Performance

Report

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| Name of service: | Warrina Innisfail |
| Service address: | Warrina St/ Tulip St Goondi QLD 4860 |
| Commission ID: | 5076 |
| Approved provider: | Warrina Innisfail |
| Activity type: | Site Audit |
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| Performance report date: | 23 August 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 Warrina Innisfail (**the service**) has been prepared by T Wurf, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit Report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 31 July 2023 that accepted the findings in the Site Audit Report
* the Performance Report dated 14 March 2023 following an assessment contact undertaken from 6 to 8 February 2023, where 6 requirements of the Quality Standards were found non-compliant
* other information and intelligence held by the Commission.

# 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 said staff treated them with dignity and respect, maintained their privacy and that they were kind and helpful. Consumers described how staff provided care and services that were culturally safe and consistent with their cultural traditions and preferences.

Consumers were supported to exercise choice and maintain independence and made decisions about their care and service delivery. Consumers nominated those people they would like involved in their care and were supported to maintain relationships of choice and to make connections with others.

Information was provided that supported consumer decision making and included newsletters, activity schedules, menus, whiteboards, notice boards and verbal information from staff. Consumers said they had attended monthly consumer meetings and food focus groups and felt comfortable raising concerns with management at the meetings or individually. The Charter of Aged Care Rights was displayed on notice boards throughout the service and pamphlets from various government departments, agencies and local services were available for consumers and representatives to access.

The service supported consumers to take risks that enabled them to live meaningful lives. Consumers said they could come and go as they pleased and provided varied examples of the day to day activities they enjoyed including catching taxis, going shopping, meeting with friends at a club and using powered mobility aids. They said risks were explained to them, risk assessments were conducted and documentation was signed.

Care documentation included consumers’ individual choices, cultural traditions, and preferences. Information relating to religious and spiritual preferences was captured and sufficiently detailed to guide staff.

Staff were familiar with consumers’ needs and preferences and described how the consumer’s culture influenced care delivery. Staff had a shared understanding of confidentiality and were familiar with strategies to keep consumer information secure. Staff were observed engaging positively with consumers and speaking in a kind and respectful manner. Handovers were conducted in private, computers were password protected and staff knocked on consumers’ doors and sought permission prior to entering.

Lifestyle staff described how they recently celebrated National Aboriginal and Islander Day Observance Committee week with an indigenous group visiting singing and telling dreamtime stories. Other cultural celebrations planned throughout the year included ANZAC Day, Bastille Day, and Italian Day. Staff said there was an interpreter service available if required, and some staff are bilingual and can interpret for some consumers.

# 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

*Requirement 2(3)(a)*

The Performance Report dated 14 March 2023 found the service non-compliant with requirement 2(3)(a). Relevant risks to consumers were not adequately assessed and included in care planning documentation, including for consumers who have insulin-dependent diabetes and consumers who experience falls.

The Site Audit Report identified evidence that the service had taken corrective actions and remediated the deficiencies in this requirement. Improvements included:

* Implemented a new electronic care management system, which includes comprehensive assessment tools to identify risks to consumers’ health and well-being.
* Completed assessment and planning for all consumers within the new system.
* Established weekly staff meetings with the care manager, clinical nurse and registered staff to discuss strategies to manage consumers’ risks.
* Daily clinical monitoring of consumers’ progress notes by the care manager. Where risk is identified an alert is added to the electronic care management system for registered staff to action.
* All consumers with a diagnosis of diabetes mellitus have had a diabetes management plan completed by the medical officer or nurse practitioner.

*Other requirements*

The Site Audit Report included positive findings against each of the requirements in Standard 2 summarised below.

Consumers and their representatives were satisfied with the service’s assessment and planning processes and how the service manages risks to consumers’ health and wellbeing. They said staff involve them in the assessment, planning and review of care and services. They reported that staff explain relevant information, discuss their care, action any requested changes, and that they can access the consumer’s care plan if they wish.

Registered staff described the service’s risk assessment and planning processes for consumers entering the service, and when changes or incidents occur. They said they refer to the service’s guidelines to plan consumers’ care.

Registered staff described the use of shift handover and the electronic care management system to communicate changes in consumers’ care needs and information about new consumers. Staff and other relevant health professionals have access to care planning documents in the electronic care management system, handover records and, for some documents, in hard copy.

End-of-life care planning is discussed with consumers and representatives on entry to the service, during three-monthly case conferences and when a consumer is nearing end of life. Consumers confirmed registered staff discuss end-of-life choices with them, which are documented in a Statement of Choice.

Care documentation included assessment and care planning that identified consumers’ needs, goals, and preferences. Risks to individual consumers’ health and well-being were identified, documented and managed. Other health professionals were involved in consumers’ care planning where relevant.

Consumers’ care was regularly reviewed, including during monthly resident of the day (ROD) and three-monthly case conference processes. Reviews also occurred following deterioration or incidents. Registered and care staff described their role in the ROD review process and agency registered staff said the process was easy to follow. The care manager monitors completion of consumer reviews.

Based on the findings contained in the Site Audit Report, I am satisfied the deficiencies with the service’s assessment and planning have been remediated. It is my decision that each requirement and the overall Quality Standard are compliant.

# Standard 3

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

Findings

*Requirement 3(3)(e)*

The Performance Report dated 14 March 2022 found the service non-compliant with requirement 3(3)(e). Information about consumers’ condition and needs were not consistently documented and communicated within the organisation, including for consumers with insulin-dependent diabetes and consumers who had returned to the service from hospital.

The Site Audit Report identified evidence that the service had taken corrective actions and remediated the deficiencies in this requirement. Improvements included:

* Implemented a new electronic care management system, which has improved communication between staff and external health professionals.
* All consumers with a diagnosis of diabetes mellitus have had a diabetes management plan completed by the medical officer or nurse practitioner, and are reviewed regularly.
* Implemented a monthly resident of the day review process, which includes review of consumers’ progress notes, care documentation and communication from other health professionals.

Consumers and representatives said consumers’ care needs and preferences are effectively communicated between staff and other health care services.

Clinical and care staff described how information is shared about consumers, such as through meetings, shift handover, and documentation.

Care documentation reviewed by the Assessment Team for a consumer who had fallen included reviews completed by a registered nurse and a physiotherapist, and hospital discharge information following the consumer’s return from hospital.

*Other requirements*

The Site Audit Report included positive findings against each of the other requirements in Standard 3 summarised below.

Consumers felt well cared for and that care and services were safe and right for them. They provided positive feedback about the service’s management of specialised nursing care and pain.

The Assessment Team reviewed a sample of consumers’ care planning documentation and found care was delivered in accordance with consumers’ assessed needs and care planning. Management of restrictive practices was consistent with legislative requirements and staff had received training on this topic.

Staff could describe consumers’ individual needs and preferences and how these are managed in line with their care plan.

The service reviews incident and clinical indicator data to identify high impact, high prevalence risks to consumers, which included falls (priority for the service), skin tears, behaviours, and infections. Care documentation reflected management of high impact, high prevalence risks to consumers, such as falls. Regarding falls, consumers said staff check on them and they described their specific falls prevention strategies and equipment, including alert pendants to call staff, senor mats, safe-fitted shoes and exercise classes. Registered staff described the service’s risk assessment processes and falls management protocol. Monthly falls data is analysed and actioned.

Consumers said they felt confident staff would provide end-of-life care in line with their preferences and one consumer said their spouse received excellent end-of-life care at the service. Consumers’ end-of-life care preferences were documented and the service has pathways to guide staff practice.

Consumers said staff were responsive to their needs and care documentation demonstrated staff recognised clinical deterioration. Registered and care staff described how they discuss changes to consumers’ mental health, physical function, or cognitive wellbeing at shift handover.

Consumers and representatives said they are referred to other health care services as they need them. Referrals are made, for example, to allied health services, medical officers, pharmacists, dentists and local hospital specialists. Registered staff said they use the electronic care management system to make referrals, or they phone services directly.

Consumers and representatives were satisfied the service implements strategies to minimise infections in consumers. Consumer care documentation demonstrates monitoring of consumer infections and staff practices to promote antimicrobial stewardship. The service has policies to manage infectious outbreaks. Staff have received training on infection prevention and control (IPC) and the service has an appointed an IPC lead. The service has an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control, and for the management of infectious outbreaks.

Based on the findings in the Site Audit Report, I am satisfied the service has remediated deficiencies in relation to requirement 3(3)(e). It is my decision that each requirement and the overall Quality Standard are compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| 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

*Requirement 4(3)(c)*

The Performance Report dated 14 March 2022 found the service non-compliant with requirement 4(3)(c). Consumers were not provided with activities that were suitable or of interest to them and were not supported to participate in the community, either within or outside the service.

The Site Audit Report identified evidence that the service had taken corrective actions and remediated the deficiencies. Improvements included:

* Developed and implemented a leisure and lifestyle strategy, which included:
  + Consumer documentation records leisure and lifestyle preferences and is used to inform activity planning.
  + A monthly lifestyle and activities program based on consumer feedback.
  + Leisure and lifestyle activities attendance records are kept and used to inform future programs.
  + Development of a leisure and lifestyle committee (which includes consumer representation) which reports directly to the Board.
* Implemented an activity calendar and dedicated lifestyle officer for the service’s special care unit.
* Standard 4 training was delivered to the Board in July 2023.

Consumers said that they are supported to engage in activities and pursue personal interests, both inside and outside of the service, and maintain contact and relationships with the people who are close to them. Activities included independently accessing the local community and online social networks, and attending various activities at the service.

Staff provided examples of how the service supported individuals to engage in activities, and social and friendly relationships. Care documentation identified consumers’ community connections, individual preference for activities, their level of interest in participation, physical limitations to involvement, preference for individual or group activities, and the level of assistance required from staff.

*Other requirements*

The Site Audit Report included positive findings against each of the other requirements in Standard 4 summarised below.

Consumers and representatives said the service supports consumers’ independence and participation in meaningful activities. They said staff know consumers’ individual preferences. Staff described the interests of individual consumers and strategies to support consumers. Consumers care planning included an ‘About Me’ assessment which captured consumers’ background, individual needs, capabilities and interests, and information about what and who was important to them.

Consumers and representatives were satisfied with the emotional, spiritual and psychological support provided, including access religious services and support to communicate with family. The service has implemented a household model of care program and care staff are allocated consumers to specifically provide emotional and psychological support. Consumers’ care documentation reflected their spiritual and psychological needs.

The service makes referrals to individuals and other services to support consumers, including religious and pastoral care services, the local men’s shed and the mobile library.

Consumers and representatives were satisfied with the meals provided by the service and said their dietary requirements are met. Consumers are offered a choice of meals and alternative options are available to them. Consumers’ dietary requirements and preferences are documented and consistent with information located in the kitchen. Menus are developed with consumer input and reviewed by a dietitian.

Equipment used in common and dining areas, lifestyle areas, and personal rooms was observed to be clean and maintained, including equipment used to assist consumers with mobility.

Based on the findings in the Site Audit Report, I am satisfied the service has remediated deficiencies in relation to requirement 4(3)(c). It is my decision that each requirement and the overall Quality Standard are 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 and representatives spoke positively of the service environment saying it was clean and well-maintained and provided a nice outlook over the gardens.

The service was spacious, had natural light and included quiet private areas, common areas, outdoor balconies, and garden areas. Consumers’ rooms were personalised and decorated with furnishings that reflected individual tastes and styles.

The design of the service facilitated easy access to internal and outdoor living areas; outdoor areas were landscaped and furnished for consumer use. Consumers were observed interacting with each other in various areas of the service and enjoyed outdoor areas with family and friends.

Maintenance request books were located at nurses’ stations and included a specific ‘pest request’ section due to the service’s tropical location. Maintenance staff monitored the requests made and prioritised actions required. Maintenance records and observations indicated that regular preventative and corrective maintenance was carried out as scheduled. Cleaning was scheduled and monitored by the hospitality team leader. The service including furniture, fittings and equipment was clean and well maintained.

Cleaning and maintenance staff were observed cleaning throughout the service, including common handrails, lift buttons, recreational areas, balconies, and garden furniture as part of the regular cleaning schedule. Cleaning staff spoke positively about the newly acquired commercial cleaning equipment saying it was easier to use and more effective.

# 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 they felt encouraged, safe, and supported to provide feedback and make complaints and said their feedback was used to improve the quality of care and services. They described the various methods available to them including speaking to management or staff directly, raising a concern during consumer meetings, and through the use of feedback forms. Feedback forms and return boxes were evident throughout the service.

A consumer information book was provided to consumers on entry to the service and included information about advocacy and interpreter services. Consumers were aware of advocacy and language services available to them and referenced promotional material that was available at the service. Some staff were able to translate for consumers and management explained they could access interpreter services for consumers should a need be identified.

Consumers said they were confident their concerns would be addressed promptly and provided examples of their experiences using the complaints processes. They said staff had provided them with feedback forms, they had received an acknowledgement of the complaint and were advised of outcomes. One consumer said they were aware of external complaints avenues, and while they were not always satisfied with the outcome of their complaints, they had not felt the need to use an external body.

Management said consumers were encouraged to provide feedback at the monthly consumer meetings, food focus groups, at consultative meetings and during the care plan review process. They said an advocacy service had visited in November 2022 to explain their services to consumers and to provide contact details.

The service had policies, procedures and training material about feedback, complaints, and the open disclosure process. Staff demonstrated an understanding of the principles of open disclosure and the complaints handling process and said they initially tried to resolve any issues raised by consumers and reported concerns to the registered nurse or to management.

The service analysed complaints, feedback, and concerns in order to identify trends; this information informed continuous improvement activities which were documented in the service’s plan for continuous improvement. Examples of improvement initiatives included the establishment of a food focus group and an enhanced dining experience in response to complaints about the food service.

# 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 were satisfied with staffing levels and said staff attended to consumers in a timely manner and were kind and caring. Consumers felt staff were competent, had the knowledge and skills to perform their roles, and provided examples of the individualised care that consumers received.

The service had policies and procedures to guide workforce planning and rostering and a dedicated team managed the roster and ensured sufficient clinical and support staff were available to meet consumers’ needs. A registered nurse was rostered on duty 24 hours per day and increased recruitment was in progress to minimise the use of agency staff in the registered nurse and care staff cohort.

The workforce was recruited, trained, equipped, and supported to meet consumers’ needs and preferences. An annual mandatory training program was completed by staff and included education modules and skills based training. New staff were provided an orientation to support them to transition into the role. Staff demonstrated a sound knowledge of their roles and the consumers they cared for. They said they had sufficient time to complete their work and were generally replaced when there was unplanned leave.

The service monitored its workforce by reviewing staff responsiveness to consumers’ requests for assistance and through complaints processes, surveys, and other feedback mechanisms. Team leaders, training officers and management monitored and reviewed staff performance and this occurred during and after induction and then on an annual basis. Consumer meeting minutes demonstrated staffing levels and staff performance were discussed and that actions were taken by the service in response to consumer feedback.

# 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 Performance Report dated 14 March 2022 found the service non-compliant with requirements 8(3)(c), 8(3)(d) and 8(3)(e). The deficiencies related to:

* Organisational governance systems for information management, continuous improvement, feedback and complaints and regulatory compliance.
* Risk management systems and processes for managing and reporting incidents.
* Clinical governance systems.

The Site Audit Report identified evidence that the service had taken corrective actions and remediated the deficiencies, and included positive findings against each of the requirements in Standard 8 summarised below.

Improvements included:

* Improved organisational wide governance systems, including by:
  + Implemented a new electronic care management system, which supports all aspects of information, including care information, incidents, continuous improvement and feedback and complaints. The system provides service staff and other providers of care varying levels of access to consumer documentation relative to their role.
  + Implemented a process whereby all legislative changes are reported to the Board through a legislative register.
  + Implemented various monitoring processes related to organisational governance.
* Improved risk management systems and practices, including by:
  + Utilising the new electronic care management system to record and manage incidents.
  + Established monitoring processes to ensure incidents are documented, actioned and reported under the serious incident response scheme where required.
  + Established a clinical risk register to record consumers and risks.
  + Risk management training for the Board in June 2023.
* Developed and implemented a clinical governance framework, that includes reporting guidelines, delegation of duties, and monitoring processes.
* Educated staff on various topics including the new electronic care management system, restrictive practices and behaviour support plans, antimicrobial stewardship, incidents, and the serious incident response scheme. Staff demonstrated knowledge of these areas and confirmed they use the new systems daily.

Consumers said they can provide feedback to the organisation about care and services and their feedback is recognised and responded to. Consumers are engaged through individual meetings, consumer meetings, surveys, care plan reviews and speaking directly to the Board. Consumer feedback is discussed at Board meetings and improvements to care and services have been made as a result of consumer engagement.

The organisation is managed by a Board and is supported by an consultancy organisation and administrator. The Board has systems and processes to monitor the performance of the service, including via various reports on clinical governance, quality and compliance, hospitality and human resources and consumer satisfaction surveys. The Board communicates its purpose and performance to consumers and others through various mechanisms, including meetings, direct engagement with consumers and representatives, newsletters and emails. Board members are regularly present at the service.

The service has effective governance systems and processes relating to information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. These systems are monitored.

The service identifies opportunities for improvement through a range of sources including consumer/representative feedback, audits and survey results, clinical indicator data, meetings and incident data. Continuous improvement activities are documented in the new electronic care management system and monitored by the Acting Service Manager and reported monthly to the Board. The service’s feedback and complaints process is linked to the continuous improvement process.

The service has a risk management system, clinical governance framework and policies and procedures that guide how the service manages risk, incidents, antimicrobial stewardship, restrictive practices, and open disclosure.

Staff receive training on various topics related to risk and clinical governance and demonstrated an understanding of these areas relevant to their role.

The service’s new clinical governance framework is documented. The service has a governance, quality, risk and safety committee that monitors performance and compliance against the Quality Standards. Clinical governance matters are reported monthly and reviewed and actioned by management and the Board.

Based on the findings in the Site Audit Report, I am satisfied the service has remediated deficiencies in relation to organisational governance. It is my decision that each requirement and the overall Quality Standard are compliant.

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-1)