Performance

Report

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| Name of service: | Performance report date: |
| Warrigal Care Mt Warrigal | 19 August 2022 |
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| 0181 | Site audit |
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| Warrigal Care | 8 June 2022 to 10 June 2022 |

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 Warrigal Care Mt Warrigal (**the service**) has been considered by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.

**Services included in this assessment**

Warrigal Care Mt Warrigal (RACS ID: 0181)

# Material relied on

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

* the assessment team’s report for the Site Audit, dated 8 June 2022 to 10 June 2022; 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.
* other information and intelligence held by the Commission in relation to the service.

# 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 | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 3(3)(a) - Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; and is tailored to their needs; and optimises their health and well-being. This includes ensuring the management of restrictive practice is best practice for consumers.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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

The Quality Standard is assessed as Compliant as six of the six specific requirements were assessed as Compliant.

The service demonstrated its staff cared for consumers in a dignified and respectful way. Consumers said staff were kind and treated them as valued individuals. Care staff said consumers were asked about the support they would like prior to providing care. For example, consumers able to conduct their own activities of daily living were encouraged to maintain their independence, whilst others were given the support they needed. Care plans included information about consumers’ backgrounds, personal preferences, identity and cultural practises.

Consumers and representatives were satisfied that care was culturally safe. Staff described how consumers’ cultural, spiritual and personal preferences influence care delivery. For example, consumers were supported to participate in their religious communities and cultural days were celebrated at the service. Care plans included consumers’ emotional, spiritual and cultural needs and preferences.

Consumers and representatives confirmed they were supported to exercise choice and independence in how their care and services were delivered. Consumers were encouraged to maintain relationships of their choice and decided when others were involved in their care. All care plans included consumers’ personal preferences. For example, some consumers preferred to eat meals in their rooms, which was respected and supported by staff. Consumers’ choices and independence were verified through scheduled care plan reviews and all staff understood how to update care plans with new care delivery preferences.

Consumers were supported to take risks which enabled them to live their best lives. For example, consumers who participated in activities outside of the service were supported in their choice. Prior to participation in activities of choice, staff and consumers discussed the risks involved and completed and signed a dignity of risk form. A copy of the dignity of risk form was included in consumers’ care plans.

Consumers and representatives said they received timely and accurate information which assisted them to make choices about their care, lifestyle, daily activities, access to events within and outside of the service, and access to health professionals. For example, consumers received a monthly calendar of activities, along with a newsletter advising of shopping trips and hairdressing days. Lifestyle staff said the activities calendar was updated monthly and a copy given to each consumer. The Assessment Team observed posters throughout the service which highlighted how to give feedback to the service, along with information about the Aged Care Quality Standards, the Older Persons Advocacy Network and access to interpreter services.

Consumers said staff respected their privacy by knocking on doors prior to entering rooms, addressed them by their preferred names and ensured dignity when providing personal care. By way of protecting consumers’ personal information, the Assessment Team observed the service’s online care management system could not be accessed without a user name and password.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

Most consumers and/or their representatives considered themselves partners in the ongoing assessment and planning of their care and services. The service demonstrated assessment and planning was effective, informed care delivery and considered risks to consumers’ safety, health and well-being. Care plans showed consumers were comprehensively assessed and their needs, goals, preferences and risks were identified on admission to the service. The initial clinical assessment addressed nutrition, skin integrity, falls risk and other individual needs and preferences. The service’s care management system alerted staff if there were changes to a consumer’s care plan. The Approved Provider’s care planning and evaluation policy and procedures guided staff in the ongoing assessment and planning of consumer care.

The service demonstrated its assessment and care planning identified and addressed consumers’ needs, goals and preferences, including advance care planning if the consumer wished. Consumers and their representatives described what was important to them when receiving care, including discussing advance care planning. Management advised the service’s wider team were involved with consumers and their families to identify consumer needs, goals and preferences which informed development of a care plan. Where advance care plans were completed, they were included in consumers’ broader care plans.

Consumers said staff involved them in care planning and a representative confirmed the service provided regular updates on their loved one’s condition. Care plans reflected involvement by consumers and/or their representatives in the assessment, planning and review of consumers’ care and services. Management explained how assessment, planning and care plan review was conducted by clinical staff in partnership with allied health professionals and medical officers, where needed. Consumer records confirmed the involvement of health professionals and other service providers in meeting consumers’ needs.

The outcomes of assessment and planning were communicated to consumers and/or their representatives and recorded in the service’s electronic management system. Consumers and their representatives said staff explained their care plans to them and made them available at any time. Consumers and representatives said care and services were reviewed regularly and when consumers’ circumstances changed. All sampled consumer files confirmed care plans were reviewed quarterly, when incidents occurred or circumstances changed.

# Standard 3

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| Personal care and clinical care | | Non-compliant |
| 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. | Non-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 Quality Standard is assessed as Non-compliant as one of the seven specific requirements was assessed as Non-compliant.

*Requirement 3(3)(a):*

The Assessment Team recommended Requirement 3(3)(a) as non-compliant. While most consumers and/or their representatives said they were receiving personal and clinical care they needed, the service did not consistently demonstrate that each consumer received safe and effective personal or clinical care that was best practice, tailored to their needs and optimised their health and well-being. For example, two consumers were under chemical restraint where their representatives’ initial consent was not provided, and they did not have individualised behavioural support plans. In addition, the service did not demonstrate its management of three consumers’ skin integrity was best practice, as their wounds were not correctly measured.

The Approved Provider, on behalf of the service, was provided with the opportunity to refute the Assessment Team’s recommendation that Requirement 3(3)(a) was non-compliant. The Approved Provider did not provide a response and did not contest the Assessment Team’s findings and recommendation of non-compliance. Therefore, I am persuaded by the Assessment Team’s recommendation and find the service was not compliant with Requirement 3(3)(a) of the Quality Standards at the time of the audit.

*The other Requirements:*

I am satisfied the service was compliant with remaining six requirements of Quality Standard 3.

The service demonstrated it effectively managed high-impact and high-prevalence risks associated with the care of each consumer. Consumers’ care plans described risks to the individuals, such as falls, choking hazards and behaviours of concern. Care plans showed allied health professionals were involved in assessing risks to consumers and recommendations were made regarding the delivery of care. Staff described strategies used to minimise risks to consumers. For example, staff supervised consumers at risk of falls; shift handovers included information about emerging risks to consumers; and incidents were reported, recorded, reviewed and used as opportunities for continuous improvement. The service had a clinical governance framework, incident management system and risk management policies and procedures.

The service demonstrated consumers nearing the end of life had their dignity preserved and care was provided in accordance with needs and preferences. Consumers expressed confidence that if end of life care were needed, the service would support them to be as free from pain as possible and have people of importance with them. Staff described how they provided palliative care, such as accessing 24-hour clinical staff, working with a palliative care team and providing emotional support. Care plans included consumers’ end of life preferences which were reviewed by a palliative care nurse. The service had policies and procedures that guided the delivery of end of life services.

The service demonstrated changes to consumers’ needs were recognised and responded to in a timely manner, which was confirmed by consumers and/or their representatives. Care plans and progress notes showed deterioration or changes in consumers’ conditions were identified and responded to in a timely manner. Staff described how they identified changes to consumers’ conditions, such as noting signs of pain, behavioural shifts, the skin condition and mobility. Clinical records showed consumers were regularly monitored by clinical staff and when changes were identified, consumers’ representatives were notified.

Care plans included consumers’ conditions, needs, preferences and confirmed information was shared within the organisation and with others where responsibility for care was shared. Consumers and/or their representatives said consumers’ needs and preferences were communicated between staff because they received the care they needed. Care plans included changes to care directives following referrals that resulted in reassessments by allied health professionals, nurses and medical officers. Staff said information was shared via a shift handover system, documented progress notes and care plans. The Assessment Team noted information and recommendations from other providers of care and services were consistently recorded in the service’s electronic care plan system.

The service had policies and procedures which supported the minimisation of infection related risks, through implemented infection prevention and control principles, along with the promotion of antimicrobial stewardship. The service showed preparedness in the event of an infectious outbreak, including for a COVID-19 outbreak. Consumers said staff implemented precautions to prevent and control infection, such as regular cleaning schedules and minimising the risk of cross-contamination when providing care. The service had an infection prevention and control coordinator who described the outbreak management plan, which was sighted by the Assessment Team. The service environment was clean and tidy, with hand sanitiser and hand washing stations throughout the service.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements were assessed as Compliant.

Overall, consumers and/or their representatives considered they received services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do.

Consumers said the lifestyle program supported them to participate in activities they enjoy. For example, some consumers attended exercise classes facilitated by a physiotherapist, which assisted with optimising overall health and well-being. Care staff and lifestyle staff were aware of the preferred activities of consumers. Care plans identified activities consumers enjoyed, such as: participating in community outings; attending spiritual services; maintaining social connections held prior to entering the service; and providing meaningful hobbies for consumers who preferred to spend time alone. The Assessment Team observed family and friends of consumers visiting the service, as well as staff providing emotional support to consumers. The Assessment Team viewed the service’s activities calendar, emotional support policy and a wellness and lifestyle information sheet.

Overall, consumers and/or their representatives thought information about their conditions, needs and preferences were communicated within the organisation and with others where responsibility for care was shared. Consumers gave examples of where their needs and preferences were communicated to staff and others, who supported them to exercise choice. Care staff said they were made aware of changes to consumers’ needs during a handover process, which the Assessment Team observed taking place between clinical and care staff. Kitchen staff said changes to consumers’ dietary needs were communicated by email. Assessments and care documentation were recorded electronically and updated by staff when changes occurred to consumers’ needs and preferences.

The service demonstrated timely and appropriate referrals were made to individuals and other providers of care and services. Consumers confirmed they were referred to allied health professionals and medical officers when needed. Lifestyle staff established links with churches, who provided one-on-one volunteer support to consumers wishing to attend religious services or receive the sacraments in their room. A hairdresser made weekly visits to the service and the local library supported consumers by providing them with books of their choice. The service had procedures which guided staff when referring consumers to services and organisations outside of the service.

The service demonstrated meals were varied and of suitable quality and quantity. Overall, consumers and/or their representatives said they were satisfied with the variety and quantity of food provided. One consumer said if there was nothing to their liking on the menu, kitchen staff would make them a meal they preferred to eat. Kitchen staff confirmed there was a list of alternate meals and salads available to consumers on request. Care plans recorded consumers’ dietary requirements, which were also available to the kitchen staff.

The service demonstrated equipment was safe, suitable, clean and well maintained. The Assessment Team observed lifestyle equipment such as books, games and televisions were clean and well maintained. Mobility aids which enabled consumers to attend activities were also clean and well maintained. Care staff said there were enough care delivery equipment for consumers. Maintenance issues were recorded in the electronic maintenance system. Maintenance staff said they conducted monthly equipment checks and addressed all requests sent by email. The Assessment Team reviewed the maintenance system which showed scheduled preventative, as well as reactive maintenance, was conducted.

# Standard 5

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| Organisation’s service environment | | Compliant |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

## Findings

The Quality Standard is assessed as Compliant as three of the three specific requirements were assessed as Compliant.

Overall, consumers said they felt safe, comfortable and felt they belonged within the service. Consumers said they felt at home in the service and it was an enjoyable place to live. Consumers could access outdoor areas and indoor sitting rooms where the outdoor view could be appreciated. Corridors within the service were spacious and allowed ease of movement for consumers using mobility aids. Consumers had their own rooms which were personalised with photos bought from home. Consumers’ rooms were identified by their photos or a number, which promoted ease of navigation in the service.

The Assessment Team observed most areas of the service were safe, clean and well maintained, which allowed consumers to move freely indoors and outdoors. Cleaning staff were observed tending to consumers’ rooms and communal areas of the service. Fire safety equipment had recently been inspected and emergency exit signs were illuminated. Kitchen staff said the kitchen was deep-cleaned every quarter and additional infection control cleaning had been in place during the COVID-19 pandemic. Care staff said the service was clean and well maintained, equipment was regularly serviced and faulty equipment was recorded in the electronic maintenance system. The service’s maintenance log showed no outstanding requests. A review of consumer meeting minutes showed no feedback regarding the service environment, cleaning or laundry issues.

Consumers and their representatives said the service was clean and well maintained. Consumers confirmed they felt safe when care staff used equipment to deliver care and services. Staff said there was enough equipment for use and it was well maintained. The Assessment Team observed the furniture, fittings and equipment were safe, clean and suitable for consumers’ use. The call bell system was operating efficiently and calls promptly answered by staff.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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

The Quality Standard is assessed as Compliant as four of the four specific requirements were assessed as Compliant.

Overall, consumers and their representatives considered they were encouraged and supported to give feedback and make complaints, and appropriate action was taken in response. The service provided information to consumers about complaints and feedback processes which were accessible to consumers. Management and staff explained when consumers raise concerns it was reported to the registered nurse and management either by phone, email, feedback pamphlet and in-person with staff. The Assessment Team observed written information on display about accessing advocacy and language services. The service had a feedback and complaint policy which affirmed its commitment to use information as an opportunity to improve services.

Consumers and/or their representatives described how they made complaints or raised concerns and said they were comfortable doing so. Staff were aware of how consumers could access interpreter and advocacy services. The service had regular volunteers who supported consumers to give feedback about services they received. The Assessment Team observed posters advising consumers about the Charter of Aged Care Rights, as well as external complaints mechanisms, such as contacting the Aged Care Quality and Safety Commission.

The service demonstrated appropriate action was taken in response to complaints and open disclosure was used when things went wrong. Consumers and/or their representatives said management addressed and resolved their concerns or complaints. Management described instances where an open disclosure process was used during a complaints process. Staff said they received training on open disclosure and described what this means, including how consumers could be affected and the importance of preventing reoccurrence of the incident or complaint. Staff were guided by the service’s open disclosure policy and procedures. The Assessment Team reviewed the service’s Serious Incident Response Scheme register which showed appropriate, timely and transparent actions were taken in response to incidents.

Consumers and/or their representatives described how the service used feedback to improve the quality of care and services. For example, two examples were described where a consumer and a representative confirmed the service acknowledged the feedback, listened to concerns and actioned requests. Staff described how complaints and feedback were used to inform continuous improvement across the service. For example, when consumers gave feedback that activity announcements were difficult to hear, the service now makes the announcement twice and with enough notice for consumers to prepare for the activities they enjoyed.

**Standard 7**

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| Human resources | | Compliant |
| 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

The Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

Overall, consumers said they received quality care and services when they needed them from staff who were knowledgeable, capable and caring. The service demonstrated its workforce was planned to ensure adequate staff were available to meet consumers’ needs. Consumers and/or their representatives said they did not have concerns with staffing numbers and their needs were met in a timely way. Management advised and staff confirmed when unplanned leave occurs most shifts were replaced. Staff said management were supportive and as such, they provided feedback to managers about the care and services needed by consumers.

Workforce interactions with consumers were kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers and their representatives said staff were kind, caring and gentle when providing care. The Assessment Team observed the kindness of staff toward consumers, including their familiarity with consumers’ individual needs. The Assessment Team reviewed clinical records and consumer meeting minutes which confirmed management and staff were respectful of consumers’ identity, culture and diversity.

The service demonstrated its workforce was competent and members of the workforce had the qualifications and knowledge to effectively perform their roles. Consumers and their representatives confirmed staff were capable and had the knowledge to effectively provide care and services. Consumers gave examples of how staff considered their individual needs when assisting with activities of daily living. New staff undertook an orientation process which included mandatory training and working with experienced staff. Position descriptions included required competencies and registrations relevant to the role. Staff performance was monitored through testing competencies in medication administration, manual handling, analysis of clinical data and consumer feedback. Training records showed the service consistently oriented, trained and monitored staff performance to ensure the workforce had the necessary skills to meet consumers’ needs.

The service demonstrated it regularly reviewed staff performance, set staff goals and took action regarding staff performance. Staff confirmed their performance was monitored through formal appraisals and informal monitoring and review. Management said staff were encouraged to self-assess their performance and work toward their goals. The Assessment Team viewed the service’s performance review and planning policy, which stated each employee would participate in an annual performance review.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as Compliant.

Overall, consumers and their representatives considered the organisation was well run and they were partners in improving the delivery of care and services. Management advised consumers and their representatives were engaged in the development, delivery and evaluation of care and services through meetings, consumer experience surveys and consumer feedback. The Approved Provider’s board of directors held meetings at the service and shared meals with consumers to receive their direct feedback. Most staff said the service was well-run as management encouraged feedback and pursued continuous improvement for the health and well-being of consumers and employees.

Management said the organisation’s governing body promoted a culture of safe, inclusive and quality care and services by email subscriptions specific to legislative updates; regular meetings to disseminate information relevant to the service, such as internal and external audit results; being accessible to consumers, representatives and staff; providing advice about COVID-19 infection control protocols at the service; use of the care governance sub-committee to implement recommendations of regulatory bodies, analyse clinical indicators and identify trends for the purpose of continuous improvement; and referring issues to the board of directors where further investigation was needed.

The service had effective risk management systems and practices in place to manage high-impact/high-prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can; and managing and preventing incidents, including the use of an incident management system. The service and its staff were guided by a risk management framework and policies which staff described and gave examples of how these were relevant to their work. Staff said they received training about the Serious Incident Response Scheme and understood the meaning of consumer abuse and neglect.

Where clinical care was provided, a clinical governance framework was in place to manage antimicrobial stewardship, minimise the use of restraint and ensure open disclosure was used when a complaint was made. The governance framework was supported by policies which were viewed by the Assessment Team. However, the Assessment Team found two consumers were under chemical restraint without initial consent being given by their representatives, which has been detailed under Requirement 3(3)(a) in this report. Although I decided the service was non-compliant with Requirement 3(3)(a)(i), all other consumers under restraint had the required authorisations. Therefore, taken on balance, I find that non-compliance with Requirement 3(3)(a)(i) did not outweigh the service’s otherwise effective framework to meet its responsibility to minimise the use of restraint.

Staff were educated about the service’s clinical governance framework, antimicrobial stewardship, minimising the use of restraint and the open disclosure policy. Staff provided examples of how the policies were relevant to their work. Management advised when consumers were under a restrictive practice, they were reassessed quarterly when their care plans were reviewed.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)