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Aged Care Quality and Safety Commission

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Aged Care Quality and Safety Commission

Final Assessment report
Category 6
Renewal of registration audit

Royal Freemasons Ltd

Residential care home	Centennial Lodge
Residential care home ID	ARCH-04505
Audit dates	4/03/2026-2/07/2026
Assessment report date	17/08/2026

Acknowledgement of Country

The Aged Care Quality and Safety Commission acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, water and community. We pay our respect to their Elders past, present and emerging, and extend that respect to all Aboriginal and Torres Strait Islander peoples

1. Scope and approach

This audit was conducted as part of the Aged Care Quality and Safety Commission (Commission) audit methodology process. The scope of this audit was limited to the following Aged Care Quality Standards (Quality Standards):

- Quality Standard 1: The Individual
- Quality Standard 2: The Organisation
- Quality Standard 3: The Care and Services
- Quality Standard 4: The Environment
- Quality Standard 5: Clinical Care
- Quality Standard 6: Food and Nutrition
- Quality Standard 7: The Residential Community

The following information has been considered in preparing this final assessment report:

- the documents and records you submitted
- interviews with your management, governing body members and senior management, workers (employees, agency, subcontractors), and others
- observations of the residential care home environment and delivery of care and services as appropriate
- interviews with older people or their supporters
- information we have about you as an organisation or person and your residential care homes
- provider response to the preliminary assessment report received on 28 July 2026
- review of other materials as relevant.

This final assessment report is split into 2 sections:

- **executive summary:** this provides an overview of the auditee and audit, as well as findings at a Quality Standards level
- **detailed findings:** this provides the findings of the audit at an Outcome level, including evidence to support any non-conformance with the Quality Standards.

The findings in this report have been rated using the following rating scale:

Rating	Description
Conformance	The provider **has** demonstrated it can establish, implement, monitor and continuously improve governance arrangements, systems and processes to meet the requirements of the Outcome/Quality Standard and deliver person-centred quality care.
Minor non-conformance	The provider **has** demonstrated it can establish, implement, monitor and continuously improve governance arrangements, systems and processes to meet the requirements of the Outcome/Quality Standard, but some gaps are identified. Identified gaps are **not systemic** and **do not present high risk**. In this context: • **not systemic** means the gap only affects a minor part of the whole system or process (relevant to the Outcome/Quality Standard) • **do not present high risk** means the gap does not present significant risks or immediate consequences to the health, safety and wellbeing of older people or workers.
Major non-conformance	The provider **has not** demonstrated it can establish, implement, monitor and continuously improve governance arrangements, systems and processes to meet the requirements of the Outcome/Quality Standard and is likely to present significant risks to older people and workers. The provider needs to carry out significant actions to conform with an Outcome/Quality Standard and/or the identified risks posed to older people is high.
Out of scope/ not applicable	The Quality Standard/Outcome is out of scope for the audit or not applicable to the provider due to the nature of services provided.

2. Executive summary

Centennial Lodge is a Category 6 residential aged care service located in Wantirna South, Victoria. The service comprises a single residential care home and includes a dedicated memory support unit. Day-to-day operations are managed by the service management team, overseen by the executive management team and governed by a board of directors. Centennial Lodge delivers a range of residential aged care services to support varying care needs, including accommodation, personal care, clinical care, dementia-specific care, respite and palliative care. Services are supported by 24-hour nursing care and access to general practitioners and allied health services.

As part of this audit, the audit team conducted various evidence gathering activities to assess the provider's conformance with the Quality Standards. Evidence gathered included several interviews from provider and residential care home interviews.

1. Number of provider representatives interviewed: 5
2. Number of governing body representatives interviewed: 3
3. Number of senior management representatives interviewed: 6

Number of interviews conducted with the residential care home:

1. Management: 2
2. Workers: 11
3. Older people: 6
4. Supporters: 2

Experience of older person

Feedback from older people and their supporters demonstrated care and services are delivered in a manner which upholds dignity, respect, choice and independence. Consumers reported they are actively involved in decision-making regarding their care and services, with their individual preferences, goals, identity, culture and diversity respected and reflected in care and service delivery.

Older people and their supporters confirmed care and services meet the older person's needs, feedback is welcomed and responded to in a timely manner, and they feel safe and comfortable raising concerns or making complaints. Evidence demonstrated older people are engaged in discussions about service improvement through meetings, feedback sessions, individual conversations and continuous improvement activities.

Older people reported being supported to maintain their independence and participate in planning and coordinating their care. Changes to care plans are communicated effectively, and clinical risks are assessed and discussed, ensuring informed choice and respect for consumer preferences. Older people and their supporters expressed confidence in the quality and safety of clinical care, including staff competence in recognising and responding to changes in health and facilitating access to specialist healthcare services when required.

Older people described the service environment as clean, safe, welcoming and well maintained, with effective infection prevention and control practices in place. They also expressed satisfaction with meal quality, choice and variety, noting opportunities to provide feedback which is acted upon by the service.

Older people confirmed they are supported to participate in meaningful activities, maintain connections with family and community, and access external supports and specialist services as needed. Overall, feedback indicated a high level of satisfaction with the quality, safety and person-centred nature of the care and services provided.

Experience of aged care worker

Aged care workers consistently demonstrated a positive commitment to providing safe, high-quality care to older people. They confirmed they receive appropriate training and ongoing education to maintain their skills and knowledge. Aged care workers said they have the equipment and resources required to ensure they can perform their roles effectively and indicated there are sufficient staff available to meet the needs of older people and support the delivery of quality care

Aged care workers described effective communication processes within the service and stated they are regularly kept informed of important updates and changes. They confirmed they have access to the information they need to understand older people's care requirements and deliver person-centred care. Aged care workers reported having opportunities to provide feedback, raise concerns, and contribute to continuous improvement activities.

Observation of aged care worker interactions demonstrated respectful and positive engagement with older people. They communicated in a courteous manner and supported older people's dignity and choice. Aged care workers affirmed that management are supportive and the service promotes a positive culture where teamwork, respect, and older person wellbeing are prioritised.

Audit ratings

Table 1: audit rating summary

Quality Standard	Audit rating
Quality Standard 1: The Individual	**Conformance**
Quality Standard 2: The Organisation	**Conformance**
Quality Standard 3: Care and Services	**Conformance**
Quality Standard 4: The Environment	**Conformance**
Quality Standard 5: Clinical Care	**Conformance**
Quality Standard 6: Food and Nutrition	**Conformance**
Quality Standard 7: The Residential Community	**Conformance**

Overall, based on the evidence considered, the audit found that Centennial Lodge can establish, implement, monitor and continuously improve governance arrangements, systems and processes for delivering safe and quality care.

Across the Quality Standards audited, 35 Outcomes were rated as conformance. The provider has demonstrated it can establish, implement, monitor and continuously improve governance arrangements, systems and processes to meet the requirements of the Outcome/Quality Standard and deliver person-centred quality care.

Provider response and Assistant Director Audit assessment

This assessment report has been finalised noting the provider did not respond to any findings in the preliminary assessment report.

The provider agreed with all findings presented in the preliminary assessment report.

3. Performance summary by Quality Standard

Quality Standard 1: The Individual

Quality Standard 1: The Individual	**Conformance**
Older person's expectation	I have the right to be treated with dignity and respect and to live free from any form of discrimination. I make decisions about my funded aged care services, with support when I want or need it. My identity, culture and diversity are valued and supported, and I have the right to live the life I choose. My organisation or person understands who I am and what is important to me, and this determines the way my funded aged care services are delivered.
Outcome	**Rating**
1.1 Person-centred care	**Conformance**
1.2 Dignity, respect, and privacy	**Conformance**
1.3 Choice, independence, and quality of life	**Conformance**
1.4 Transparency and agreements	**Conformance**

1.1 Person-centred care:
The provider demonstrates a value and an understanding of person-centred care, taking into consideration the safety, health, well-being and quality of life of each older person. Identity, culture, ability, diversity and belief underline delivered care and services. Funded aged care is tailored into the provider's systems to ensure the older person is considered and provider care is based on the needs, goals and preferences of each older person.

The care delivery location assessment validated that the provider's systems and processes are delivering person centred care to older people. Older people reported they feel respected and involved in decisions about their care, with aged care workers understanding

their preferences and routines. Aged care workers demonstrated an understanding of person-centred care principles with interaction between aged care workers and older people observed to be respectful.

1.2 Dignity, respect and privacy:
The provider demonstrated services are guided in accordance with the Statement of Rights under their obligations under the Aged Care Act 2024. Funded aged care services are stated to be provided to older people in a way that is free from all forms of discrimination, abuse and neglect. Person-centred care has been fully implemented into the provider's governance systems to ensure the dignity, respect and privacy of each person is upheld.

The care delivery location assessment validated that the provider's systems and processes are delivering care and services with dignity, respect and privacy. Interviews with older people indicated they feel respected, treated with kindness, and their privacy is upheld. Older people reported their preferences regarding how and when care is delivered is considered. Aged care workers demonstrated an understanding of their responsibility to uphold dignity, respect individual rights, and maintain privacy. Care planning documentation and observations supported these findings.

1.3 Choice, independence and quality of life:
The provider demonstrates a system in which older people are encouraged to maintain independence and exercise dignity of risk and choice to make decisions when they want or need. Older people and their supports are provided with timely and accurate information which is tailored and easily understandable.

The care delivery location assessment validated that the provider's systems and processes support the older people's choice, independence and quality of life. Interviews with aged care workers confirmed their understanding of supporting informed choice and encouraging independence. Documentation reviewed demonstrated information about access to advocacy services is available. Older people and their supporters stated they feel the service is supporting older people to make their own choices and maintain independence which promotes quality of life. Observations and care file reviews indicated care is tailored to individual goals and preferences.

1.4 Transparency and agreements:

The provider ensures older people and their supports have enough time to consider agreements and have ongoing opportunities to seek support and ask questions. Documentation such as fees, invoices and agreements are provided in the older person's language and simplified into plain terms for easier understanding. Autonomy is encouraged. Prices are reviewed and managed per provider legislative obligations.

The care delivery location assessment validated that the provider's systems and processes are in place, leading to transparency in agreements and information is available to older people and their supporters. Interviews with older people and aged care workers indicated individuals are supported to understand their care arrangements and agreements. File reviews demonstrated agreements are documented and maintained, and care is delivered in line with agreed services.

Older person experience

Older people and their supporters confirmed aged care workers deliver the care and services needed, their feedback is listened to and responded to within a timely manner. Older people and their supporters indicated they have been involved in conversations regarding how care and services could be improved and this is evidenced in minutes from meetings, feedback sessions, individual conversations and in continuous improvement actions. Older people and their supporters confirmed they have access to all the information they need in relation to their care and services, they are encouraged to make complaints and provide feedback and feel safe to do so.

Quality Standard 2: The Organisation

Quality Standard 2: The Organisation	Conformance
Older person's expectation	The organisation is well run. I can contribute to improvements to funded aged care services. My provider and aged care workers listen and respond to my feedback and concerns. I receive funded aged care services from aged care workers who are knowledgeable, competent, capable and caring.

Outcome	Rating
2.1 Partnering with individuals	**Conformance**
2.2 Quality, safety and inclusion culture	**Conformance**
2.3 Accountability, quality system and policies and procedures	**Conformance**
2.4 Risk management	**Conformance**
2.5 Incident management	**Conformance**
2.6 Complaints and feedback management	**Conformance**
2.7 Information management	**Conformance**
2.8 Workforce planning	**Conformance**
2.9 Human resource management	**Conformance**
2.10 Emergency and disaster management	**Conformance**

2.1 Partnering with individuals:

The provider has systems in place that demonstrate partnerships with individuals is sought by the governing body to inform organisational priorities and direct continuous improvement. Meaningful engagement with individuals by the governing body and by

senior management is shown to direct quality improvement measures. Individuals who are sought reflect the diversity and demographic of the provider's client base, ensuring the provision of cultural safe care.

The care delivery location assessment demonstrated older people and their supporters are engaged in the development of organisational priorities. This is evidenced in minutes from meetings, forums, feedback sessions, and continuous improvement activities. Older people and their supporters confirmed the provider and aged care workers listen to and respond to their feedback and concerns.

2.2a Quality, safety and inclusion culture to support aged care workers to deliver quality care:
The provider has a system which leads a culture of quality, safety and inclusion for the support of aged care workers. Processes in place are monitored by the governing body and the senior management team to ensure effectiveness. Quality improvement measures are in place and acted upon when identified.

The care delivery location assessment evidenced staff training and management oversight to ensure workforce wellbeing, diversity and safety are actively reported, acted upon and monitored. Aged care workers confirmed the provider communicates information to support effective delivery of care. Daily clinical huddles are held to update staff and deliver reminders about safety and wellbeing, and noticeboards in the care location included information on education, inclusion, safety events occurring at the service.

2.2b Quality, safety and inclusion culture to support individuals:
The provider demonstrates active engagement and consultation with older people. The provider demonstrates tools such as surveys and engagement activities are utilised regularly and information is acted to aid in quality improvement measures. The provider ensures their services are appropriate for each older person, including those living with dementia, First Nations people and older people with diverse needs.

Older people and supporters' meeting minutes indicated they have been involved in conversations regarding how care and services could be improved. Action registers from the meetings guided continuous improvements with management providing updates to staff,

older people and their supporters via communications and as follow up within the meetings. Older people said they are consulted as an individual, complete surveys, can attend meetings and have a newsletter to ensure they are kept up to date.

2.3 Accountability, quality system and policies and procedures:

The provider has systems in place which monitor the quality of services delivered to older people. Accountability is outlined through policy documents and open disclosure is demonstrated by the governing body and senior management to aged care workers and older people. The provider has a suite of policies and procedures which guide their workforce in everyday practice. Some policies and procedures have outdated referencing and/or do not contain current, evidence-based information for workforce reference. It is demonstrated that these policies are followed regularly by senior management and the broader workforce, creating a systemic impact and risk for both the provider and older people within their care. Although a new process has been recently put in place to ensure policy dates are reviewed and monitored, the content of each policy was acknowledged by the governing body to not be updated at that time.

At the care delivery location, the provider's accountability and quality systems demonstrated that governance and quality management arrangements were implemented as intended. Evidence gathered through review of audits, continuous improvement activities, incident and feedback management, management oversight and interviews demonstrated that issues identified at the care delivery location were monitored, escalated and addressed through the provider's established systems. The Audit Team did not identify gaps between provider level systems and their implementation at the care delivery location. Improvement actions reviewed by the audit team demonstrated oversight and monitoring of actions taken, including consideration of whether actions had achieved the intended outcomes.

2.4 Risk management:

The provider has processes in place for the management of risk at a governance level. The provider demonstrates ongoing use and interrogation of risk management systems, which outlines review and reassessment of risk and prevention measures used to minimise

ongoing risk to older people and aged care workers. Recently, a new incident management system has been implemented to enable better visibility of current risks and aims for prevention, control and minimisation of risks and incidents.

At the care delivery location, the provider's risk management systems demonstrated that risks to older people were identified, documented, assessed and monitored through established local and provider-level processes. Evidence gathered through review of the care delivery location assessment, clinical high-risk registers, incident analysis, audits and interviews demonstrated that identified risks were subject to controls, escalation and ongoing monitoring. Management and staff demonstrated how changes in risk triggered increased monitoring and review, and how information from incidents, feedback, audits and other monitoring activities was used to identify emerging risks and implement preventative actions. The clinical high-risk list was also used during daily huddles to support ongoing oversight of identified risks and the implementation of risk management strategies. The Audit Team did not identify risks that had remained unrecognised or unmanaged through the provider's established risk management systems.

2.5 Incident management:

The provider has an incident management system in place. Policy outlines accountability of all aged care workers, ensuring actions to incidents are recognised and responded to in a manner which is timely, supports root cause analysis, and open disclosure. Incident prevention measures recently included a new digital platform for trending, aged care worker training and ongoing review of risk, incidents and near-misses.

At the care delivery location, the provider's incident management systems demonstrated that incidents were identified, reported, escalated and reviewed through established processes. Evidence gathered through review of incident records, investigations, management oversight, corrective actions and interviews demonstrated that incidents were assessed according to risk and subject to appropriate escalation and follow-up. Management used incident analysis to identify trends, recurring issues and emerging risks, with identified actions incorporated into risk management and continuous improvement processes where required. Evidence gathered demonstrated oversight of actions arising from incidents and consideration of whether actions taken had reduced the risk of recurrence. Staff interviewed demonstrated an understanding of their responsibilities to identify, report and escalate incidents,

including incidents that may require consideration under the Serious Incident Response Scheme. The Audit Team did not identify incidents that had remained unrecognised, unreported or unmanaged through the provider's established incident management systems.

2.6a Complaints and feedback management for aged care workers:
The provider has processes in place to ensure aged care workers are supported to make complaints and provide feedback without reprisal. The governing body and senior management demonstrated that complaints received are dealt with transparency and with timely action. Complaints inform quality improvement measures locally and strategically.

Aged care workers confirmed there are clear processes in place to provide feedback, and they are encouraged and supported to provide feedback and make complaints about the service delivery of funded aged care services. The feedback register and staff meeting minutes confirmed the provider receives and resolves complaints from aged care workers.

2.6b Complaints and feedback management for individuals:
The provider has processes and mechanisms in place to ensure older people and their supporters can make complaints and provide feedback without reprisal. Complaints information demonstrates complaints received by the governing body and senior management are dealt with transparently and with timely action. Complaints inform quality improvement measures.

Older people and supporters said they are encouraged and supported to provide feedback and make complaints about care and services. Older people and their supporters felt safe to raise concerns without reprisal. The feedback register evidenced management responds to complaints in a timely manner, manages issues transparently and makes improvements informed by feedback.

2.7 Information management:
The provider has an information management system in place which is led by informed consent and provides privacy for older people. The provider has processes in place to continually review and ensure accuracy of information present. The governing body and senior management said information recorded about the older person in their care is consistently reviewed and can be accessed by all aged

care workers and relevant allied health professionals via their digital file management platform. Information is provided to each older person (and their chosen supports) in a way which can be understood by them, including the use of plain language and translating information to the older person's preferred language.

Older people and supporters said they are encouraged and supported to provide feedback and make complaints about care and services. They said the service maintains an accessible feedback management system and felt safe to raise concerns without reprisal. The feedback register evidenced management responds to complaints in a timely manner, manages issues transparently and makes improvements informed by feedback.

2.8 Workforce planning:

The provider has recently developed a new process for onboarding and review of staffing skills mix and numbers. The provider has an embedded system in place which allows them to oversee their workforce needs. The provider is meeting their legislative obligations to meet minimum required care minutes and always have a registered nurse on site and on duty.

Aged care workers said they can raise with management workforce needs, staffing levels have improved recently, and the mix of staff are satisfactory to ensure safe assistance with the provision of care and services. Older people and their supporters confirmed aged care workers deliver the care and services needed. The service uses agency staff whenever needed to ensure a full staff complement is in place and requests regular staff from the agency to ensure consistency for the older people. Aged care workers said they can raise with management workforce needs, staffing levels have improved recently, and the mix of staff are satisfactory to ensure safe assistance with the provision of care and services. Older people and their supporters confirmed aged care workers deliver the care and services needed. The service uses agency staff whenever needed to ensure a full staff complement is in place and requests regular staff from the agency to ensure consistency for the older people.

2.9 Human resource management:

The provider has systems to ensure aged care workers are skilled and competent in their roles. Aged care workers have appropriate employment checks, training, supervision, escalation, support and resources. The provider is supportive with feedback, incidents and

complaints and regularly reviews the effectiveness of training and training systems. Provider has recently implemented a new digital platform and recruitment process which supports ongoing training and education for all aged care workers.

Aged care workers said they receive regular training via online courses, face to face sessions, during meetings and toolbox talks. Agency aged care workers said they are inducted into the service and given resources and support to ensure they can perform their duties. Older people and their supporters said they feel staff are well trained to do their role.

2.10 Emergency and disaster management:
The provider has a range of policies and procedures for emergency and disaster management planning, which includes information on how emergencies will be responded to. Regular review and testing of these systems occur, with ongoing improvements and information updates occurring. Planning for emergency and disaster management within home service delivery areas includes consultation with older people, however, does not include partnerships with the older people's within the provider's residential sites. This was confirmed by provider policy and senior management, who stated that future planning includes emergency and disaster planning with older people in their consumer advisory board committee.

The care delivery location assessment confirmed, in the event of an emergency, aged care workers knew what they needed to do and what to take to continue to provide care and services to older people. Regular meetings with older people and supporters table emergency procedures for discussion, including what to do when the fire alarm activates and for emergency drill exercises. Recently some confusion was experienced due to false alarms and communication during a mock emergency exercise. The management team have implemented changes to avoid future confusion and have planned a visit from the fire service for older people and their supporters' education. This action was included in the plan for continuous improvement.

Older person experience

Older people and their supporters confirmed aged care workers deliver the care and services needed, their feedback is listened to and responded to within a timely manner. Older people and their supporters indicated they have been involved in conversations regarding

how care and services could be improved and this is evidenced in minutes from meetings, feedback sessions, individual conversations and in continuous improvement actions. Older people and their supporters confirmed they have access to and all the information they need in relation to their care and services, they are encouraged to make complaints and provide feedback and feel safe to do so.

Quality Standard 3: The Care and Services

Quality Standard 3: Care and Services	**Conformance**
Older person's expectation	The funded aged care services I receive: • are safe and effective • optimise my quality of life, including through maximising independence and reablement meet my current needs, goals and preferences • are well planned and coordinated • respect my right to take risks.
Outcome	**Rating**
3.1 Assessment and planning	**Conformance**
3.2 Delivery of funded aged care services	**Conformance**
3.3 Communicating for safety and quality	**Conformance**
3.4 Planning and coordination of funded aged care services	**Conformance**

3.1 Assessment and planning:

The provider has a process in place to ensure services provided in a planned and risk informed way. Older people and their supports work in partnership to create their care and service plans. The provider has systems in place which review care and service plans in partnership with each older person and/or their supporters, the provider does this on a regular basis and when circumstances change. A copy is offered to all older people and their chosen supporters. The Assessment and Planning policy does not state who is responsible for ongoing reviews and updates to care planning documentation.

The care delivery location assessment validated the electronic care management system (ECMS) is used to manage and provide care planning documentation. Review of older people's care files detailed information in relation to the current needs, goals and preferences

for their care and services and included when discussions occurred and changes were made to the care and services plan. Older people and their supporters confirmed they were kept up to date in relation to the care and services being delivered, when there were changes made and how they could ask for a copy of the care and services plan. Aged care workers confirmed the clinical team is responsible for the care and services plan, reviews and communicating changes to the plan to the older people and their supporters.

3.2 Delivery of funded aged care services:

The provider approaches care planning in a way that is culturally safe, trauma aware and healing informed. Older people received care that is contemporary and currently meets their needs, goals and preferences. The provider has policies which aim to support the planning of an older person's services to ensure quality of life, reablement and maintenance of function, is aligned and consistent with their preferences, needs and goals. Older people are referred to allied health services to support early identification and intervention of health risks. The provider is demonstrating the placement of dementia supportive care using contemporary and evidence-based strategies, enabling the identification and review of older people living with dementia and encouraging their supports.

The care delivery location assessment demonstrated aged care workers delivering culturally safe and trauma aware care by knowing the individual needs, goals and preferences of older people at the service. Care planning documentation evidenced referrals to allied health services when health conditions changed, and older people and their supporters said they received care and services that met their preferences, needs and goals whilst feeling safe at the service as the staff knew what was important to them.

3.3 Communicating for safety and quality:

The provider has a system for communicating structured information about funded aged care services which ensures risk and other important information is effectively communicated in a timely way. The provider's processes for communication are utilized throughout service delivery, including when an older person commences receiving funded aged care services, when circumstances change and when risks emerge.

Interviews conducted at the care delivery location confirmed older people are satisfied with the communication provided to them regarding their care. Aged care workers said they use the ECMS to communicate critical information regarding older people efficiently and in a timely manner with each other and the older people's supporters. Observations of the daily clinical handover and electronic care records identified timely and effective communication of updates and risk management.

3.4 Planning and coordination of funded aged care services:
The provider demonstrates funded services are planned and coordinated. The provider works in partnership with the older people and their chosen supporters. Supporters are recognized as partners of care and involved in decision making when required. Coordinated transitions are in collaboration with the older person and their supporter, and a communication process is in place to ensure relevant information is documented and effectively communicated and managed.

During interviews at the care delivery location audit, older people confirmed they had access to doctors/specialists when they needed them. Older people and their supporters said they engage in the process to plan and coordinate their services, and changes are communicated when the plan changes. Additionally, supporters of older people mentioned transition of care was well coordinated and communicated to them. The provider demonstrated planning and coordination of services via daily clinical handovers and ensuring information was recorded in electronic care files as an alert when necessary.

Older person experience

Older people and their supporters said they were supported to maintain their independence and their current services met their needs, goals and preferences. They are involved in the process to plan and coordinate their services and changes are communicated when the plan changes. Clinical assessments were completed when risks were identified and discussed with older people and their supporters. When a choice or activity was determined to pose a risk to the older person, they confirmed their wishes were respected and they were treated with dignity through this process.

Quality Standard 4: The Environment

Quality Standard 4: The Environment	Conformance
Older person's expectation	I feel safe when receiving funded aged care services. Where I receive funded aged care services through a service environment, the environment is clean, safe and comfortable and enables me to move around freely. Equipment is safe, appropriate and well-maintained and precautions are taken to prevent the spread of infections.

Outcome	Rating
4.1 Environment	**Conformance**
4.2 Infection prevention and control	**Conformance**

4.1b Environment – services delivered other than in the individual's home:
The provider demonstrates a policy and procedure is in place outlining environmental considerations for each older people in their care. Documentation for each assessment is located within easy access for aged care workers. There are regular preventative and reactive procedures in place for both an older person's environment and the equipment they use to manage their everyday life. Incidents related to environment are stated in policy to be documented within the provider's incident management system.

At the care delivery location assessment, the provider demonstrated their systems and processes ensure there is a clean, safe and comfortable environment for older people. Older people and their supporters said the service is clean and well maintained. They confirmed any equipment used to support the care of older people is safe, clean and meets the needs of the individual. Aged care workers and environmental staff explained the processes for cleaning and maintenance. The living environment was observed to be homelike and comfortable, and older people were observed to be freely moving about the environment, both indoors and outdoors.

4.2 Infection prevention and control:

The provider has an embedded system in place which monitors outbreaks to assess trends and numbers of infection for infection prevention and control. Outbreak management plans are in place and are reviewed on a regular basis. infection prevention and control leads are in place, appropriately qualified and trained. Vaccination statuses are monitored and documented.

At the care delivery location assessment, the provider demonstrated their systems and processes for infection prevention and control are being implemented. Senior clinical staff, registered nurses and aged care workers described the processes for infection prevention and control and outlined their roles and responsibilities for these processes. Equipment, personal protective equipment and signage for infection prevention and control was observed throughout the service, and aged care workers were observed using appropriate infection control practices.

Older person experience

Older people confirmed the service is clean and well maintained. They said they felt safe and at home at the service. They were able to move freely about the service, both indoors and outdoors. Older people were satisfied with the hygiene practices of the staff and they managed any infections appropriately.

Quality Standard 5: Clinical Care

Quality Standard 5: Clinical Care	**Conformance**
Older person's expectation	I receive person-centred, evidence-based, safe, effective, and coordinated clinical care services by registered health practitioners, allied health professionals, allied health assistants and competent aged care workers that meets my changing clinical needs and is in line with my goals and preferences.
Outcome	**Rating**
5.1 Clinical Governance	**Conformance**
5.2 Preventing and controlling infections in delivering clinical care services	**Conformance**
5.3 Safe and quality use of medicines	**Conformance**
5.4 Comprehensive care	**Conformance**
5.5 Safety of clinical care services	**Conformance**
5.6 Cognitive Impairment	**Conformance**
5.7 Palliative and end-of-life Care	**Conformance**

5.1 Clinical governance:

The provider demonstrates that the clinical governing body as well as the corporate governing body has a focus on continuous improvement and meets its duty of ensuring the safety and wellbeing of all older people in their care. Clinical governance frameworks are current and drive safety and quality improvement measures. Digital clinical information systems are being utilized, upgraded and reviewed for effectiveness regularly. Legislative requirements related to clinical governing standards are demonstrated to be met. The provider is currently in the process of implementing a new clinical governance framework.

At the care delivery location assessment, the provider demonstrated their systems and processes for clinical governance are being implemented. Management at the service explained the processes used to oversee and monitor the delivery of clinical care. Management at the service oversee and review all clinical incidents and clinical complaints. Clinical data is collected and analysed at fortnightly management meetings, monthly quality meetings and monthly registered nurses' meetings. Any areas for improvement identified are shared with registered nurses and aged care workers through handover, meetings, and the care documentation system. Registered nurses and aged care workers confirmed they had sufficient information and systems to deliver safe care and services.

5.2 Preventing and controlling infections in delivering clinical care services:

The provider ensures infections are identified, and risks are minimized and controlled using evidence-based practice. All staff, including the Quality and Safety Committee, senior management and aged care workers who are in direct contact with older are required to demonstrate ongoing education, critical thinking and ongoing review when infection related issues or outbreaks occur. The usage of antibiotics is monitored in conjunction with allied health professionals and reviewed on a regular basis.

At the care delivery location assessment, the provider demonstrated their systems and processes for preventing and controlling infections in delivering clinical care are being implemented. The service has an infection prevention and control lead who oversees and monitors infection prevention and control at the service. The service has an outbreak management plan, and staff are provided training in infection prevention and control. The service monitors all infections and the use of antibiotics to assist in antimicrobial stewardship. Registered nurses and aged care workers demonstrated a shared understanding of infection prevention and control practices. The audit team observed resources for infection prevention and control were available throughout the service and staff were observed following infection prevention and control procedures.

5.3 Safe and quality use of medicines:

The provider demonstrates there are policies and procedures in place to ensure the safe and quality use of medicines. Medications are reviewed on a regular basis. Medication incidents are reviewed, harm is mitigated, and quality improvement measures are placed when appropriate to do so. The provider has a digital system to document older person's related medication information such as allergies or

side effects, and a digital administration program is used to ensure the handling of medicines and ongoing review of data and trends relating to medicines and their administration meet both legislative requirements and current best practice clinical standards.

At the care delivery location assessment, the provider demonstrated their systems and processes for safe and quality use of medicines are being implemented. Older people interviewed said they were generally satisfied with the way they were supported to use medicines. Registered nurses and aged care workers described the evidence-based practice used for medication administration. A review of medication charts showed medication is administered as charted and special considerations for administration of medications is noted. The audit team observed staff administering prescribed medications to older people in accordance with the provider's medication management policy, and medications were stored safely and securely.

The audit team had identified through the care delivery evidence collection tool (CDECT) that clinical staff at the service were not always recognising when psychotropic medication was being used as chemical restraint. This was discussed with management at the service, and the audit team provided two examples of where this had happened. In response, management conducted an audit of all psychotropic medication used at the service and found two further cases of psychotropic medication that was being used as chemical restraint that had not previously been identified. Management followed the required procedures for the use of restrictive practice for all the cases identified. Management also recognised these cases were reportable incidents under the serious incident response scheme (SIRS) and reported them as priority 2 incidents.

In addition, the provider stated they were conducting audits and monthly quality reporting of the use of psychotropic medications across all their care delivery locations to ensure chemical restraint is recognised and managed according to the legislated requirements. This has been added to their plan for continuous improvement.

5.4 Comprehensive care:

The provider has a system in place to ensure information regarding assessment and planning of care is captured. Policy and procedure documents indicate that comprehensive care is supported by contemporary, evidence-based practice and ongoing partnerships with older people and their supporters. Processes are in place to support the use of other allied health professionals and to facilitate access

to other services such as rehabilitation or specialist nursing care. Processes are implemented to ensure the ongoing monitoring of clinical conditions and encourage reassessment of older person when changes in their health or condition occurs.

At the care delivery location assessment, the provider demonstrated their systems and processes for the delivery of safe and quality clinical care are being implemented. Older people said they are satisfied the care they receive is meeting their needs and preferences. Older people said they are supported to access multidisciplinary clinical care services as needed. Registered nurses and aged care workers demonstrated an understanding of their roles and responsibilities and an awareness of the individual needs and preferences of the older people in their care. A review of care documentation confirmed older people are receiving person-centred care that optimises their quality of life, reablement and maintenance of function.

5.5 Safety of clinical care services:
The provider is identifying and monitoring high impact and high prevalence risks. Policy and procedures give clear advice to aged care workers on how to manage high impact clinical risk situations and events. Occurrences related to clinical risk, such as falls, infections, wounds, concerning or changed behaviours and medication incidents are reported to senior management and reviewed for quality improvement by senior management, the clinical governing body and the Board.

At the care delivery location assessment, the provider demonstrated their systems and processes identify, monitor and manage high impact and high prevalence risk in the delivery of clinical care services. Older people and their supporters expressed confidence with the safety of clinical care services. Management and registered nurses demonstrated a shared understanding of responding to and managing clinical risk. Review of care documentation demonstrated a range of high impact and high prevalence risks had been appropriately managed and monitored.

5.6 Cognitive impairment:
The provider has processes in place to ensure recognized cognitive changes are comprehensively assessed and goals of care is aligned with the needs, goals and wishes of the older person and/or their supporters. Identification processes recently implemented and

strengthened by the provider include ongoing aged care worker education in dementia support and education for the recognition of deteriorating and changing health conditions.

At the care delivery location assessment, the provider demonstrated their systems and processes optimise the clinical outcomes for older people living with cognitive impairment. The supporters of older people living with cognitive impairment were satisfied the care provided for those living with cognitive impairment was aligned with their needs, goals and preferences. Aged care workers demonstrated an understanding of cognitive impairment and explained how they provided care for those living with cognitive impairment. This included identifying situations and events that may lead to changed behaviours. A review of care documentation confirmed older people living with cognitive impairment are receiving care aligned with their needs, goals and preferences.

5.7 Palliative and end-of-life care:
The provider has processes to recognize when older people require palliative care or are nearing End-of-life. Person-centred processes are in place to help support older people's and their supporters, to respond to their changing needs and preferences. Conversations regarding End-of-Life care and planning are encouraged from time of admission and includes working in partnership with the older person and their chosen supports to identify current needs, goals and preferences.

At the care delivery location assessment, the provider demonstrated their systems and processes optimise the clinical outcomes for older people living with cognitive impairment. The supporters of older people living with cognitive impairment were satisfied the care provided for those living with cognitive impairment was aligned with their needs, goals and preferences. Aged care workers demonstrated an understanding of cognitive impairment and explained how they provided care for those living with cognitive impairment. This included identifying situations and events that may lead to changed behaviours. A review of care documentation confirmed older people living with cognitive impairment are receiving care aligned with their needs, goals and preferences

Older person experience

Older people and their supporters confirmed older people are receiving safe and quality clinical care that is meeting their individual needs. Older people were confident the aged care workers are competent to identify and respond to changes and deterioration of the older person's health. They said they are supported to access specialist health professionals as needed.

Quality Standard 6: Food and Nutrition

Quality Standard 6: Food and Nutrition	Conformance
Older person's expectation	I receive plenty of food and drinks that I enjoy. Food and drinks are nutritious, appetising and safe, and meet my needs and preferences. The dining experience is enjoyable, includes variety and supports a sense of belonging.

Outcome	Rating
6.1 Partnering with individuals on food and drinks	**Conformance**
6.2 Assessment of nutritional needs and preferences	**Conformance**
6.3 Provision of food and drinks	**Conformance**
6.4 Dining experience	**Conformance**

6.1 Partnering with individuals on food and drinks:

The provider has policies and procedures in place to ensure they are partnering with older people and their supporters to provide choice, preference and variety to the older during the dining experience. The provider is creating an enjoyable food, drink and dining experience at the service based on older people feedback, internal auditing and have implemented a system to monitor and continuously improve food services. Contemporary evidence-based practice regarding food and drink has been incorporated into policies and procedure methodology.

At the care delivery location assessment, the provider demonstrated effective systems and processes for partnering with older people to create an enjoyable food, drink and dining experience. Input and suggestions from older people about the food is sought through regular food focus group meetings, older people's meetings, surveys, feedback about satisfaction with the meals, and direct conversations between older people and the chef. This information is used by the chef in menu planning and design, and for the ongoing monitoring and review of the food provided at the service.

6.2 Assessment of nutritional needs and preferences:

The provider has processes and policies in place to ensure the specific nutritional needs of older people in their care are identified and understood. Each older person is regularly assessed for nutrition, hydration and dining needs, including their choices, preferences, and any dietary requirements. Assessments also consider preferences, and any clinical or physical factors that may impact an older person's ability to eat and drink.

At the care delivery location assessment, the provider demonstrated systems and processes, for assessing the individual nutritional needs and preferences of older people, are being implemented. A review of care documentation confirmed each older person is assessed for their nutritional needs and preferences when they come to the service. External specialists are involved in the assessment process as needed. The nutritional assessment is conducted by clinical staff in collaboration with the older person, and this information is provided to the catering staff. Aged care workers were able to describe older people's preferences and nutritional requirements as indicated in the older person's care plans. Older people interviewed confirmed they are provided with food and drink in accordance with their assessed needs and preferences.

6.3 Provision of food and drinks:

The provider is providing older people with food and drink that is meeting individual needs and is appetising and flavoursome. Each older person has a variation and choice about what they eat and drink and how much they wish to consume. Menus are currently being designed in partnership with older people and allied health professionals including the chef and dietitian. Policies and procedures are in place to ensure meals are prepared and served safely including correct temperature, allergy information, and texture modification.

At the care delivery location assessment, the provider demonstrated systems and processes for the provision of food and drinks are being implemented. Older people interviewed said the food and drinks they are provided are meeting their nutritional needs and preferences. They said they enjoy their meals and are provided with choice and variety. Aged care workers explained how they respect the older person's choice and ensure older people had access to different meal options. The audit team observed meals were provided

in accordance with older people's individual needs and preferences, and staff were assisting older people with their food and drinks as needed. Older people had access to food and drinks outside planned mealtimes.

6.4 Dining experience:
The provider is ensuring older people are supported to eat and drink. Aged care workers undertake training which supports current evidence-based practice surrounding the dining experience, choking risk and emotional and physical support and encouragement. The service is currently undertaking improvements surrounding their dining experience including the recent establishment of coffee nooks, the addition of private dining areas for families and supporters of older people and a possible addition of a coffee shop at each care delivery location.

At the care delivery location assessment, the provider demonstrated their systems and processes ensure the dining experience supports social engagement, function and quality of life. Older people said they enjoyed the dining experience at the service. The audit team observed older people were engaging with each other in the dining room and there were aged care workers available to assist older people with eating and drinking where required. The dining environment had been maintained as clean and safe, supporting the comfort and wellbeing of older people.

Older person experience

Older people confirmed they enjoyed the meals provided at the service. They said there is variety in the menu, and they have a choice of what they eat. The older people said they are invited to make suggestions and provide feedback about the meals and said the chef is responsive to their suggestions.

Quality Standard 7: The Residential Community

Quality Standard 7: The Residential Community		Conformance
Older person's expectation	I am supported to do the things I want and to maintain my relationships and connections with my community. I am confident in the continuity of my care and security of my accommodation.	
Outcome		**Rating**
7.1 Daily living		**Conformance**
7.2 Transitions		**Conformance**

7.1 Daily living:
The provider's policy and processes support older people to do things they want to do to optimise their quality of life. The provider has lifestyle services incorporated into each older person's everyday care that promotes enablement and supports each older person's wellbeing. The provider strives to ensure that older people feel physically and psychologically safe.

At the care delivery location assessment, the provider demonstrated their systems and processes enable older people to do the things they want to do and optimise their quality of life. Older people said they are encouraged and supported to do the things they want to do. Lifestyle staff confirmed individual lifestyle needs and preferences are identified and supported through individual and group lifestyle programs and the involvement of community groups. Older people were observed to be engaged in individual and group activities in accordance with their preferences and abilities. Review of care documentation demonstrated care is provided to promote the individual's skills and strengths and enable them to do the things they want to do.

7.2 Transitions:
The provider's policies and procedures support well coordinated transitions in care between themselves and other providers of care. This includes ensuring older people and their supporters are involved in their own decision-making processes and all parties are

subject to information which is accurate, updated and complete. The provider maintains connections with alternative health services and allied health care providers to ensure access to these services if an older person requires.

At the care delivery location assessment, the provider demonstrated their systems and processes to transition older people to and from hospital, facilitate access to health professionals, and maintain connections with specialist health services are being implemented. Review of care documentation demonstrated timely, current and complete information is provided when older persons transition, and older people and their supporters are involved in the decisions. Senior clinical staff and registered nurses confirmed how care is reviewed and continuity of care is maintained at times of transition.

Older person experience

Older people expressed satisfaction with the way they are supported to engage in activities that are meaningful to them. They also confirmed they are supported to maintain relationships with their family and community. Older people and their supporters were satisfied the provider coordinates connections with specialist health services as needed.