Performance

Report

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| Name of service: | Warrigal Care Shell Cove |
| Service address: | 50 Harbour Boulevarde Shell Cove NSW 2529 |
| Commission ID: | 1061 |
| Approved provider: | Warrigal Care |
| Activity type: | Site Audit |
| Activity date: | 30 August 2022 to 1 September 2022 |
| Performance report date: | 27 September 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 Shell Cove** (**the service**) has been prepared by M Wyborn, 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

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

Consumers and representatives said staff treat them with dignity and respect. Staff were observed treating consumers with dignity and respect and staff demonstrated their understanding of each consumers’ background and individual preferences. Care documentation reflected what is important to consumers to maintain their identity. The organisation demonstrated effective documents and processes which outline consumers’ right to respect and dignity.

Consumers and representatives described how staff value their culture, values and diversity. Consumers and representatives advised that they were satisfied with how a consumer’s culture influences the way staff deliver their daily care. Care documentation reflected consumers’ cultural needs and preferences, and the Assessment Team observed a positive experience for consumers who are from culturally and linguistically diverse (CALD) backgrounds.

The service demonstrated that consumers are supported to exercise choice and to maintain their independence by making decisions about their care and services. Consumers are supported to nominate who they would like involved in their care, communicate their decisions, make connections with others and maintain relationships of choice.

The service demonstrated that consumers are supported to take risks which enables them to live their best lives. Staff demonstrated they are aware of the risks taken by individual consumers and said they support the consumer’s wishes to take risks to live the way they choose. Risk assessments and dignity of risk forms are up-to-date and signed by the medical officer and consumer or representative for consumers who choose to undertake risks. This includes risks such as food preferences which do not align with recommendations by the speech pathologist. The service is guided by Dignity of Risk Policy and Procedures, which management demonstrated includes guidance on weighing the dignity of risk against the duty of care principles.

The service demonstrated that current, accurate and timely information is provided to consumers and communication is clear and concise, and supports consumers to exercise individual choice. Staff advise consumers of any changes to their appointments and posters and flyers of upcoming activities or other relevant information were observed on noticeboards and in communal rooms throughout the service.

The service demonstrated that consumer privacy is respected. Management and staff confirmed that all consumers’ personal information is kept confidential and is not discussed in front of other consumers. In addition, the Assessment Team observed staff to be respecting consumers’ personal space and privacy when their family or friends visited the service and keeping computers and mobile devices locked and using passwords to access consumer personal information.

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as 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 said they feel safe at the service and they are confident the workforce know what they are doing in order to provide effective care and services. The service demonstrated effective documentation in relation to consideration of risks to a consumer’s health and well-being and demonstrated how this information supports their delivery of safe and effective care and services for consumers.

Registered staff demonstrated an awareness of the assessment and care plan review processes and provided appropriate context around identifying risks to a consumer’s health, safety and well-being. This included pain management, diabetes management, wound identification and management, cognitive decline and falls. Staff demonstrated that consumers are referred to medical officers, allied health professionals or medical specialists in a timely manner. The organisation has appropriate policies and procedures available to guide staff practice regarding assessment and care planning for consumers.

Interviews with consumers and representatives along with review of consumer care planning documentation, demonstrated the consumer’s current needs, goals and preferences, including advance care planning, are identified on entry and reviewed regularly by the service. Consumers are provided the opportunity to advise what is important to them in terms of how their care is delivered. Staff understood and respected consumer needs and said they can refer to the Registered Nurse (RN) if they require more information. Management advised end of life care planning is discussed with consumers and representatives on entry to the service and at care plan reviews.

The service demonstrated that it partners with consumers and others in the planning and assessment of care. Care planning documentation evidenced care conferences with appropriate involvement from relevant external providers and services such as medical officers, speech therapists, physiotherapists, podiatrists and dietitian services. Staff demonstrated their knowledge of who was involved in individual consumer’s care and consumers advised that they were confident their care needs were being met by the service. Clinical staff described the importance of consumer-centred care planning and explained how they initiate conversations around care planning with consumers and representatives face to face or via telephone.

Consumers said staff regularly discuss their care needs and the information in their care plan with them. Staff advised they have access to care plans for consumers they are providing care for through effective record management systems and handover records. Consumers and representatives said they have a copy of their consumer care plan and they are aware of how to access this information if required. The Assessment Team observed care planning documents and handover records are readily available to staff delivering care.

Consumers and representatives said that clinical staff regularly discuss their care needs with them and any changes are recorded and implemented in a timely manner. The Assessment Team identified that care planning is reviewed on a regular basis and when circumstances change for a consumer; such as consumer deterioration or incidents such as infections, falls and wounds. Clinical management reinforced their understanding of how, when and why a consumer care plan is reviewed. Staff said they are aware of incident reporting processes and how these incidents may trigger a reassessment or review. The service demonstrated effective monitoring of clinical indicators including pressure injuries, medication incidents, restraint and falls.

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

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The service demonstrated timely identification, effective assessment, management and evaluation of consumers’ restrictive practices, skin integrity and pain. Where restrictive practices are used; assessments, authorisation, consent and monitoring were demonstrated.

Behaviour support plans are in place for consumers who are subject to restrictive practices. The psychotropic register maintained by the service identifies diagnosis, medications prescribed and clearly highlights consumers who have had their medications reduced or ceased.

Care documentation supports wounds are consistently attended to in accordance with the wound management plan. Pressure area care is completed as prescribed and consumers with active pressure injuries or wounds have a wound care plan and chart which are completed following treatment and at every review.

Care documentation demonstrated that consumers with chronic pain have regular pain assessments to identify the site, severity and type of pain experienced by the consumer. Staff use varied assessment tools reflective of the consumer’s ability to verbalise their pain. Pharmacological and non-pharmacological strategies are included in care plans and pain relief medication is appropriately reviewed for effectiveness.

The service has effective processes to manage high impact high prevalence risks associated with the care of each consumer. The Assessment Team’s review of care planning documentation demonstrated that consumers at risk, including falls, wounds and challenging behaviours are effectively managed, monitored and supported by the service.

Consumer care planning documentation appropriately reflects identification, response, deterioration or changes in their condition. Registered staff explained the assessment process following changes to a consumer’s condition. Staff said they report changes to the clinical nurse and if a consumer deteriorates after business hours, staff can telephone a medical officer or transfer the consumer to hospital. Clinical records demonstrate consumers are regularly monitored by registered staff and if deterioration or a change to a consumer’s mental, cognitive or physical function, capacity or condition occurs, this is recognised and responded to in a timely manner and representatives are notified.

Consumers and representatives explained that the consumer’s care needs and preferences are effectively communicated between staff and reinforced that consumers receive the care they need. Care planning documentation contained adequate information to support effective and safe sharing of the consumer’s information. The service demonstrated that consumers’ files are maintained, that staff notify the consumer’s medical officer and their representatives when a consumer experiences a change in condition, experiences a clinical incident, is transferred to or from hospital or is ordered a change in medication. Staff confirmed they receive up to date information about consumers during handover discussions.

The service demonstrated through care planning documents appropriate input from other health services. Referrals include speech pathology, physiotherapy, podiatry and dementia services. Staff were knowledgeable how the input of other health professionals informs care and services for individual consumers.

The service demonstrated effective policies, procedures and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and for the management of the COVID-19 outbreak. The service has an influenza and COVID-19 vaccination program for staff and consumers and has appointed an Infection Prevention and Control Lead. Staff provided examples of practices to prevent and control infections such as hand hygiene, encouraging fluids, the use of personal protective equipment and obtaining pathology results prior to commencing antibiotics.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as 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 advised that the service supports their independence and encourages them to participate in activities that reflect their interests and lifestyle needs. Staff could describe the diverse interests of individual consumers, including strategies they implement to promote consumer involvement. Care documentation recognised the interests and activities that were important to consumers and provided information to support individual choice, daily living, wellbeing and service delivery.

Consumers explained that the services and activities available to them support their emotional, spiritual and psychological wellbeing. Staff were able to explain how the service supports a consumer’s spiritual and psychological needs and consumer care plans recognised each consumer’s need, preferred level of engagement and need for encouragement by staff.

Consumers explained they are supported by the service to engage in activities and pursue personal interests, both inside and outside of the service, while maintaining contact and relationships with the people who are close to them. Staff provided good insight into how the service supports individuals to engage in activities of choice, social engagements and to maintain relationships. Consumer care documentation identifies a consumer’s community connections, individual preference for activities, their level of interest in participation, physical limitations to involvement, inclination towards individual or group activities and the desired level of encouragement required by support staff.

Consumers reinforced that staff providing care were aware of their needs and preferences and were confident that their information was appropriately being provided to external agencies engaged in shared care and responsibility. Staff explained the processes used in keeping up to date records of consumer information, likes and dislikes, dietary and personal needs, preferences and physical condition.

Lifestyle documentation for consumers reflected individualism, including personal background and history, religious denomination, likes and dislikes, physical limitations, activities of interest, people who are important to them and their preference to participate in solo or group lifestyle activities. Kitchen staff demonstrated how the electronic consumer management system is effective and how it is used to provide consumer information, including consumer preferences, dislikes, swallowing difficulties and allergies.

The service demonstrated timely and appropriate referrals to other individuals, organisations or providers and how they collaborate to meet the diverse needs of consumers. Lifestyle staff advised that the footy tipping activity has been successful at engaging many of the consumers, including those who find it difficult to leave their rooms due to physical limitations. Consumers also highlighted that transport options are managed effectively by the service to support consumers with external appointments.

Consumers expressed they were satisfied with the meals provided at the service, stating that the meals cater to their preferences and dietary requirements, are varied and of suitable quantity and quality. Consumers are provided with a choice of menu options for each main meal and alternatives are available if neither of the offered options were suitable.

The Assessment Team identified that equipment being used in common arears, dining areas, lifestyle areas and personal rooms were clean and maintained. The service demonstrated that staff understood the process of identifying and reporting equipment decline, failure, periodic servicing and the process for ongoing maintenance.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as 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 advised that the service is welcoming, it optimises their sense of belonging, it is safe and well maintained. The Assessment Team observed that the service has wide corridors, a café where consumers regularly meet with friends and family, a library, a hairdresser, several outdoor garden areas and a large communal theatre. Consumers were observed engaging in all of these options. In addition, consumers have personalised rooms decorated with furnishings and personal items that reflect their individual tastes and styles.

The service grounds are well landscaped, professionally maintained and the service has internal and external garden areas that are accessible to consumers. Each level of the service have several outdoor balconies that were being utilised by consumers to sit or relax. Consumers reinforced that the grounds are easily accessible, safe, clean and inviting. Each level of the service displays ‘places of purpose’ or wall sized photos of different local landmarks and locations to remind and connect consumers with surrounding area.

The Assessment Team observed the service to be well maintained, clean and safe. Cleaning and maintenance activities are scheduled and monitored daily. The service demonstrated effective processes to expedite immediate maintenance needs, with a focus on ensuring minimal disruption to the consumer. Scheduled quarterly site assessments are conducted by the maintenance team to determine if preventative maintenance is required.

Cleaning staff reinforced the importance of maintaining a clean environment for consumers, expressing that *‘It is their home and it’s important that we make it comfortable for them’*.

The service demonstrated effective maintenance and cleaning procedures via the maintenance and cleaning logs. The Assessment Team reviewed these logs and the service demonstrated that maintenance issues are responded to in a timely manner.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as 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 said the service encourages and supports them to give feedback or make a complaint and they verified that they feel comfortable doing so. Management and staff explained the processes in place to encourage and support feedback and complaints, including the service making complaints forms available at reception, within each of the common service arears and available from lifestyle staff. Staff also described how they provide direct and impartial support to consumers to complete feedback and complaints forms and arrange direct contact with the general manager at the consumer’s request.

Consumers and representatives said the service ensured they are aware of advocacy and language services available to them and referenced the promotional material displayed at the service. The service provides various noticeboard promotional material displays throughout the service, including Older Persons Advocacy Network, interpreter services, the Quality Standards and the Commission’s 'Do you have a concern' and feedback invitation posters. Staff and management demonstrated a shared understanding of the internal and external complaints and feedback avenues and advocacy and translation services available for consumers and representatives.

Consumers and representatives expressed their confidence that management will effectively address and resolve any concerns or issues at the service. Staff demonstrated an understanding of the principles of open disclosure, explaining how they would apologise to a consumer in the event of something going wrong. The service demonstrated an effective complaint register and management system which details the actions taken, timeframes and outcome of the issues. The service is guided by an Open Disclosure and Management of Adverse Events policy and other specific feedback and complaints policies and procedures.

Management effectively described the processes in place at the service to escalate complaints and how this data is used to improve the care and services delivered to consumers. Management described the classification of severity used to assign a rating to feedback and complaints in order to align the issue to the appropriate level of management or to create referral to the executive if required.

Staff and management described how a complaint about a palliating consumer was used to change the procedures for family access to the service after hours and staying overnight. The process change has benefitted all families with similar circumstances.

The service’s Plan for Continuous Improvement (PCI) includes relevant links to the Aged care Quality and Safety Commission’s Quality Standards, details specific actions required, actions taken, outcomes and evaluation of all issues identified.

The Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as 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 advised they are ‘very well cared for by staff’ at the service and had no complaints about the care they received. Some consumers acknowledged the service could be short of staff at times but indicated despite this, they did not feel this impacted on their care.

Management demonstrated effective planning to replace staff when required and rosters are reviewed on an annual basis or on an ‘as required basis’ to ensure staff allocations are adequately meeting changing consumer needs and preferences.

Despite the service experiencing difficulties with recruitment and filling shifts when staff are sick or on extended leave, overall the workforce was observed by the Assessment Team to work effectively together to ensure the delivery of care was safe for consumers and to ensure consumer needs were met.

Consumers and representatives reinforced that staff and management display kindness and a caring attitude towards them. The service demonstrated a culture of inclusiveness and advocacy for consumers. In addition, staff demonstrated respect for consumer identity, culture and diversity. Staff were observed assisting consumers with their meals, exercising patience and speaking to consumers in a kind and caring manner. Some consumers referred to the service as one big family.

The Assessment Team reviewed policies, procedures and evidence of staff training sessions that relate to provision of dignity and respect when providing care and services to consumers.

Consumers and representatives advised they felt the workforce is competent and staff have the knowledge to deliver care and services that meet their needs and preferences. Management demonstrated that staff competencies are monitored on an annual basis and are tailored to each staff members’ role. Care staff said if they had any concerns in relation to how to effectively perform their role, they would seek assistance from their wellness coordinator, from the registered nurse or from the management team. New staff are rostered ‘buddy’ shifts and staff performance is monitored. If required, additional training is arranged.

The service demonstrated the workforce is effectively recruited, trained, equipped and supported by providing relevant training on a regular basis. The Assessment Team observed that staff at the service had appropriate experience and skills to perform their roles and that the organisation has systems to ensure staff complete mandatory training. The Assessment Team reviewed training records related to serious incident response scheme and restrictive practices and observed that this training was undertaken by all staff. Staff were able to effectively discuss this training and advised that in addition to mandatory training sessions, online modules and face to face tool box training sessions are undertaken on these subject areas, thus helping to reinforce staff knowledge to deliver better outcomes for consumers.

The service demonstrated assessment, monitoring and review of the performance of each member of the workforce and staff were knowledgeable about the performance appraisal process. Staff advised they are provided appropriate notification and documentation to complete their appraisals before undertaking the formal process with management. Staff expressed that they consider the performance appraisal process a supportive experience.

Management advised that feedback about staff performance is captured through audits, consumer and representative feedback, staff feedback and observations. Management discussed the service’s disciplinary process and stated policies and procedures are available to guide management through performance management processes where required to ensure consistency and these processes maintain a focus on the best outcome for consumers.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as 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

The service demonstrated it supports consumers and representatives to be involved in the development, delivery and evaluation of care and services. Management provide consumers and representatives options to be involved through meeting invitations, focus groups, verbally and via targeted surveys.

The service also demonstrated that consumers are encouraged to participate directly with the organisation’s board. An example of this was a consumer who provided direct feedback to the executive board in relation to music therapy at the service. This has resulted in a collaboration with the local Conservatorium of Music, an invitation for students to assist manage music events at the service and now ongoing music therapy at the service.

The service demonstrated its governing body promotes a culture of safe, inclusive and quality care and services. The organisation’s executive, including the Chief Executive Officer, the Chairperson of the board and the Executive Leaders provided detail on how the governing body monitors service compliance against the Quality Standards and how the governing body ensures it is accountable for the delivery of care and services across the organisation.

The Board ensures it encompasses members with a variety of skills and qualifications and is supported by several sub committees, who monitor and implement changes, such as changes to policies and procedures to align with legislative requirements. The sub committees include the business risk and audit committee, the care governance committee, the planning development and sustainability committee, the consumer advisory committee, the specialised care practice committee, the care information committee and the wellness and lifestyle committee.

The care governance committee undertakes audits against the Quality Standards on an annual basis. Subject to audit findings, improvements are added to the service’s continuous improvement plan and findings are then filtered up to the Board for review on a regular basis.

The Assessment Team observed a governance structure and framework which identifies a leadership structure who hold accountability for the quality and safety of care provided to consumers.

The service demonstrated effective governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management and staff corroborated that all staff can access current policies and procedures from the organisation’s intranet page. Additionally, management confirmed that allied health professionals have access to the service’s electronic consumer management system for the purpose of obtaining information from care files and can add to consumer progress notes. Staff corroborated effective governance in utilising processes designed to ensure effective information sharing via verbal handovers, handover notes and system accesses.

Management provided the Assessment Team with the organisation’s high impact high prevalence policy and procedure which is used to guide staff to understand the need to minimise and manage high impact clinical risks for consumers. Management also reinforced the organisation’s plan for continuous improvement, the fact that the service is overseen by the business risk and audit committee and service’s seamless uptake of changes to legislative requirements such as the serious incident response scheme.

The service demonstrated an effective risk management system and practices to manage high impact high prevalence risks, to identify abuse and neglect of consumers and to support consumers to live the best life they can. The Assessment Team reviewed the service’s incident management system which demonstrated how the service effectively manages and acts to prevent future incidents. This includes the service’s effective assessment of consumers at the time of entry to the service, regular review to identify trends in incident information to identify high impact high prevalence risks, as well as records of consumer dignity of risk forms that form part of a consumer’s care files and are reviewed annually or as required.

The service demonstrated that the assistant general manager, clinical nurse specialist and registered nurses create strategies to mitigate risk and inform and train staff at regular handover meetings and training sessions. Registered nurses maintain a list of consumers who are classified with high impact high prevalence risks and regularly monitor these consumers to ensure staff are providing quality clinical and personal care.

The service demonstrated a Clinical Governance Framework that is underpinned by policies and procedures to guide staff. The service provided the Assessment Team with their policy relating to antimicrobial stewardship, a policy relating to open disclosure and policies and procedures relating to the use of restrictive practices.

Staff demonstrated their knowledge of the principles of open disclosure. Care staff reinforced that when an incident occurs, it is important to say sorry and keep consumers and families informed during a complaints process. Staff also demonstrated their awareness of antimicrobial stewardship and how this policy impacts their work and how it better supports the delivery of care for consumers. Clinical staff were aware of the Commission’s ‘to dip or not to dip’ video and demonstrated its purpose is to reduce antibiotic use for Urinary Tract Infections. Clinical staff reinforced that they continue to engage with individual consumer’s medical officers to help reduce anti-biotic usage.

Registered staff demonstrated their application and understanding of the principles of antimicrobial stewardship, explaining that they regularly remind care staff of the importance of hydration and correct perianal care.

Staff confirmed they have received education on restrictive practices and demonstrated their effective application of restrictive practices as defined under the legislation including creating, recording, managing and applying a consumer’s behaviour support plan.

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

1. The preparation of the performance report is in accordance with section s40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)