Performance

Report

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| Warrina Park Residential Aged Care Service | 19 July 2022 |
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| Warrina Homes Inc | 20 June 2022 to 22 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 Warrina Park Residential Aged Care Service (**the service**) has been considered by Denise McDonald, 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.

# 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 site audit report received 13 July 2022.
* 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 | **Non-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) – The provider ensures each consumer gets safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being.
* Requirement 7(3)(a) – The provider ensures the number and mix of their workforce enables the delivery and management of safe and quality care and services.

# 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

Overall, consumers considered they were treated with dignity and respect, could maintain their identity, make informed choices about their care and services, and live the life they chose. Consumers/representatives confirmed they were provided with appropriate information to exercise choice and take calculated risks to live the best life they can. They said staff were kind and considerate when delivering care and their privacy and confidentiality was preserved.

Staff had a strong understanding of individuals' differing backgrounds and needs, especially in relation to cultural diversity. ‎‎Staff could describe how they interacted with consumers in different languages and facilitated activities culturally important to them.

The service was able to demonstrate care and services were safe, respectful and staff were observed providing gentle, culturally safe care. The service maintained policies and care planning documentation, that underpinned safe and effective care. Staff described how the consumer’s culture and preferences influenced how they delivered care and services day to day. For example, interacting with consumers in different languages and facilitating activities that were culturally important to individuals.

Staff were aware of the risks taken by individual consumers and said they supported them to take risks to live the way they chose. The service's annual training schedule included a 'dignity and risk versus duty of care' program which acknowledged consumers' right to make decisions and take risks. It set out the responsibility of staff to support these decisions and implement strategies to mitigate risks. The service demonstrated each consumer/representative was provided with accurate, timely information which was easy to understand and supported choice. Staff could describe the different ways information was provided to consumers, in line with their communication needs and preferences.

The service had policies and procedures for protecting consumers’ privacy and confidentiality which were supported by staff training. Staff knocked before entering consumers' rooms, announced themselves and closed the doors when delivering personal or clinical care. All nursing stations were locked throughout the audit and the computers were locked when left unattended by staff. Consumer information was not displayed on walls and windows were tinted to prevent private consumer information from being viewed.

# 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

Overall, consumers/representatives felt like partners in the ongoing assessment and planning of their care and services.

The service consistently demonstrated assessment and planning, including risks to the consumer's health and well-being, informed the delivery of safe, effective care and services. Management confirmed initial assessments were completed upon entry to the service when the needs, goals and preferences of the consumer were identified. Assessments were completed with input from management, staff, other health professionals and consumers/representatives. The assessments covered; mobility, vision, hearing, pain, skin, personal preferences, spiritual and emotional needs, nutrition, hydration, and more. Advance care and end of life planning was discussed with consumers/representatives, when the consumer wished and documented. A care plan was then developed to provide person-centred care.

Care plans showed effective, comprehensive assessment and care planning processes identified the needs, goals and preferences of the consumer, as well as risks to each consumer's health and well-being.

Staff described how the assessment and planning process involved partnering with consumers/representatives to understand their care and service needs and preferences. Care plans were developed in consultation with the consumer/representative and other individuals and organisations involved in the care of the consumer. Documentation showed the service is supported by medical officers, physiotherapist and other allied health services and consumers are referred to these services when needed. The outcomes of assessment and planning were effectively communicated to the consumer and documented in a care and services plan that was readily available to the consumer, and those involved in their care.

The service demonstrated care and services were reviewed in consultation with the consumer/representative every 6 months for effectiveness, and when circumstances changed or when incidents impacted on the needs, goals and preferences of the consumer.

# 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 assessment team’s report recommended all Requirements under Standard 3 were Met however, after consideration of the evidence, I have found Requirement 3(3)(a) is Non-compliant.

While some consumers considered the personal and clinical care, they received was safe and effective, others gave examples of how the delivery of personal and clinical care was not delivered to meet their needs or preferences.

The Site Audit report brought forward deficiencies including negative feedback from consumers and their representatives advising of medication delays, incontinence aids not being changed, being assisted to bed early, having to remain in bed or in their pyjamas for longer than desired and not being assisted to mobilise when needed. Additionally, representatives advised consumers are often rushed during personal care or upon staff failing to respond to the consumers calls for assistance, consumers attempt to mobilise independently which has resulted in them experiencing falls.

Staff confirmed there are delays in being able to assist consumers with mobilisation, the completion of tasks associated with personal care, medication administration and documentation supports consumers are experiencing lengthy wait times and falls have increased. Staff advised a high number of consumers had declined, in turning increasing their care needs.

The provider’s response acknowledged the deficiencies brought forward and furnished additional evidence and information about actions taken by the service to address the gaps identified in the provision of personal and clinical care including reviewing consumer acuity, clinical workloads resulting in additional care staff and clinical hours being added to the roster to support consumer preferences and ensure their needs are met.

I accept COVID-19 has challenged the delivery of quality care and services and I acknowledge the service had identified workforce adequacy was impacting care delivery prior to the audit, and had initiated corrective actions, however at the time of the site audit, the service was not able to demonstrate consumers were receiving personal and clinical care which was safe, met their needs and preferences as consumers were experiencing long wait times, were feeling rushed, medication administration was delayed and the prevalence of falls had increased.

I therefore find the service Non-compliant with Requirement 3(3)(a).

I find the remaining 6 Requirements of Quality Standard 3 are Compliant as:

‎‎‎Consumers/representatives were generally satisfied with the management of high-impact and high-prevalent risks and the way the service recognised and responded to changes in health status promptly. They felt there was effective communication between staff and timely and appropriate referrals made to other health professionals, when necessary. Consumers/representatives expressed confidence the service will follow their end of life wishes and support them to be as free as possible from pain and to have those important to them present. Most consumers/representatives thought staff implemented appropriate precautions to prevent and control infection.

Care planning documentation showed some consumers received safe and effective personal care and changes in a consumer’s condition or health status were identified and responded to. Advance care and end of life plans were documented where applicable. Input from other health professionals was promptly sought when needed. The service demonstrated effective processes for the management of high-impact or high-prevalence risks such as; restrictive practices, skin integrity and pain management. It was evident that information about the consumer’s condition, needs and preferences was documented and effectively communicated with those involved in the care of consumers.

The service has documented policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. The service had an outbreak management plan and could demonstrate preparedness in the event of an infectious outbreak, including for COVID-19. Staff and visitors were required to sign-in on entry to the service and were required to take a rapid antigen test and show a negative result for COVID-19 before entering the service. ‎‎Records showed all staff and all consumers had received at least 3 doses of the COVID-19 vaccination. Hand sanitiser and antibacterial wipes frequently placed 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

Most consumers considered they got the daily services and supports important for their health and well-being and enables them to do the things they want to do. ‎‎‎Consumers/representatives said they were able to pursue activities of interest to them and their emotional, spiritual and psychological well-being was supported. They described how staff helped them to maintain important personal relationships and participate in the community. Staff demonstrated an understanding of specific consumers’ daily living needs and preferences and described how they supported them to do the things they want to do. Care planning documentation confirmed consumers' daily living needs and preferences.

The service was able to demonstrate information about the consumer’s condition, needs and preferences was communicated within the organisation and with others where responsibility for care is shared. Consumers/representatives said staff were well informed about their current condition, needs and preferences. The service demonstrated regular, timely and appropriate referrals were made to other individuals, organisations and care providers to maximise consumers’ health and well-being.

‎‎‎‎Care planning documents reflected the involvement of other individuals and external services who support consumers to maintain their interests and participate in the community outside the service. Consumers/representatives sampled said they were supported by other organisations, support services and providers of other care and services.

The meals provided at the service were observed to be of a suitable variety, quality, and quantity. Most consumers/representatives expressed satisfaction with the variety, quality and quantity of food being provided at the service. Care planning documentation reflected the dietary needs and preferences expressed by consumers. The current 4-week menu included a different meal option for breakfast, lunch and dinner, along with salad, desserts and alternatives listed. The kitchen was observed to be clean and tidy and health and safety guidelines and infection control measures were displayed. Staff were observing food and workplace safety protocols.

‎‎Consumers/representatives said they had access to suitable equipment such as; mobility aids, shower chairs and manual handling equipment to support their daily living activities. Consumers with mobility restrictions were observed using mobility equipment to support their independence and these appeared to be suitable for their needs and were functioning correctly. Equipment used to provide laundry, cleaning and catering was clean and in working order. A range of lifestyle activity products such as; board games, art and craft equipment and books, were available and these appeared to be clean and in good condition. The preventative maintenance schedules demonstrated regular servicing of equipment relevant to services and supports for daily living. ‎‎Reactive maintenance requests showed reported issues were rectified by maintenance staff in a timely manner.

# 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

Consumers felt safe and ‘at home’ in the service and said they could personalise their rooms. Consumers said they could move freely inside and outside the service, and they were assisted, if needed. Consumers/representatives were satisfied the service environment and the furniture, fittings and equipment were safe, clean and well maintained.

The service environment appeared welcoming and promoted consumer interaction, independence and function. Dementia enabling design features were used with good lighting and signage to aid navigation. The service had multiple lounge rooms, gardens, indoor and outdoor eating areas, and courtyard spaces for consumers and their families to engage. Consumers’ rooms were personalised with photographs, decorations, and items of importance. Consumers were observed socialising in common areas and participating in lifestyle activities. Consumers, including those using mobility aids, were seen freely mobilising around the service. Consumers living in the memory support unit had the opportunity to go outside with assistance from staff.

The service environment was clean, well-maintained and enabled free movement in both outdoor and indoor areas. Preventative and reactive maintenance systems were in place and staff understood how to report safety issues. The service environment, including flooring, walls, ceilings, and outdoor areas, was clean and well-maintained. Cleaning staff were working in accordance with a cleaning schedule. Fire safety equipment and fire evacuation diagrams were in place and the call bell system was working. The outdoor courtyard area was observed to be equipped with outdoor tables and chairs. External pathways were clear of trip hazards and well maintained.

Furniture, fittings and equipment were observed to be safe, clean, well-maintained and suited to consumers using them. Shared equipment was maintained and cleaned between use.

# 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

Consumers felt encouraged and supported to give feedback and make complaints, and that appropriate action was taken in response. They knew about different pathways to make a complaint and the support services available, if they required. Consumers/representatives said they were very comfortable approaching management and confident the service would action their complaints in a prompt and appropriate manner and keep them informed. Consumers said they were aware of the external complaints supports available to raise and resolve complaints.

The service demonstrated consumers had access to internal and external mechanisms to raise and resolve complaints. The service had a number of culturally and linguistically diverse consumers and they have access to interpreter services if necessary. Staff described how they consult consumers in relation to their care and services and could give examples of previous issues raised and the actions taken.

The service demonstrated that appropriate action is taken in response to complaints and an open disclosure process is employed when things go wrong. Staff demonstrated an understanding of open disclosure, explaining how they would apologise to a consumer and their representative in the event of something going wrong. Staff said they would be open and honest in explaining what happened to the consumer and ensure the consumer was satisfied with the response.

The service demonstrated feedback and complaints were used to improve the quality of care and services provided. Feedback and complaints are recorded and reviewed and feed into broader service delivery improvements including informing the continuous improvement plan.

# Standard 7

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| Human resources | | Non-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. | Non-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 Non-compliant as 1 of the 5 specific requirements have been assessed as Non-compliant. The assessment team’s report recommended that Requirement 7(3)(a) was Not Met. After consideration of the evidence, I have found Requirement 7(3)(a) Non-compliant.

The service could not demonstrate the number and mix of members of the workforce deployed enabled, the delivery and management of safe and quality care and services. Most consumers/representatives sampled said there were inadequate staffing levels which impacted on the delivery of safe and timely, quality care and services. Evidence identified in the assessment team’s report included:

* Multiple consumers and representatives said there were not enough staff at the service and gave examples of how the delivery of personal and clinical care has been impacted. For example; extended call bell response times, delays in receiving medication, incontinence aids not being checked/changed, delays in assistance getting out of bed in the morning and not being assisted to lifestyle activities.
* The majority of call bells were responded to in less than 5 minutes and 30 seconds, however at least 15% of call bells were responded to in excess of 8 minutes. One consumer said they sometimes had to wait around 30 minutes for assistance.
* Minutes of meetings recorded concerns about the timeliness of staff in responding to call bells.
* A single enrolled nurse is responsible for performing the medication round for 36 consumers at 7.30 am. Staff advised this a substantial task for one person and some consumers were not receiving their medication within the clinically appropriate interval between doses.
* One representative advised the high use of agency staff had resulted in inadequate delivery of care and services in relation to support for daily lifestyle activities.
* Staff advised the service runs short staffed approximately two days per week and confirmed the staffing shortages were impacting their ability to respond to call bells and meet consumers’ care needs. The longer wait times had led to an increased number of falls due to consumers attempting to do things without waiting for assistance.
* Management advised they were aware of the ongoing workforce issues which were primarily due to the impact of COVID-19 and workforce fatigue causing a high rate of unplanned absences. Interim strategies had been put in place to minimise the impact on consumers whilst the service continued to prebook agency staff and actively recruit.
* Management recognised the workforce issue was not an overnight fix and showed their 2022 recruitment plan which demonstrated the service was actively planning their workforce and recruiting however the labour market for aged care staff is difficult.

The provider’s response acknowledged the observations made in the assessment team’s report and furnished additional evidence and information about actions taken by the service in relation to corrective actions undertaken in response to the issues brought forward by the assessment team. The provider advised:

* The service has implemented a number of strategies to ensure the correct number and mix of staff. The service continues to review consumer acuity and the care and clinical workload in consultation with staff and consumers.
* Backfilling vacant shifts when staff are on annual leave or unplanned personal leave is considered a priority to ensure consumers receive the care they need, and staff are well supported in their role.
* The service’s human resource department tracks roster fulfilment daily. Between 13 June 2002 and 11 July 2022 there were 54 shifts requiring coverage. All shifts were replaced by existing organisation staff or staff from the 2 preferred agencies.
* In June 2021, it was determined the afternoon staff were under increasing pressure to complete their workload settling consumers as per their care plan preferences. An additional afternoon personal care worker shift was introduced from 1645 to 2145 to address this.
* A customer service door shift was introduced in January 2022 to relieve the clinical and care team from having to answer the door and screen visitors under the COVID-19 the visitation guidelines.
* An additional registered nurse commenced on night duty on 20 June 2022.
* As part of the recruitment strategy service’s the service has partnered with the Australian Nursing and Midwifery Education Centre to provide ongoing student placements and a smooth transition to employment for graduates in the organisation.
* To ensure the morning medications round is completed promptly, the relevant shift time has been extended so it now commences earlier at 0700 and finishes later at 1500. This will take effect from Monday 25/7/22.

I accept that COVID-19 has generally placed the aged care workforce under significant strain and challenged the delivery of quality care and services. I acknowledge the service had identified workforce adequacy was an issue and was putting in place corrective actions. Nonetheless, at the time of the audit I consider there was evidence that workforce planning and staffing shortfalls adversely impacted the delivery and management of safe and quality care and services. I find the service Non-compliant with Requirement 7(3)(a).

I find the remaining 4 Requirements of Quality Standard 7 are Compliant as:

Consumers/representatives said staff were kind, caring and gentle when providing care and they had the appropriate skills and knowledge. Workforce interactions with consumers appeared kind, caring and respectful of each consumer’s individual identity and background.

Consumers/representatives were confident staff had the skills and knowledge to meet their care needs. The service was able to demonstrate the workforce have the qualifications and knowledge to effectively perform their roles and staff performance was regularly monitored and reviewed.

The service demonstrated they had adequate processes to recruit, train, equip and support their workforce to deliver safe and quality care and services. The service's human resource had policies and procedures which documents the staff selection, training and performance appraisal process. There were performance appraisals for all staff on an annual basis and goals were set by staff and action was taken in response to staff performance. New starters have additional requirements and are subject to probation.

Staff were provided with professional development opportunities as part of this process. This is tracked electronically and via a monthly schedule, and management are alerted when performance appraisals are due for each staff member.

# 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 service has established processes to support consumers to engage in the development, delivery and evaluation of care and services. Consumers/representatives considered the organisation was well run and said they could partner in improving the delivery of care and services. They said they were provided opportunities to participate in the development of activities and services through quarterly consumer meetings, feedback mechanisms and regular surveys. Consumers/representatives said the organisation communicates with them regularly and in a timely manner to keep them informed and active in the evaluation of the care and services provided. Consumers/representatives were confident that recommendations they made about improvements to the service were taken seriously.

The service demonstrated their Board promoted a culture of safe, inclusive and quality care and services, and was accountable for their delivery. The process for being elected to the Board aims to maintain a wide spread of specialised skills and knowledge among members. Clinical and management committees at the service level report to the four Board sub-committees which cover; clinical care, finance, governance and development committee structure.

‎‎The Board received a monthly governance report which includes; clinical indicators, complaints/compliments and audit results. The Board uses this information to evaluate compliance with the Quality Standards and inform improvement actions to the service. To ensure the service is meeting the Quality Standards and addressing incidents as they arise, the organisation has a Medication Advisory Committee (MAC) which meets quarterly and discusses medication incidents, antimicrobial stewardship, and psychotropic medication registers among other clinical indicators.

The service demonstrated how it has implemented effective governance systems relating to the improvement of management of information, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The service has documented policies and procedures that guide clinical practices and risk management, and staff demonstrated their understanding of these policies and provided examples of how they are implemented in practice. The service holds consumer and representative meetings which include attendance from management. Improvements and changes to the service are discussed to keep representatives informed.

The service provided a documented risk management framework, including policies for managing ‎high impact or high prevalence risks and maintaining a risk register. The framework addressed; ‎‎‎the abuse and neglect of consumers, ‎‎‎incident prevention and management and supporting consumers to live the best life they can. Staff had been educated about these policies and were able to explain how they applied to their work.

The service had implemented a documented clinical governance framework that reflected recent legislative changes and included policies related to; antimicrobial stewardship, minimising use of restraint and open disclosure. Staff had been educated about the policies and were able to provide examples of relevance to their work.

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)