Performance

Report

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| Name: | Anglican Care Bishop Tyrrell Place |
| Commission ID: | 0896 |
| Address: | 60 Princes Street, CUNDLETOWN, New South Wales, 2430 |
| Activity type: | Site Audit |
| Activity date: | 9 September 2024 to 11 September 2024 |
| Performance report date: | 18 October 2024 |
| Service included in this assessment: | Provider: 3186 Anglican Care  Service: 5864 Anglican Care Bishop Tyrrell Place |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Anglican Care Bishop Tyrrell Place (**the service**) has been prepared by P. Wallner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit report was informed by [a site assessment, observations at the service, review of documents and interviews with staff, consumers, representatives and others.
* the provider’s response to the assessment team’s report received on 4 October 2024.
* other information and intelligence held by the Commission.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Ensure the meals provided are varied, and of suitable quality and quantity.

# Standard 1

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| Consumer dignity and choice | |  |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said consumers were treated with dignity and respect, and their identity, culture, and diversity were valued. Management and staff spoke about consumers in a respectful manner and described how they treated consumers with dignity and respect. Care planning documents reflected consumers’ background, identity and culture, and staff were observed treating all consumers with dignity and respect. The service had policies and training to ensure staff treated all consumers with dignity and respect.

Consumers and representatives said the service recognised and respected consumers’ cultural background, and provided care that was consistent with their cultural needs and preferences. Staff described how consumers’ cultural needs influenced the delivery of their day-to-day care and services. Care planning documents confirmed consumers’ cultural needs and preferences were documented and adhered to by staff. The service had policies and procedures to guide staff in providing culturally safe care and services.

Consumers and representatives said consumers were supported to make and communicate independent decisions about their care and services, choose who was involved in their care, and maintain relationships of choice. Management and staff described how they supported consumers to make choices about their care and to maintain their chosen relationships. Care planning documents identified consumers’ choices about their care, who they wanted involved in their care, and their important relationships. Staff were observed respecting consumers’ choices and supporting their relationships.

Consumers and representatives said consumers were supported to take risks, to live the best life they could. Management and staff outlined how they supported consumers to take risks, by informing them of the potential harms and how they could be minimised, as part of a risk assessment discussion. Management responded appropriately to feedback from one representative in relation to staff supporting a consumer’s dietary risk choices. Care planning documents identified and assessed risks taken by consumers and outlined the agreed risk mitigation strategies.

Consumers and representatives said they received verbal and printed information about their choices, which was communicated in a clear and easy-to-understand way. Staff described how they communicated information to consumers, including consumers with sensory and cognitive impairments, to ensure it was clear and easy to understand. Current information such as the activities calendar, menus, and other information was displayed throughout the service.

Consumers and representatives said consumers’ privacy was respected and their personal information kept confidential. Staff and management described practical ways they respected consumers’ privacy, such as by knocking and waiting for consent to enter rooms, and closing the door to deliver personal care. Staff and management explained how they secured personal information on password protected computers and locked the nurse’s stations. The service had a privacy policy and training to guide staff practice.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives confirmed they were involved in the assessment and care planning process, and consumers received safe and effective care and services. Management and staff described the assessment and care planning process, and how it identified risks to consumers’ health and informed the delivery of safe and effective care and services. Care planning documents showed the assessment and care planning process included assessment of risks and identification of mitigation strategies. The service used standardised tools and processes to assess risks and guide the assessment and care planning process.

Consumers and representatives said assessment and care planning addressed consumers’ current needs, goals, and preferences, and their advance care plans. Management and staff described how assessment and planning reflected each consumer’s current needs and preferences, and how they approached conversations around end of life care. Care planning documents reflected consumers’ current needs, goals, and preferences, and their advance health directives and end of life wishes.

Consumers and representatives described being involved in the assessment and planning of consumers’ care and services, along with others they chose to involve. Care planning documents confirmed consumers, representatives, and other health professionals were involved in the assessment and planning of consumers’ care and services. Management, staff and allied health professionals, explained how assessment and care planning was done in partnership with consumers, representatives and others they wished to involve. The service had documented policies regarding consulting in the assessment and planning of care and services.

Consumers and representatives said the service regularly communicated with them about consumer’s care and services, and they were offered a copy of the consumer’s care plan at reviews. Management, staff and allied health professionals detailed the processes for documenting and effectively communicating the outcomes of assessments to consumers and representatives, and confirmed they offered a copy of the care plan. Care planning documents showed outcomes of assessment and care planning were documented and communicated to consumers and representatives appropriately.

Consumers and representatives confirmed consumers’ care plans were reviewed regularly, and reviewed when circumstances changed, or incidents occurred. Management and clinical staff explained the process for reviewing care plans at least 3-monthly, and when consumers’ condition or circumstances changed. Care planning documents showed they were regularly reviewed for effectiveness, and reviewed when circumstances changed, or incidents impacted on the needs, goals, or preferences of consumers.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said consumers received safe and effective personal and clinical care, tailored to their needs and which optimised their well-being. One representative raised a concern about the service being slow to identify a discoloured toe in an at-risk consumer however, management took appropriate action to address the issue. Management and clinical staff described how care was delivered in line with consumers’ documented care plans and best practice. Care planning documents confirmed staff followed documented strategies to deliver safe and effective clinical and personal care, consistent with best practice. The service had a suite of policies and procedures to guide staff in the delivery of best practice personal and clinical care.

Consumers and representatives said high-impact and high-prevalence risks to consumers were being effectively managed. Management and clinical staff described the high-impact and high-prevalence risks to consumers at the service, and the interventions in place to manage them. Care planning documents showed risks to consumers had been identified, assessed, and personalised mitigation strategies put in place. The service monitored data to inform the management of high impact and high prevalent risks to consumers.

Care planning documents showed the service met consumers’ needs and preferences for end of life care, and maximised their comfort, preserved their dignity, and supported their family members. Management and staff described how they addressed the needs and preferences of consumers nearing the end of life and ensured their comfort was maximised and their dignity preserved. The service had policies and procedures to guide palliative and end of life care.

Consumers and representatives said the service responded promptly to a deterioration or change in consumers’ health, and informed them about the planned management strategies. Staff described how they recognised and responded to deterioration or change in consumers’ condition, in partnership with medical officers and other health professionals. Care planning documents confirmed the service responded promptly to a deterioration, or change, in consumers’ condition. The service had clinical procedures to guide staff in managing clinical deterioration.

Consumers and representatives said current information about consumers’ condition, needs and preferences was documented and communicated effectively between relevant staff and external providers involved in their care. Staff described how current information about consumers’ condition, needs and preferences was documented and communicated within the service and with other care providers, through shift handovers, huddles and the electronic care management system. Care planning documents contained adequate information to support the delivery of safe and effective personal and clinical care across different providers.

Consumers and representatives said the service provided timely and appropriate referrals to other organisations and individuals providing care and services. Management and clinical staff described the process for referring consumers to other providers of care and services to supplement the care delivered at the service and ensure quality outcomes for each consumer. Care planning documents showed timely referrals to other individuals and organisations providing care and services.

Consumers and representatives expressed confidence in the infection prevention and control measures at the service, and said staff used appropriate personal protective equipment and practiced good hygiene. Management and staff described how they implemented infection prevention and control measures at the service and minimised the use of antibiotics to reduce antimicrobial resistance. The service had a vaccination program for COVID-19 and screening measures in place. The service had an infection prevention and control lead onsite, and policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Not Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is assessed as Not Compliant as 1 of the 7 Requirements has been assessed as Not Compliant.

The Assessment Team recommended Requirement 4(3)(f) was Not Met. The Assessment Team found the service was not consistently providing meals to consumers of a suitable quality, variety, or temperature. Evidence brought forward included:

* Eight of 13 consumers and representatives interviewed expressed dissatisfaction with aspects of the food provided, including the variety, taste, quality, and temperature. Some stated they had not previously advised management of their complaints, while others said they had raised issues previously, but nothing had improved.
* Consumer meeting minutes from 4 March 2024 and 19 June 2024, showed negative feedback from consumers been discussed regarding the taste, variety, quality and freshness of the food provided. Requests from consumers for toasted sandwiches to be offered were also declined by the service.
* Management said they were aware of the feedback raised in the 4 March 2024 and 19 June 2024 consumer meetings, and advised they were working with their catering provider to improve the food service for the spring 2024 menu, planned for the end of September 2024.
* While management detailed planned improvement actions to be introduced with the spring menu at the end of September, they were unable to describe immediate corrective actions taken after receiving the adverse consumer feedback in March 2024.
* A continuous improvement plan action dated 19 June 2024 detailed the development of a menu choice survey tool for consumers to have input into the service’s planned spring menu. This action was due to be completed on 31 October 2024.
* A continuous improvement plan entry dated 22 August 2024, described various actions to improve the menu and dining experience. These actions included ensuring effective food feedback processes were in place, and improving the variety, quality, freshness, temperature, and availability of meals and snacks. These actions were due to be completed by December 2024.
* Correspondence confirmed management was communicating with the service’s external catering provider in relation to improving meal quality in the spring 2024 menu.

The provider’s response received 4 October 2024, acknowledged the consumer complaints about the meals in the Site Audit report and provided additional information and evidence of continuous improvement actions taken, or planned. The provider advised:

* The service has robust processes in place for the ongoing monitoring and assessment of the food provided, to ensure it meets the dietary needs and preferences of consumers.
* The service employs a dietetic manager to oversee the safety, nutrition, and delivery of the meals provided. An external catering contractor provides cook fresh onsite meals.
* In March 2024, the service undertook a review of the food and dining, to identify areas for improvement. As a result, various actions were identified to improve the food and meal service.
* The dietetic manager, consumers, and the catering provider, jointly reviewed the proposed new spring menu, which is now in place.
* The new menu includes improved quality and variety of main meals and snacks. Alternative choices are also available if consumers prefer something different to the menu options.
* Consumer satisfaction regarding food is proactively sought daily by management, and the resident and relative meetings include food and nutrition as a standing agenda item.
* Another consumer survey will be on conducted on 21 October 2024 (after 4 weeks of the new menu) and changes will be made based on consumer feedback.
* The service celebrates culturally themed dates throughout the year which incorporate cuisine from different cultures to add variety to the meal experiences.

I acknowledge the approved provider’s additional information around the food, nutrition and dining at the service. I note the service acknowledged the gaps identified by the Assessment Team and had identified various improvement actions, some of which had been completed. While the service was making improvements, these were being implemented over an extended timeframe, in collaboration with external contractors. I acknowledge the provider’s response included recent favourable feedback from a limited number of consumers. However, I am currently unable to determine whether the improvements are consistently meeting most consumers’ dietary needs and preferences, and if they are sustainably embedded in the service’s ongoing practices. Therefore, on the balance of the evidence before me, I find Requirement 4(3)(f) Not Compliant.

I am satisfied the remaining 6 Requirements in Standard 4 are Compliant.

Consumers and representatives said the services and supports for daily living met consumers’ needs, goals, and preferences, and maximised their independence and quality of life. Management and staff explained how they consulted consumers to identify and document their lifestyle needs, goals, and preferences. Care planning documents reflected consumers’ background, culture and lifestyle interests, and the supports needed to optimise their independence and quality of life.

Consumers and representatives said the service promoted consumers’ emotional, spiritual, and psychological well-being, and supported them when they were feeling low. Staff explained how they supported consumer’s emotional, psychological, and spiritual well-being, such as by providing religious services, facilitating connections, and spending one-on-one time with them. Care planning documents detailed the supports needed for each consumer’s emotional, psychological, and spiritual well-being.

Consumers and representatives said consumers were supported to participate in activities, within and outside the service, maintain social and personal relationships, and do things of interest to them. Management and staff described how they supported consumers to participate in their community, do things of interest, and maintain important relationships. Care planning documents detailed consumers’ activities of interest and important relationships. The activities calendar showed a comprehensive range of activities offered, and consumers were observed engaging in activities and socialising with visitors and other consumers.

Consumers and representatives confirmed information about consumers’ condition, needs, and preferences was communicated effectively between staff, and others involved in providing care. Staff described how accurate and current information about consumers’ condition and needs was shared between staff and external providers, through shift handovers and by accessing the electronic care management system. Care planning documents confirmed current information was communicated effectively between staff and other providers of services and supports for daily living.

Consumers and representatives confirmed timely referrals to appropriate other individuals and organisations providing care and services. Management and staff described how consumers were referred to other individuals and organisations providing care and services, if they wished. Care planning documents showed the service collaborated with external services to support consumers’ needs.

Consumers said they had access to safe, suitable, clean, and well-maintained equipment. Staff confirmed there were effective processes in place for keeping the equipment safe, clean, and well maintained. The equipment was observed to be safe, clean and well-maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was welcoming, easy to understand, and they could personalise their rooms, which created a sense of belonging. Management and staff described features of the service that helped each consumer feel welcome and optimised their sense of belonging, independence, interaction, and function. Consumers’ rooms were personalised, and the service environment appeared welcoming, with sufficient lighting, handrails, and adequate signage to aid navigation.

Consumers and representatives said the service environment was safe, clean, comfortable and well-maintained, and enabled them to move around freely, both indoors and outdoors. Cleaning and maintenance staff described the systems in place for keeping the service safe, clean, and well maintained. The service environment was observed to be safe, clean, and well-maintained, with consumers moving around freely, both indoors and outdoors.

Consumers and representatives confirmed the furniture, fittings and equipment were safe, clean, well maintained, and suitable their needs. Staff described the systems and processes in place for keeping the furniture, fittings, and equipment clean and well-maintained. The furniture, equipment and fittings appeared safe, clean, well maintained, and suitable for use.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

Consumers and representatives said they felt comfortable giving feedback and making complaints, and described different ways they could do so. Management and staff described the ways they encouraged and supported consumers and representatives to provide feedback and make complaints. Feedback forms, related information and a secure lodgement box were readily available to consumers. The service had policies and procedures for managing feedback and complaints.

Consumers and representatives said they were aware of external complaint avenues, advocacy and language services available to them, but preferred to raise their concerns within the service. Management and staff knew how to access external complaint, advocacy and interpreter services. Information regarding translation, advocacy, and external complaint services, such as the Commission, was available throughout the service.

Most consumers and representatives said the service took appropriate action to resolve their complaints and used open disclosure when things went wrong. Two consumers said their feedback was largely listened to however, they did not feel their concerns about the variety and quality of food had been acted upon. This has been further considered under Requirement 4(3)(f). Management and staff demonstrated an understanding of open disclosure and explained how they resolved complaints. The complaints register showed complaints were recorded, and timely and appropriate actions were taken in response, using open disclosure. The service had policies and procedures to guide staff in the management of complaints and the open disclosure process.

Consumers and representatives said their feedback and complaints were used to improve the quality of care and services. Management explained how feedback and complaints were recorded and used to improve the care and services provided. The feedback and complaints register, meeting minutes and the continuous improvement plan demonstrated feedback and complaints were used to improve the quality of care and services.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives confirmed the service had enough staff to meet consumers’ care and service needs. One consumer said staff were sometimes a bit rushed but did not identify any adverse impacts to their care. Staff said there were enough staff to meet consumers’ care needs. Management explained how they planned and rostered the workforce based on consumers’ care needs, and said vacant shifts were always backfilled. Records showed vacant shifts were back filled, however the average call bell response time was above the service’s target time. The service met the requirements for care minutes and 24/7 registered nurse coverage. Staff did not appear to be rushed throughout the delivery of care.

Consumers and representatives said staff were kind, caring, gentle, and respectful of each consumer’s identity, culture, and diversity. Management and staff were familiar with each consumer’s identity and culture, and described how they treated them with respect. Staff were observed interacting with consumers in a kind, caring and respectful manner. The service had various policies, procedures, and guidelines for staff conduct.

Consumers and representatives said staff were competent, skilled, and performed their roles effectively in meeting their care needs. One representative said some agency and new staff could improve their communication with consumers with dementia. Management detailed new staff training modules in communicating with consumers living with dementia. Staff demonstrated they had the knowledge and competence to provide the care and support consumers needed. Management explained how the recruitment and orientation processes ensured staff were competent and met the qualification, registration, competencies and security requirements outlined in the relevant position descriptions. Documentation confirmed staff qualifications, professional registrations, vaccinations and security checks were current.

Consumers and representatives said staff were trained and equipped to deliver the care and services consumers required. Staff confirmed receiving orientation, mandatory and supplementary training, to enable them to deliver quality care. Management described the training and support provided to staff which enabled them to deliver safe and effective care in line with the Quality Standards. Training records showed mandatory staff training was on track.

Consumers said they were encouraged to provide feedback on staff performance. Management described how the performance of staff was monitored, assessed, and reviewed through formal performance appraisals, observations, feedback processes and regular catch ups. Staff confirmed they had completed annual performance appraisals, and said they were supported by management and provided with opportunities for improvement. Records showed performance appraisals for all active staff were up to date. The service had policies and procedures in place for the development and management of the performance of the workforce.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said the service was well-run and they were engaged in the development, delivery and evaluation of the care and services through feedback mechanisms, consumer meetings, surveys. Management described how consumers and representatives were encouraged to be involved in the development, delivery and evaluation of care and services, including participating in the Consumer Advisory Body. Documentation confirmed consumers and representatives were involved in the development, delivery and evaluation of the care and services.

Consumers and representatives said the service was run in the interests of consumers and delivered safe and quality care and services. Management described how the Board promoted a culture of safe, inclusive, and quality care and services, and was accountable for the performance of the service and compliance with the Quality Standards. Management described recent initiatives driven by the Board to improve the delivery of safe, inclusive, and quality care. The Board monitored and evaluated the service’s performance against the Quality Standards through various reports, performance measures, incidents and feedback.

The organisation demonstrated they had effective governance systems related to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. Management and staff were familiar with the governance systems and confirmed they were implemented in practice. The Board oversighted the systems and processes to ensure the delivery of care and services in accordance with the Quality Standards.

The service had effective risk management systems and practices which were supported by documented policies and procedures addressing the management of high-impact and high-prevalence risks to consumers, identifying and responding to abuse or neglect, supporting consumers to live their best lives, and management and preventing incidents. Management and staff were aware of the policies and explained how the policies were implemented. Risks and incidents were analysed and reviewed by management and the Board.

The service had a clinical governance framework which included policies related to antimicrobial stewardship, minimising the use of restraint, and practising open disclosure. Management and staff described how they were trained and able to apply these policies in the delivery of care and services. Consumers confirmed the service practiced open disclosure when things went wrong.

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