Medical Officers, Allied Health, and specialists were included within care files and communicated within the service, and with specialist services providing care.

Consumers said timely and appropriate referrals were made when needed, for example, when they are unwell staff refer them to the Medical Officer and they are reviewed promptly. Staff could identify other individual or organisations available and referral processes. Care files reviewed demonstrated timely referrals were made for Allied Health staff for assessment following change of health.

The service takes action to minimise infection related risks. Care files and staff feedback demonstrated appropriate antimicrobial stewardship, with non-pharmacological interventions encouraged for consumers with risk of urinary tract infections, and pathology collected prior to commencement of treating symptoms. Infections are recorded and monitored, and the service undertakes regular screening of consumers for symptoms of infection, including COVID-19. Staff, including cleaning and hospitality staff, confirmed they undertake training on use of personal protective equipment, and receive alerts of consumers isolating due to infection. Hand washing stations, sanitiser gels, and wipes were observed to be readily available for staff and visitor use.

For the reasons detailed above, I find all Requirements in Standard 3 Personal care and clinical care 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 were satisfied services and supports for daily living meet their needs and goals, and could describe activities tailored for their preferences. Lifestyle staff described actions taken to meet the needs of consumers with varying levels of functional and cognitive ability, and efforts made to support consumers to undertake activities that are not scheduled on the calendar. The service has a lifestyle program called ‘Meaningful Mates’ where consumers are matched with team members to build friendships, enjoy shared interests, and learn from each other. Lifestyle staff described consultation with consumers, including evaluation of activities, and this is used to inform the activity schedule. Care plans captured interests, choices, and supports.

Consumers felt spiritual preferences are known and respected, and everyone’s beliefs and differences are accepted. The Lifestyle Coordinator attends clinical meetings where changes to consumers’ emotional and psychological well-being is discussed, and information is shared within the lifestyle team. The service has non-denominational church services available, and consumers confirmed they can also have individual pastoral care visits. Staff were observed inviting consumers to attend services. Lifestyle staff described actions taken to support spiritual needs and family visits during a recent COVID-19 outbreak.

Consumers said they felt supported to participate in activities within the service and also outings within the community, and could describe friendships formed with other consumers. Lifestyle staff described accessing volunteers from community groups and visitor schemes to aid consumers to make meaningful connections. Staff could describe personal relationships and interests in line with care planning and consumer feedback.

Consumers said staff know them well and demonstrate awareness of preferences, including for activities, food preferences, emotional needs, and daily routines. Lifestyle staff attend daily clinical meetings to be informed of changes to consumers’ health or needs, and share the information within the lifestyle team. Care plans included consumers’ condition, needs, and preferences, and information was available to all staff.

Lifestyle staff could describe referrals to external organisations to supplement lifestyle activities within the service, including for religious needs, entertainers, local library, and cultural supports. The service had an activity through 2022 where consumers wrote and received letters and drawings from the local kindergarten children, which consumers said they enjoyed.

Consumers said they were provided choice at each meal, and said there was plenty of food, however, gave mixed feedback regarding the quality and taste of meals. Menus have been reviewed for nutritional balance, and food safety and other legislative standards have been met, and staff were aware of consumers’ nutrition and hydration needs and preferences. However, eight of 18 sampled consumers raised dissatisfaction with meals, and consumers who said they had raised concerns did not feel it had been listened to, as nothing had changed. Documentation provided demonstrated feedback was captured during monthly consumer meetings, however, follow up actions were logged or updated in subsequent meetings. The provider’s response has included a number of actions taken in response to this feedback, including undertaking ongoing monitoring of consumer satisfaction through meetings, surveys and focus groups, and where negative feedback is received, working with the consumer to either personalise a meal plan or change the menu. I accept these actions and encourage the provider to continue to partner with consumers to improve overall satisfaction with the quality and taste of food.

Consumers said they had access to sufficient equipment, including mobility aids, or for activities, and were aware of the process to report any concerns regarding equipment. Mobility aids were observed to be clean and in good working order, and lifestyle equipment was clean, in good condition, and readily available. Lifestyle staff described the process for requesting new equipment through management, and said there were no concerns on accessing resources for consumer activities.

For the reasons detailed above, I find all Requirements in Standard 4 Services and supports for daily living 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

Consumers said they feel comfortable, and safe, and they had been supported to individualise their own rooms to suit their wants and needs. Representatives said they feel welcome. Rooms were observed to be personalised, communal areas were spacious and supported consumers to sit and connect with visitors or participate in activities. The service also provides areas to host private events for consumers and their families and friends. Cues, memory supports, and signage and directions were displayed to support and direct consumers living with cognitive impairment.

Consumers were observed moving freely indoors and outdoors on each of the three floor levels. Corridors were clear of clutter, well lit, and were observed to be clean and odour free. The service has records for reactive and preventative maintenance for cleaning and maintaining internal and external environments. Most consumers and representatives said they were happy with the cleanliness of rooms and shared areas, and the provider’s response includes actions of adding an agenda item to the Consumers’ meeting to seek feedback on consumer satisfaction with cleaning services.

Consumers said they felt furniture and equipment to be safe and useful for them, and most were satisfied with fittings and equipment being in working order and the timeliness of maintenance. In response to consumers who reported maintenance had not promptly undertaken necessary repairs, management ensured issues were resolved during the Site Audit, and the provider’s response demonstrates investigation has been undertaken, with reminders to staff about ensuring maintenance requests are logged to ensure necessary action is taken. Furniture, fittings, and equipment were observed to clean and in good condition, and staff were aware of responsibilities for cleaning shared equipment.

For the reasons detailed above, I find all Requirements in Standard 5 Organisation’s service environment 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 and representatives were aware of avenues to raise feedback and were confident to do so if required. Staff said they could pass on feedback on behalf of consumers, and were aware of feedback processes. Management described methods of collection of feedback through forms, surveys, consumer meetings, discussions, focus groups, and care planning. Documentation reviewed demonstrated feedback is encouraged and captured through consumer meetings, surveys, and focus groups.

Consumers and representatives said they were aware of access to advocates, language services and other methods for raising and resolving complaints, although had never felt the need to use them. Advocacy and language service brochure were observed on display, and within the admission pack. Staff said they use family members to assist in translating the needs of consumers if there are issues, but could facilitate interpreter services if required.

Most consumers and representatives said they receive timely response and actions following feedback or complaints. Some consumers said feedback in relation to food and meals was not always actioned to their satisfaction, however, management provided examples of actions taken, including making menu changes to cater for individual requests. Staff demonstrated understanding of necessary actions for feedback and complaints, including use of an open disclosure process. The service could demonstrate actions taken in response to feedback.

Documentation demonstrated most feedback was included in the complaints log, however, not all feedback had been included in relation to food or when captured at consumer meetings. The provider’s response indicates continuous improvement actions have been taken to ensure all feedback and actions taken are captured and used to improve the quality of care and services. Examples of improvements showed feedback had been used to enhance services at a local and organisational level.

For the reasons detailed above, I find all Requirements in Standard 6 Feedback and complaints 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 reported overall, they are satisfied with the number of staff, and whilst staff appear busy at times, there is no impact on the delivery of care and services, and call bells are answered promptly. Most staff reported staffing is adequate, there are processes to fill vacant shifts, and they have sufficient time to undertake duties. The provider has included a response to comments in relation to unplanned vacancies, describing robust processes to replace unplanned leave, or ensure care is not compromised. Management advised there is flexibility to adjust rosters and allocations in response to need, using the example of increasing staff to assist management of an outbreak of COVID-19. Records demonstrate feedback sought from consumers about staffing levels and recruitment through consumer meetings, surveys and care discussions.

Consumers and representatives said staff are kind and respectful in their interactions, and gave examples of actions taken to provide care and support. Staff demonstrated familiarity with consumers’ identity, history, likes and dislikes, and were observed to be treating consumers kindly and with respect. The service has a program called ‘Meaningful Mates’ to further develop relationships between consumers and staff, which has been positively received. Management reported staff have ongoing training and discussions on cultural awareness, code of conduct and positive interactions with consumers.

Consumers reported staff are competent and know what they are doing, giving examples on how staff meet their individual needs. Staff reported competencies are tested on an ongoing basis, and clinical staff reported monitoring of staff competency is part of their daily role. Management advised annual competency assessments are undertaken, and used with feedback, observations, and training records to determine competency of the workforce. External training providers are used to provide staff with specialist knowledge, and an onsite Educator will be commencing in February 2023 to oversee training and competency across the service.

Consumers and representatives said staff are adequately trained, and could not identify areas requiring further training. Staff orientation process included mandatory training and buddy shifts, and staff said further training opportunities are discussed as part of annual appraisals. Management described recruitment initiatives and enhancing onboarding processes to recruit and retain staff, and workforce is reported upon at an organisational level. Whilst not all staff had undertaken. Whilst training records indicate not all staff had undertaken mandatory training when due, the provider’s response includes actions to remedy this, including providing extra staff coverage to cover required training time, and monitoring progress with department managers.

Staff confirmed they undergo regular performance assessments and competency reviews, although some staff were aware their annual appraisal was overdue. Management advised they were aware of overdue performance appraisals, and the provider’s response includes actions to remedy this, including monitoring with department managers and reporting progress to regional management. Position descriptions are in place for all staff and include key competencies, required experiences and qualifications, and are signed by staff.

For the reasons detailed above, I find all Requirements in Standard 7 Human resources 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 confirmed they are involved in the development, delivery, and evaluation of care and services by providing regular feedback, attending consumer meetings or joining focus groups, participating in care plan reviews, or undertaking surveys. Management described how consumer feedback is used to drive improvement.

The organisation’s governing body is made up of a Board, with members having expertise in relevant fields, including aged care, clinical care, business, and health. A strategic plan outlines the purpose and vision of the organisation, and score cards are used to measure performance of each service on a monthly basis. Monitoring of quality is undertaken through scheduled audits, review of clinical indicators, and oversight of key performance indicators, including adverse events, use of restraint, infections, complaints, occupancy, and recruitment.

The organisation demonstrated effective governance systems to identify and disseminate changes to policies, procedures, processes and systems. Information management is managed at an organisational level, overseen by a data governance committee. Continuous improvement was demonstrated through use of a plan for continuous improvement, which is owned at service level, and approved and overseen by regional management. An organisational risk and compliance analyst monitors compliance obligations across all mandatory frameworks. Workforce governance is monitored through electronic dashboards to provide oversight of staff training, compliance to roster, and use of agency or overtime. The Board is informed of feedback trends and improvements for each region every two months.

Effective risk management systems and processes are overseen on an organisation level, with management reporting each service receives a priority risk rating based upon the monthly score card. Risk registers are updated and maintained, high risk consumers are monitored at daily meetings and within leadership meetings. Staff confirmed they received training in relation to elder abuse, incident management, code of conduct, and the Serious Incident Response Scheme and could describe incident management processes and risk escalation. Management described notification pathways for incidents, with the organisation reviewing incidents for learnings from investigations. Consumers said they are supported to live the best life they can, undertaking meaningful activities, and receiving support to retain independence and exercise choice.

A clinical governance framework is in place and includes organisational policies, procedures, systems and processes to inform clinical care and services. The framework includes systems and supports in relation to clinical effectiveness and risk management. Policies and procedures provide staff direction, including for antimicrobial stewardship, restrictive practices and open disclosure. Committee structures include a Clinical Governance Committee to set strategic direction, and a Professional governance subcommittee for oversight of clinical scope of practice. A Clinical Indicator Subcommittee oversees and reports on the collection of indicators, including infections. Oversight of infections and use of restrictive practices are monitored by Executive Management through incident management pathways.

For the reasons detailed above, I find all Requirements in Standard 8 Organisational governance 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)