Twin Parks Hostel

Performance Report

47 Blake Street
RESERVOIR VIC 3073
Phone number: 03 8470 9888

**Commission ID:** 3340

**Provider name:** Twin Parks Pty Ltd

**Assessment Contact - Site date:** 6 May 2021

**Date of Performance Report:** 16 June 2021

# Publication of report

This Performance Report **will 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 8 Organisational governance** |  |
| Requirement 8(3)(b) | 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 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

To understand how the organisation understands and applies the requirements within this Standard, the Assessment Team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall, consumers considered the organisation is well run and they can partner in improving the delivery of care and services.

Management demonstrated how the organisation promotes a culture of safe, inclusive and quality care and services.

The organisation demonstrated there is a clinical governance framework in place that provides overarching monitoring for clinical care. The framework addresses minimising the use of restraint, open disclosure and antimicrobial stewardship.

An overall rating for this Quality Standard is not given as only two of the five specific requirements have been assessed.

## Assessment of Standard 8 Requirements

### 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.*

The Assessment Team found the organisation’s governing body promotes a culture of safe, inclusive and quality care and services.

The organisation has appointed board members with relevant skills and experience to govern the service. The Board has completed training in legal obligations and governance.

The Board demonstrated it has taken the following action to ensure the promotion of a culture of safe inclusive and quality care:

* Seek feedback from consumers and representatives through monthly resident/relative meetings. Management described recent changes made at the service as a result of consumer feedback.
* All staff have been provided a summary of the services diversity framework. The framework is now included in induction packages for new staff.
* Person-centred training has been rolled out to all staff.
* Improved regular communication with management and staff regarding their obligations under the Quality Standards.
* Inclusion of additional information in monthly reports to ensure effective oversight and to satisfy itself the Quality Standards are being met.
* Implemented a schedule of regular audits to review clinical care with outcomes reported to the Board. Where gaps are identified this is added to the continuous improvement plan.

In making my decision I have considered the evidence in the Assessment Team report. Based on the evidence provided I am satisfied the Approved Provider has demonstrated compliance with this requirement. I therefore find this requirement is Compliant.

### 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.*

The Assessment Team found the service has in place a clinical framework that includes antimicrobial stewardship, open disclosure and minimising the use of restraint.

The organisation demonstrated it has implemented the following improvements:

* Updated and improved reporting structures including monthly Board meetings where governance reports are reviewed
* Implemented a schedule of internal audits including the review of clinical care. The Quality Advisory Committee reviews the data monthly. Identified gaps and subsequent actions are included in Continuous Improvement Plan
* Position descriptions including clinical accountabilities have been reviewed and signed by nursing staff. Nursing staff have completed training on management expectations under the new position descriptions.
* A Quality Manager has been appointed to oversee the audit schedule.
* Review of the clinical governance framework is scheduled to be completed every six months
* Physical, chemical and environmental restraint is reported monthly to the Board. Staff have completed training on restraint. Consumers subject to physical restraint have been identified and consents obtained and recorded
* A pharmacy report will be developed and reviewed at least monthly by the Medication Advisory Committee
* The service has developed tools to support staff when using open disclosure.

In making my decision I have considered the evidence in the Assessment Team report. Based on the evidence provided I am satisfied the Approved Provider has demonstrated compliance with this requirement. I therefore find this requirement is Compliant.

# 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.