Prescare - Groundwater Lodge

Performance Report

165 Arnaud Street   
MARYBOROUGH QLD 4650  
Phone number: 07 4122 6800

**Commission ID:** 5140

**Provider name:** The Presbyterian Church of Queensland t/a PresCare

**Site Audit date:** 16 February 2021 to 18 February 2021

**Date of Performance Report:** 29 March 2021

# Publication of report

This Performance Report **may be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 1 Consumer dignity and choice** | **Compliant** |
| Requirement 1(3)(a) | Compliant |
| Requirement 1(3)(b) | Compliant |
| Requirement 1(3)(c) | Compliant |
| Requirement 1(3)(d) | Compliant |
| Requirement 1(3)(e) | Compliant |
| Requirement 1(3)(f) | Compliant |
| **Standard 2 Ongoing assessment and planning with consumers** | **Compliant** |
| Requirement 2(3)(a) | Compliant |
| Requirement 2(3)(b) | Compliant |
| Requirement 2(3)(c) | Compliant |
| Requirement 2(3)(d) | Compliant |
| Requirement 2(3)(e) | Compliant |
| **Standard 3 Personal care and clinical care** | **Compliant** |
| Requirement 3(3)(a) | Compliant |
| Requirement 3(3)(b) | Compliant |
| Requirement 3(3)(c) | Compliant |
| Requirement 3(3)(d) | Compliant |
| Requirement 3(3)(e) | Compliant |
| Requirement 3(3)(f) | Compliant |
| Requirement 3(3)(g) | Compliant |
| **Standard 4 Services and supports for daily living** | **Compliant** |
| Requirement 4(3)(a) | Compliant |
| Requirement 4(3)(b) | Compliant |
| Requirement 4(3)(c) | Compliant |
| Requirement 4(3)(d) | Compliant |
| Requirement 4(3)(e) | Compliant |
| Requirement 4(3)(f) | Compliant |
| Requirement 4(3)(g) | Compliant |
| **Standard 5 Organisation’s service environment** | **Compliant** |
| Requirement 5(3)(a) | Compliant |
| Requirement 5(3)(b) | Compliant |
| Requirement 5(3)(c) | Compliant |
| **Standard 6 Feedback and complaints** | **Compliant** |
| Requirement 6(3)(a) | Compliant |
| Requirement 6(3)(b) | Compliant |
| Requirement 6(3)(c) | Compliant |
| Requirement 6(3)(d) | Compliant |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |
| Requirement 7(3)(b) | Compliant |
| Requirement 7(3)(c) | Compliant |
| Requirement 7(3)(d) | Compliant |
| Requirement 7(3)(e) | Compliant |
| **Standard 8 Organisational governance** | **Compliant** |
| Requirement 8(3)(a) | Compliant |
| Requirement 8(3)(b) | Compliant |
| Requirement 8(3)(c) | Compliant |
| Requirement 8(3)(d) | Compliant |
| Requirement 8(3)(e) | Compliant |

# Detailed assessment

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

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

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Consumers and representatives considered they were treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose. They said consumers were supported to take risks and their relationships were acknowledged and supported. Consumers said their personal privacy was respected and staff treat their rooms as though it was their home. Consumers and representatives confirmed the service communicated with them effectively, allowing them to exercise choice in relation to the care and services provided to consumers.

Care planning documentation and meeting minutes confirmed the service understood and supported consumer choice. The service had policies and procedures in place to guide staff with their engagement with consumers and in the delivery of culturally safe care and services. Staff were observed to be consistently engaged with consumers in a manner that was caring, respectful and demonstrated an understanding of who consumers were as individuals. Care information was individualised and included information regarding consumer’s religious, spiritual and cultural preferences.

Staff reported that following a change in management, the staff culture within the service had dramatically improved over the last six months which has had a positive effect with staff and consumer interactions. Management advised all staff have completed education regarding person centred care. Staff were able to describe what actions they would take if they observed a consumer being treated disrespectfully.

Care planning documentation evidenced when risk assessments were conducted to identify, and document risks associated with consumers’ choices and independence. The organisation was guided by the dignity and acknowledgement of risk policy which guides staff in supporting consumers to make informed decisions about potential risks associated with their care and lifestyle choices.

Care information included details and contact information for nominated representatives and other primary contacts. The service had a privacy and confidentiality policy that specified how information was collected, the purpose of collection, and who had the right to access the information.

Organisational documentation including monthly meeting minutes confirmed the service supported consumer choice and independence through the completion of regular surveys and consumer meetings. Management advised and documentation confirmed consumers and representatives were kept up to date with information regarding their care and services including developments related to the sale of the service.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 COMPLIANT Ongoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

Consumers said they felt like partners in the ongoing assessment and planning of their care and services. They confirmed they were included in the assessment and care planning processes and informed regarding the outcomes of assessment and planning.

Care planning documents reflected the involvement of consumers and their representatives in assessment and planning and involved other providers of care and services such as Medical officers and allied health specialists. Care planning documentation detailed the individual’s current needs, goals and preferences, including advance care planning and End of Life preferences.

Staff described how they used assessment and planning to inform how the delivery of safe and effective care. The service had evidence-based assessment tools which were readily available for staff to use on the service’s electronic care management system. Registered staff confirmed consumer’s care plans were reviewed every three months or when changes occurred in their needs.

Staff were guided by organisational policies regarding End of Life care and advance care planning. Staff described how they approached conversations with consumers about End of Life and advance care planning.

Registered nurses described how allied health staff are included in assessment and planning on entry to the service and following incidents including, but not limited to, falls and assessment of pain. The service had processes in place to ensure external service providers are advised when they are required to be involved in assessment and planning for consumers.

Care documentation included, but was not limited to, assessment and planning in relation to pain management, skin integrity, behaviour management, nutrition and hydration and mobility. Care information demonstrated the service discussed care planning and assessments with consumers or representatives during care plan reviews, monthly care reviews, case conferences or when changes in consumers’ conditions were identified. Staff confirmed they were informed of changes to consumers’ needs during handover discussions, face to face communication, electronic mail correspondence and alerts on the service’s electronic management system.

Care plans showed evidence of review on both a regular basis or when circumstances changed, or incidents occurred for most consumers. Staff interviewed were aware of the incident reporting process relevant to their role and scope of practice. Registered staff explained how incidents triggered a reassessment or review. The organisation had policies to guide staff in care plan review processes.

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

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Compliant

*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.*

### Requirement 2(3)(b) Compliant

*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.*

### Requirement 2(3)(c) Compliant

*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.*

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 COMPLIANT Personal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

Consumers and representatives said the service included them in decisions about their care and care was tailored to their needs, goals and preferences. Consumers nearing the end of their life received safe and appropriate care which maintained their comfort and dignity. Care staff provided examples of how consumers’ care needs were managed when approaching the end of their life.

Consumer’s care information was individualised and demonstrated care was safe, effective and tailored to the specific needs of the consumer. Staff demonstrated knowledge of individual consumers’ needs and preferences.

The service had policies and procedures for key areas in line with best practice including restraint, skin integrity and pain.

The service had a restraint minimisation and management policy which is utilised at the service. Care documentation for consumers who required restrictive practices confirmed the appropriate consultation, authorisation, application, monitoring and evaluation processes had occurred. Staff were aware of the principles for minimising restrictive practices and described alternative strategies implemented for consumers prior to the administration of psychotropic medication. The service monitored the use of psychotropic medication through a self-assessment tool.

The service’s skin integrity and wound management policy included information regarding the prevention and management of pressure injuries and outlined an evidence-based approaches to promote healthy skin and manage wounds. Wound care documentation confirmed consumer’s wounds were managed appropriately and monitored by Registered nurses.

The service had a pain management policy which included information regarding specialised tools for consumers who cannot verbalise pain. Registered and care staff described how they would observe for non- verbal cues of pain or discomfort in a consumer who was unable to express their complaints verbally. Care information confirmed Medical officers and allied health professionals including the physiotherapist and occupational therapist were consulted to assist with the pain management needs of consumers.

Care planning documents demonstrated the service identified risks associated with the care of the consumer and the actions implemented to minimise the risk. Staff were aware of individual consumer’s risks and risk management strategies.

The service recorded clinical and personal risks for consumers including, but not limited to, falls, weight loss, pressure injuries and skin tears. The service monitored, investigated, and reviewed incidents of high impact and high prevalence risks for consumers to identify and respond to trends. Monthly clinical indicator data was considered at a service level and reported at an organisational level.

The service had policies and procedures in relation to End of Life care and planning. Registered staff described how they would support consumers who were nearing End of Life and provided examples of interventions delivered to maximise their comfort and dignity. Consumers confirmed staff had discussed their advance care planning and End of Life preferences.

Staff were guided by policies and procedures to guide them in recognising and responding to a deterioration or change in a consumer’s condition.

Care planning documents and progress notes established that staff identified and responded to a deterioration or changes in a consumer’s condition and health status. Clinical records evidenced referrals and input from Medical officers and a range of allied health and other health professionals.

Registered staff described referral processes to other providers of care which was monitored by the Clinical Coordinator. Consumers and representatives confirmed they had access to a Medical officer and other providers of care if required. Care planning documents evidenced referrals to and the contribution of Medical officers and allied health professionals to the care of consumers.

Progress notes, care plans and handover information provided adequate detail to support effective and safe sharing of consumer information.

The Assessment Team observed staff sharing information with other staff about consumers’ care and service needs. Management advised and registered staff confirmed an end of shift report is completed by the Registered nurse and shared via electronic mail correspondence with the clinical staff at the service.

Registered staff described how infection related risks were minimised including the use of personal protective equipment and good hand hygiene. The Assessment Team observed hand washing stations and hand sanitiser throughout the service.

The organisation has policies and procedures related to infection control and antibiotic management.

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

### Assessment of Standard 3 Requirements*.*

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and support for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

Consumers said they felt supported by the service to do things of interest to them, which included participating in activities as a part of the services lifestyle program or spending time on independent activities of choice. They said staff were aware of their needs and preferences and assisted them to be as independent as possible in activities of daily living.

The service demonstrated services and supports for daily living promote each consumers’ emotional, spiritual and psychological well-being. Care information included strategies to manage consumers’ emotional, spiritual and psychological well-being. The Assessment Team observed information regarding the service’s chaplaincy, pastoral and spiritual care on display in the service’s main reception area.

Lifestyle staff provided examples of how the service supported consumers to participate in the community and keep in touch with the people important to them during COVID-19 related visitor restrictions. The Assessment Team observed consumers and visitors spending time together in the service and leaving the service on outings.

Consumers and representatives said they were supported to maintain social and emotional connections with those who are important to them.

The care planning documentation contained detailed information including family contacts and identified the activities and people that were important to them. Lifestyle and dietary preferences were documented and information regarding the involvement of others in the provision of lifestyle supports was recorded.

Review of the monthly activity calendar and discussion with staff demonstrated there were a variety of activities offered to meet the different needs and preferences of consumers. Management advised to improve communication processes at the service, they introduced two small meetings per day, in addition to shift handovers, to ensure important information is not overlooked.

Consumers advised the service did not have an on-site hairdresser at the time of the performance assessment however, lifestyle staff confirmed the service is actively seeking to fill this role. Lifestyle staff were aware of services available in the community to enable consumers to do the things they choose.

Management advised recent improvements to consumers’ dining experiences included the creation of another central dining room. Catering staff were aware of how to access consumer’s dietary information and confirmed registered staff were responsible for notifying the kitchen when changes in consumer’s dietary needs occurred.

Consumers interviewed provided positive feedback in relation to food and confirmed it was of adequate quantity, high quality and variety. Management advised the service has implemented a food focus survey to provide consumers with a forum to discuss all matters related to food.

The Assessment Team observed equipment which supports consumers to engage in lifestyle activities to be suitable, clean and well maintained. Consumers confirmed equipment used to provide care or support their lifestyle was safe and suitable. The service conducted regular inspections on all equipment to ensure operational integrity and safety.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers and representatives said the service environment was welcoming and visitors were encouraged to participate in the life of the service. The Assessment Team observed consumer’s rooms were personalised with furniture, photographs and artwork. Staff were observed welcoming visitors to the service.

Consumers said they felt safe and the design of the service included wide level pathways that promoted mobility independence. Consumers described how they accessed activities in different areas of the service, including outdoor undercover areas. The Assessment Team observed consumers moving freely around the service, walking through the garden areas to the dining room for meals. Management described how they notified the on-site maintenance officer of any environmental or safety issues that needed to be addressed.

Consumers said they enjoyed the gardens and outdoor areas including raised garden beds, central pergola with shade, seating for activities and an undercover barbeque area. Staff said they supported consumers with limited mobility to access areas of their choice, such as the communal dining room, activity areas and gardens.

Most consumers and representatives said the service was safe, clean and well maintained and they were able to move freely indoors and outdoors. Documentation demonstrates maintenance occurs on a corrective and preventative basis. The Assessment Team observed most furniture, fittings and equipment was safe, clean and well maintained.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and representatives said they were encouraged to provide feedback or raise a complaint if required and described management as open, approachable and responsive. Staff were aware of the service’s complaints reporting processes and the Assessment Team observed feedback mechanisms throughout the service.

Consumers were aware the service had a range of information brochures available at the services front reception area relating to support services such as advocacy. Care staff described how they often acted as an advocate for the consumer and they feel safe in raising concerns with management. Consumers were provided with a handbook on entry to the service which included information about support services including advocacy.

The service had an ‘Open Disclosure Policy’ and a ‘Complaints Management Policy and Procedure’ to guide management and staff in relation to complaints processes. Staff demonstrated an understanding of open disclosure processes. Most consumers and representatives said management actioned complaints promptly.

Management provided examples of how feedback from consumers and representatives had resulted in improvements in the quality of care and service delivery. The Assessment Team identified most complaints were being recorded in the service’s feedback register. Most consumers and representatives said they were satisfied with how the service managed their complaints and provided examples of how this resulted in improvements in care and service delivery.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Consumers and representatives said staff were kind, caring and gentle when they delivered care.

Consumers and representatives said they felt the service had adequate staffing levels. Management said staff are generally allocated to a particular area of the home to encourage continuity of care. Staff confirmed they are allocated to an area of the home which has supported them to develop relationships with the consumers and understand consumers’ needs and preferences.

Management have actively sought to improve the workplace culture at the service and support staff to make meaningful connections with consumers every day. The Assessment Team observed staff interactions with consumers to be kind, caring, supportive and respectful.

Consumers said they felt staff were sufficiently skilled to meet their care needs. Management determined whether staff were competent and capable in their role through observations of staff practice, feedback from consumers, representatives and senior staff. Online education and practical competencies supported staff in their roles and education requirements were monitored by management.

Staff advised and education records confirmed they had completed COVID-19, infection control and annual mandatory training. Consumers said staff were capable and knew what they were doing. Staff confirmed they are supported by the service to attend additional educational opportunities.

Staff performance was monitored through the organisation’s performance review processes. Consumer satisfaction was monitored through surveys, feedback forms and face to face discussions. Staff said management actively seek their feedback and they felt supported to share their understanding of consumers needs.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

### Requirement 7(3)(e) Compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Consumers and representatives said they are invited to provide feedback on the care and services through surveys, feedback forms and face to face discussion with staff and management. Management advised consumers and representatives are actively engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

The Board and the service’s management team promoted a culture of safe, inclusive, quality care. Management supported consumers who have developed personal relationships while living at the service. The Chief Executive Officer corresponds with staff, consumers and representatives through emails and face to face meetings. Representatives said the service communicates with them regularly and they are kept informed of any changes that may impact on the delivery of care and services, including COVID-19 visitor restrictions and the proposed sale of the residential service.

Staff said they can readily access the information they need to provide care and services to consumers including end of shift reports, care information, memoranda, the electronic management system and meetings. Staff said they have access to policies, procedures and communications relevant to their role.

Management advised opportunities for continuous improvement were identified through audits, complaints, incidents, meetings and feedback forms. Improvement activities were logged on a continuous improvement action plan. Critical incidents were reviewed by the executive team and referred to the Board. The service’s compliance with the Aged Care Quality Standards was monitored by the Board through monthly reports.

The Facility Manager was responsible for the management of the budget however, changes to the budget or additional expenditure was referred to the organisation’s executive team. Management provided examples which included increased staffing hours and additional equipment.

Duty lists were developed in consultation with staff. Management advised all staff would retain their positions at the service and the service’s name would remain unchanged following the sale of the service to a not-for-profit organisation. The expected formal handover for the service is due to occur by the end of May 2021.

The service received updates from corporate office regarding changes to aged care legislation and updates from the Department of Health. As a result, the Facility Manager disseminates this information to relevant staff. Reportable assaults were documented in the service’s incident management system and were escalated to the organisation’s Executive Manager. The education register confirmed staff were provided with compulsory reporting education. Incidents were monitored by the Executive management team to ensure the service is meeting their compulsory reporting responsibilities.

The Assessment Team observed a staff member who work at another co-located service, not wearing a face mask in accordance with Queensland Health public directives. In response, management addressed this with relevant staff to ensure compliance with the Queensland Health public health order occurred. Relevant staff were observed to be wearing a mask following the Assessment Team’s observations.

Although verbal feedback was not consistently captured, escalated to management or actioned, the majority of consumers and representatives said the service responded promptly to feedback or complaints. Management reminded staff to bring verbal feedback provided by consumers forward at shift meetings to ensure it is captured and escalated to management for action. The continuous improvement action plan demonstrated feedback from consumers and staff had been documented and actioned.

The organisation’s risk management framework included policies describing the management of high impact or high prevalence risks associated with the care of consumers. Information in this framework included how the service identified and responded to the abuse and neglect of consumers and how consumers were supported to live the best life they can. Staff confirmed they had been provided education regarding these policies and provided examples of how this information was relevant to their work.

The organisation actively engaged Medical officers to conduct reviews of consumers prescribed psychotropic medications in order to reduce or eliminate medications where possible.

The service had a clinical governance framework that referenced antimicrobial stewardship, minimising the use of restraint and an open disclosure policy. Management advised the service is supported by Medical officers to monitor the use of antibiotics.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.