

**Performance Report**

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| Name: | Wheatfields Incorporated |
| Commission ID: | 6841 |
| Address: | 21 Hanson Street, FREELING, South Australia, 5372 |
| Activity type: | Site Audit |
| Activity date: | 8 January 2025 to 10 January 2025 |
| Performance report date: | 11 February 2025 |
| Service included in this assessment: | Provider: 833 Wheatfields Incorporated  Service: 4274 Wheatfields Incorporated |

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 Wheatfields Incorporated (**the service**) has been prepared by Katrina Platt, 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 report was informed by [a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others
* the provider’s response to the assessment team’s report received on 30 January 2025.

# 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

This Quality Standard is assessed as Compliant as 6 out of 6 Requirements are Compliant.

Consumers and consumer representatives said they were treated with dignity and respect and their identity, culture and diversity were valued. Staff consistently demonstrated an understanding of individual consumer backgrounds and observations confirmed their interactions with consumers were respectful and dignified. Care and service documentation included life story narratives and insights into consumer life experiences, culture and religion and service agreements with consumer endorsed Charter of Aged Care Rights.

Consumers and consumer representatives discussed recognition of their cultural needs and differences and provision of culturally safe care and services. Management described person-centred care delivery and workforce education that aligned with individual consumer cultural needs and preferences. Care and service documentation evidenced consideration of cultural identity and safe practices consistent with consumer individuality and customs.

Consumers and consumer representatives confirmed they were respected and supported to exercise choice and independence about their care and services, and valued relationships were acknowledged and maintained. Staff described facilitation of individual consumer decision-making and effective communication for maintaining independence, consistent with observations which promoted consumer independence and social engagement. Care and service documentation reflected individualised choices about personal and clinical care and services delivery and others involved in their care.

Consumers confirmed they were supported to make decisions about risks they choose to undertake and discussed their engagement with independent care and social activities. Staff acknowledged the importance of consumer independence and policy documents provided staff guidance on consumer risk taking and choice. Care and service documentation evidenced dignity of risk assessments and discussions, which captured clearer timelines and responsibilities highlighted for improvement.

Consumers and consumer representatives confirmed they received current and accurate information about care and services like dining and lifestyle activities, which was easily understood and encouraged choice and decision-making. Staff were knowledgeable about individual consumer communication needs which was consistent with care and service documentation. Management outlined several communication channels used for consumers including monthly consumer meetings, newsletters and food focus meetings.

Consumers and consumer representatives discussed that their privacy was respected and information was kept confidential. Staff discussed consumer privacy was maintained during care provision and noted relevant policies and procedures which guided their approach to privacy and confidentiality. Observations confirmed appropriate privacy protocols were engaged during care provision and storage of sensitive consumer information.

# 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

This Quality Standard is assessed as Compliant as 5 out of 5 Requirements are Compliant.

Consumers and consumer representatives were satisfied with assessment and planning processes and were confident with staff risk identification. Staff were knowledgeable about individual consumer care assessments and planning and described assessment processes for nutrition, hydration, skin, falls, oral health and continence. Care and service documentation evidenced a variety of assessments were conducted and reviewed and appropriate validated assessment tools were used.

Consumers and consumer representatives indicated care planning reflected their needs, goals and preferences and included advance care planning. Staff described that consumer end of life planning was discussed and reviewed regularly and end of life wishes were honoured. Care and service documentation confirmed person-centred discussions occurred and comfort and dignity were maintained throughout palliation and end of life.

Consumers and consumer representatives discussed their active involvement in assessment and planning which involved other health professionals like medical officers and physiotherapists. Staff demonstrated a strong understanding of collaboration between consumers and others involved in their care and described communication processes which ensured consumer information informed safe and effective care delivery. Care and service documentation evidenced consumer involvement in care planning, updated care plans and recommendations captured by other care providers including dieticians.

Consumers and consumer representatives confirmed they regularly received care plan updates following review, after incidents and when consumer conditions changed. Staff discussed ongoing consultation with consumers and information sharing related to assessment and planning outcomes with other health providers. Care and service documentation captured regular exchanges of communication, updated care plans following falls and incidents, and progress notes documented outcomes from allied health professionals including occupational therapists.

Consumers and consumer representatives were satisfied with care and services review processes and were informed when circumstances changed or incidents occurred. Staff discussed care assessment frequency and reviews conducted after hospitalisation, for increased or new pain, choking incidents, falls and unplanned weight loss. Care and service documentation confirmed that regular assessment reviews were conducted for weight monitoring, medication and reduced mobility.

# 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

This Quality Standard is assessed as Compliant as 7 out of 7 Requirements are Compliant.

Consumers and consumer representatives confirmed they received safe and effective personal care and clinical care, which was tailored to their individual needs and preferences. Staff were knowledgeable about tailored consumer care and individual preferences for personal care and hygiene needs. Care and service documentation confirmed personal care and clinical care provision consistent with best practice guidelines for falls management, restrictive practices and cardiac and respiratory management.

Consumers and consumer representatives were satisfied with consumer care and risk management. Staff discussed consumers with high-impact and high-prevalence risks and supports for cognitive impairment, mobility transfers, skin hydration and wound care. Care and service documentation evidenced effective management of falls, restrictive practice and chemical restraint, and behaviour support plans. Regular risk management discussions occurred at shift handover, staff huddles and clinical governance meetings.

Consumers and consumer representatives said they were involved in end of life discussions and were confident their wishes were understood and would be respected. Staff were knowledgeable about comfort maximisation and dignity preservation and discussed pain and distress monitoring and non-verbal indicators. Care and service documentation evidenced regular review of consumer end of life wishes and ongoing consultation with consumers and their representatives about comfort cares during palliation and end of life.

Consumers and consumer representatives described that staff recognised changes in consumer conditions and responded appropriately. Staff said they were familiar with individual consumers and this knowledge ensured early identification of deterioration or consumer changes, which were escalated, assessed and monitored accordingly. Care and service documentation reflected timely identification and response to consumer health changes and deterioration, increased monitoring and escalation which included medical and allied health management when required.

Consumers and consumer representatives were kept informed about consumer conditions, needs and preferences and provided consent when information sharing was required. Staff and external health providers confirmed they received accurate and current information about consumer care and services. Care and service documentation evidenced updated progress notes completed by medical officers and occupational therapists.

Consumers and consumer representatives were satisfied with the referral process and confirmed referrals were timely and appropriate. Staff were knowledgeable about referral processes and described referrals to external specialists consistent with policy. Care and service documentation evidenced prompt referrals were made to speech pathology, dieticians, podiatry and occupational therapy and recommendations were captured for timely care provision.

Consumers and consumer representatives expressed confidence in outbreak management and discussed good hygiene practices by staff. Staff were knowledgeable about infection control practices and antimicrobial stewardship and discussed infection prevention strategies which included increased fluid intake and good continence care. Care and service documentation evidenced appropriate antibiotic practice directed by medical officers and policies and procedures guided staff practice.

# 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

This Quality Standard is assessed as Compliant as 7 out of 7 Requirements are Compliant.

Consumers and consumer representatives said daily living services and supports aligned with their goals, needs and preferences, which included daily activities participation, access to newspapers and reading materials from the local library. Staff discussed consumer leisure and lifestyle assessments were reviewed regularly and activities were tailored to individual consumer needs, goals and preferences. Care and service documentation confirmed regular discussions occurred with consumers about their leisure and lifestyle needs and preferences.

Consumers and consumer representatives confirmed engagement in their individual sacred, cultural and religious practices and activities that promoted their psychological well-being. Staff described the diverse spiritual and religious preferences which were provided through online streaming services and various well-being activities which included yoga, exercise classes, cultural days, hand massages, nail pampering and gardening. Care and service documentation evidenced consumer spiritual, emotional needs and interests, significant relationships and life story were captured.

Consumers and consumer representatives confirmed they were supported to maintain connection with their local community, maintain their social and personal relationships and engage in activities that interest them. Staff described consumer support for their chosen activities and maintaining personal and community relationships, like attending the farm centre, being in the Christmas pageant with family and friends and video devices for maintaining important relationships. Consumers were observed participating in individual and group activities, and visiting with family and friends. Care and service documentation confirmed alignment of consumer interests with the activities program.

Consumers and consumer representatives felt staff knew about their individual needs and preferences and were informed about information sharing, which they consented to. Staff discussed updating consumer care plans to capture lifestyle participation, and changes in mobility, health and behaviours. Communication was evidenced for changes in consumer nutritional needs and handover processes ensured staff awareness and understanding of consumer conditions, needs and preferences.

Consumers received timely and appropriate referrals when needed. Staff described consultation with consumers about daily needs, goals and preferences and referrals made for social, emotional and spiritual well-being, such as the community visitor scheme. Care and service documentation evidenced care planning informed by specialist recommendations, regular volunteer support and external organisations like Dementia Support Australia. Consumers were observed participating in chair-based strengthening exercises facilitated by an allied health assistant.

Consumers and consumer representatives expressed satisfaction with menu variety, food quality and quantity. Staff were knowledgeable about individual consumer dietary needs and preferences. Care and service documentation evidenced consumer allergies, likes, dislikes and regular dietary monitoring. Management discussed development of the seasonal menu with a dietician and consumer feedback was regularly sought through consumer and food focus meetings. The dining room environment was observed to be calm, clean and promoted consumer interaction.

Consumers and consumer representatives confirmed they were provided with safe, suitable, clean and well maintained equipment and reported issues when required. Staff described equipment maintenance processes to ensure cleanliness and readiness. Care and service documentation evidenced appropriate equipment availability for activities engagement. Staff discussed equipment variety, regular cleaning processes and safe storage. Observations of lifestyle activities confirmed the safe and suitable use of equipment for arts, crafts and puzzles and consumer mobility devices were clean and well maintained.

# 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

This Quality Standard is assessed as Compliant as 3 out of 3 Requirements are Compliant.

Consumers and consumer representatives confirmed the service environment was welcoming, comfortable and provided easy navigation, whilst maintaining independence. Consumer rooms were decorated with their belongings and personal furniture, which promoted privacy and interaction. Management discussed ensuring consumer feedback was sought for service improvements through meetings and direct communication.

Consumers and consumer representatives consistently described a secure, well maintained and clean environment, where they moved freely both indoors and outdoors. Staff demonstrated an understanding of maintenance procedures and confirmed maintenance concerns were promptly addressed. Preventative and reactive maintenance processes were effective, and requests for maintenance was identified as an area for further improvement.

Consumers and consumer representatives said furniture, fittings and equipment was safe, clean, well maintained and suitable for use. Staff discussed equipment training and hazard identification and reporting procedures. Mobility equipment was observed as clean and in good condition, and furniture was clean and well maintained. Documentation evidenced regular cleaning and servicing of furniture, fittings and equipment.

# 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

This Quality Standard is assessed as Compliant as 4 out of 4 Requirements are Compliant.

Consumers and consumer representatives were aware of complaint and feedback processes and felt supported when they provided feedback. Staff described support and encouragement provided to consumers to complete feedback forms and policies and procedures guided staff practice in complaints handling. Management discussed multiple channels available to consumers to provide feedback and consumer meetings were observed to include regular feedback discussions.

Consumers and consumer representatives were familiar with the external supports available for raising concerns and information was observed to be readily available. Staff and management discussed support provided to direct consumers to other services when required. External advocacy information for services including Aged Rights Advocacy Service and the Older Person Advocacy Network were available to consumers, with the Aged Rights Advocacy Service noted to visit consumers annually.

Consumers and consumer representatives confirmed appropriate and transparent action was taken to address feedback and complaints. Staff discussed the apologies provided through the open disclosure process and its importance in issues resolution. Management described the open disclosure process and staff training received on the policies and procedures.

Consumers described complaints made and improvements they had seen and experienced for care and services, which included clinical care and food provision. Consistent review and trending of feedback and complaints for improvements to consumer care and services was not demonstrated. Feedback and complaints registers were incomplete and staff noted feedback and complaints were often addressed with the consumer directly and noted in care and services documentation, not recorded in the relevant registers. Management noted some complaints were logged in the electronic care management system and were not captured in the feedback and complaints registers.

In response to the Assessment Team report, the approved provider discussed the actions taken to ensure all feedback and complaints are consistently reviewed. The plan for continuous improvement dated 9 January 2025 included several completed and scheduled actions including review and update of relevant policies and processes and improvements in monitoring by quality staff to ensure all feedback and complaints are captured and considered.

The plan for continuous improvement indicated that feedback forms have been reviewed to ensure they were consumer-friendly and placed in areas which provided easy access for consumers. A quick-response code added to the feedback form, monthly newsletters and welcome packs ensures direct system feedback and new flow charts detail easily understood steps for completing and submitting feedback. Additionally, a new feedback letter has been formulated and will be provided for each complement, complaint or feedback submission made, to acknowledge receipt.

The plan for continuous improvement notes that several communication measures have been implemented for consumers and consumer representatives about the process of completing and submitting feedback and complaints, including newsletters and consumer meetings. Orientation processes for consumers and consumer representatives entering the service have been enhanced to include the feedback and complaints process and the consumer handbook will be updated. Education for consumers on the importance of feedback and complaints and the process has been added to the activities calendar. Staff education has been provided.

In making a decision on Requirement 6(3)(d), I have considered the intent of the Requirement which provides that best practice systems for complaint and feedback management are in place and are used to improve the quality of care and services for consumers. Organisations are required to provide timely feedback to the governing body, its workforce and consumers on complaints and the actions taken. It is expected that information obtained from complaints and feedback is used to make improvements to safety and quality systems and systems are regularly reviewed and improved for complaints management.

Firstly, I have considered the voice of consumers, who were satisfied with the management of complaints and feedback and were able to describe the improvements that had been made to their care and services provision after raising issues directly with the service. I note that further enhancements to consumer communication, monthly newsletters and welcome packs, as noted in the plan for continuous improvement, will further improve the complaints process and the ability of the service to facilitate improvements to consumer care and services.

The plan for continuous improvement contains several actions which have demonstrated the approved provider’s understanding of compliance with the Requirement and a commitment to continuous improvement. The actions have improved the collation of consumer complaints and feedback to appropriate registers, which I note were already in place but were previously under-utilised. I note complaints and feedback were being captured in different places, and appropriate actions have been undertaken to ensure information is captured and reviewed in accordance with the Requirement.

Based on the consumer feedback and actions taken by the approved provider, I am satisfied the approved provider has taken appropriate measures to ensure feedback and complaints are more consistently captured, reviewed and improvements are implemented. I therefore find that Requirement 6(3)(d) is Compliant.

For discussion about the associated governance systems and processes, please refer to discussion under Requirement 8(3)(c).

# 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

This Quality Standard is assessed as Compliant as 5 out of 5 Requirements are Compliant.

Consumers and consumer representatives were satisfied with the workforce numbers and the support provided by staff. Staff discussed they had sufficient time for safe and quality care and services delivery and management detailed rosters, vacant shift allocation and consideration of consumer numbers and consumer care needs to ensure correct staffing allocations. Continuity of care was prioritised and regularly scheduled occupational therapy services and volunteers complemented the workforce.

Consumers and consumer representatives said staff were kind, caring, respectful and responsive to consumer needs and preferences, which was consistent with observations. Staff demonstrated a good understanding of individual consumer circumstances and flexibility in care and services delivery. Workforce interactions were guided by organisational values and standards of care and relevant policies including respectful behaviour and the code of conduct.

Consumers and consumer representatives said staff were competent and skilled. Staff expressed confidence in the knowledge required to perform all aspects of their roles and confirmed they received regular training. Management discussed staff competency monitoring, performance observations and feedback and documentation evidenced appropriate qualifications and employee screening checks.

Consumers and consumer representatives were confident the workforce were well trained and delivered quality care and services. Staff discussed training completion in areas including the Quality Standards, dignity and personalised care, person-centred care, and infection control, and being supported through regular engagement with their supervisors. Management discussed initial selection and onboarding processes, staff orientation and induction processes and ongoing mandatory training and staff support.

Consumers confirmed they provided feedback on staff performance. Staff discussed engagement in annual performance appraisals, which they described as inclusive and constructive. Additional training requests were considered and staff performance monitoring and management of underperformance was evidenced.

# 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**

This Quality Standard is assessed as Compliant as 5 out of 5 Requirements are Compliant.

Consumers confirmed there were multiple opportunities for engagement in development, delivery and evaluation of care and services through providing compliments and complaints and attending consumer meetings. Management discussed consumer consultation undertaken for the new building development and engagement with consumers about furniture, garden areas, wall colours and curtains. Consumers were informed about progress updates at monthly consumer meetings and improvements were implemented following consumer feedback.

As the governing body, the board attended the service regularly for interactions with consumers and consumer representatives. Monthly board meetings and multiple reporting mechanisms ensured the board was informed about risk management, Aged Care Bill updates, recruitment, retention and staff movements, finance, and building development updates. The clinical and quality governance committee presented actions and discussions on high-risk issues including consumer falls, behaviour support, wounds, clinical decline and infections.

Effective organisation wide governance systems were demonstrated for information management, continuous improvement, financial governance, workforce governance and regulatory compliance. For feedback and complaints, effective systems and processes which informed improvements to consumer care and services were not demonstrated. Trending and analysis of feedback and complaints was not evidenced at an organisational level.

In response to the Assessment Team report, the approved provider committed to providing effective organisation wide governance systems relating to feedback and complaints and use of the information gained to improve consumer care and service outcomes. The plan for continuous improvement, dated 9 January 2025, detailed several actions taken by the approved provider.

Relevant policies and procedures have been reviewed and updated and ongoing evaluation has been recognised. Feedback and complaints have been incorporated into several key meetings including consumer and consumer representatives meetings, clinical and quality governance meetings and board meetings for regular discussion. Board meetings and the clinical and quality governance meetings will incorporate trending and analysis discussions about feedback and complaints and feedback about quality improvement projects will be incorporated into consumer newsletters to keep consumers informed. Key governance meetings will include open disclosure as a regular discussion item.

Collation of information into the complaints and feedback registers has been improved, through use of the quick-response code into consumer communications and oversight by the quality team at an organisational level.

Staff huddles will include regular discussions about feedback and complaints. Staff communications about the new processes have occurred and regular discussions through staff huddles and toolbox education sessions will ensure staff remain updated and focused on feedback and complaints reporting and processes for open disclosure. Additional staff development opportunities have been identified with an outside provider. Review of staff onboarding processes has occurred to ensure new staff are familiar with feedback and complaints processes and the newly designed process flowchart.

In making a decision on Requirement 8(3)(c), I have considered the intent of the Requirement as it relates to feedback and complaints which requires organisations to proactively improve consumer outcomes by collating and analysing information gathered from feedback and complaints. I have considered the voice of consumers, and their feedback that the service considers their feedback and complaints, communicates the complaint outcomes and discusses the improvements that have been implemented.

I note the plan for continuous improvement submitted for consideration identified several actions which demonstrates the approved provider understands their obligations under Requirement 8(3)(c). The actions also demonstrate a commitment to continuous improvement, noted by the ongoing evaluation of the actions undertaken to ensure they have been effective and will ensure ongoing compliance with this Requirement. Based on the consumer voice and the actions taken by the approved provider to ensure compliance, I therefore find that Requirement 8(3)(c) is Compliant.

An effective risk management framework was demonstrated. Management of high-impact and high-prevalence risks included organisational and service level oversight and daily reviews ensured ongoing clinical risk identification and action. Policies and procedures for dignity of risk, clinical risk, identifying and responding to consumer abuse and neglect, incident management and the Serious Incident Response Scheme were evidenced, and staff training during induction and annually was provided.

An effective clinical governance framework was evidenced. Policies and procedures for antimicrobial stewardship, minimising the use of restraints and open disclosure supported staff practice. The principles of antimicrobial stewardship were practiced in accordance with the organisational policy. Minimising the use of restraint was managed at both organisational and service leave through various oversight measures. For open disclosure, staff demonstrated an awareness and understanding of their responsibilities and were familiar with the policies and procedures.

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