Performance

Report

**1800 951 822**

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| Name of service: | Arcare Essendon |
| Service address: | 33 - 35 Raleigh Street ESSENDON VIC 3040 |
| Commission ID: | 3997 |
| Approved provider: | Arcare Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 23 January 2023 to 25 January 2023 |
| Performance report date: | 1 March 2023 |

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 Arcare Essendon (**the service**) has been prepared by L Glass, 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; 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 20 February 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

Most consumers and representatives interviewed said consumers are always treated with dignity and respect, with one representative saying their mother is treated with dignity and respect most of the time. All staff interviewed demonstrated an understanding of individual consumers’ and their backgrounds, the people important to the consumer and consumer preferences and choices. Staff were observed by the Assessment Team engaging with consumers in a respectful way. Reviewed care planning documents detail consumers’ background stories, individual preferences and identify people important to them. The service has a current customer service policy detailing consideration and respect of consumer rights, dignity, privacy and diversity, along with other documents. The service’s community handbook includes the Charter of Aged Care Rights.

All consumers and representatives interviewed said staff know their background and what is important to the consumer. Staff could identify consumers from various cultural backgrounds and how this could influence the approach to care. Care planning documents evidence consumers’ cultural backgrounds, interests and preferences and each nurses’ station has a cultural communication folder containing cue cards and phrases in multiple languages. The Assessment Team observed staff engaging with consumers in a culturally sensitive way.

Consumers and representatives interviewed for this requirement can exercise choice and make decisions about their care and service with one representative saying they are supported to exercise choice most of the time and another, some of the time. All interviewed consumers said they are supported to maintain relationships that are important to them. Staff described how they support consumers to make decisions and maintain relationships. Care planning documents detail how consumers wish their care to be delivered and who will be involved.

Consumers are supported by staff to take risks and to live the best life they can. Staff described how risk assessments are undertaken to identify the risks involved in various activities and how these are used to facilitate consumers to make informed decisions. Policies guide staff in supporting consumers in choice and decision making and in maintaining independence.

Consumers confirmed they receive current and timely information enabling them to exercise choice including daily menu choices, weekly activity options, newsletters, and minutes from meetings. Consumers are invited to attend a monthly ‘resident and food focus’ meeting and a range of notifications using a variety of media are on display within the service to facilitate consumers exercising choice.

Consumers are satisfied their privacy is respected by staff and their information is kept confidential. Staff were able to demonstrate how they maintain consumer privacy. The service has policies regarding maintaining confidentiality of information. The service’s information management system is password protected and the nurses’ station is only accessible with a key.

# 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

All consumers and representatives sampled were satisfied the assessment and care planning process considers the risks to consumers’ health and well-being. Six of 7 clinical and 4 care staff demonstrated knowledge of consumers’ risks and described strategies to ensure their safe and effective care. The service has a range of risk assessment tools to guide staff in the delivery of safe and effective care and services. Three clinical staff said they ensure risks are assessed and considered during consumer admission and when changes in care needs occur. They said they add alerts in the consumers’ electronic file when risks are identified, including pressure injury risks, use of psychotropic and cytotoxic medications, choking, malnutrition, changed behaviours, allergies, and other specialised nursing care requirements.

Care planning documents evidence appropriate and comprehensive risk assessments competed for all consumers reviewed. The Assessment Team observed risks alerts on each consumers’ file reviewed. The organisation has policies and procedures to guide staff in assessment, care planning and risk management.

All consumers and representatives interviewed are satisfied the service identifies what is important to consumers. Care planning documents for 7 of 7 consumers reflect individual goals, current needs, and preferences identified through assessments. This includes documentation of advanced care plans developed with consumers and/or their representatives that are reflective of the consumer’s culture, identity and expressed wishes. Staff can demonstrate that care planning documentation is consistent with the consumer’s needs, goals, and preferences. The service has an end-of-life care planning policy and procedure to guide clinical staff in discussing advanced care planning with the consumers and representatives upon entry to the service.

Care documentation reflects evidence of care consultation with the consumer and/or their representative in their care assessment, planning and review including other health providers where appropriate. Seven clinical staff and management described the ongoing 3 monthly care plan consultation with consumers and/or their representatives, including other health professionals such as medical officers, wound specialists, geriatricians, and other allied health professionals to ensure the delivery of safe and individualised care.

Consumers and representatives sampled described how staff regularly communicate relevant information and any changes in care. Care documentation for 6 of 6 consumers reviewed, reflected outcomes of assessment and planning are communicated to the consumers and/or their representatives, through the care review and consultation process. Staff electronically access consumers’ care plans and demonstrated how they use handover sheets to inform care delivery. Clinical staff schedule care consultations with consumers and/or their nominated representatives and provide access to the summary care plan or provide copies on request. Staff ensure representatives are informed of any changes and outcomes to the services provided to a consumer, including medication changes, new strategies implemented, and changes in care. The Assessment Team observed a clinical staff member providing information to a consumer representative following a medical officer’s review.

All representatives sampled said staff advise them of any changes to consumer needs or condition and inform them when incidents occur such as following a fall, development of a pressure injury, and changed behaviour. Care documentation for 11 of 11 consumers reviewed, reflected evidence of care review for effectiveness when circumstances change or when incidents impact on the needs, goals, or preferences of consumers. Clinical staff and management could describe how and when consumer care plans are reviewed. Five clinical staff said during the 3 monthly review process and when incidents occur, they review all consumers’ chartings, ‘as required’ medication administration, strategies provided, and referrals made. They also described how additional care strategies were implemented for pressure injury and falls prevention with input from a physiotherapist and a wound specialist. This includes, if required the use of a pressure-relieving mattress and chair cushion, bed cradle, and heel booties. The Assessment Team observed a visiting medical officer reviewing consumers’ care needs for two consecutive days.

# 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

Each consumer gets safe and effective personal care, clinical care. All 7 consumers and 2 representatives sampled, indicated satisfaction with the personal and clinical care consumers receive. File review reflected, and feedback from staff demonstrated consumers’ wounds and pain are effectively managed. Management acknowledged feedback from the Assessment Team in relation to classification of wounds which the service had identified in a self-audit. Training about wound classification was scheduled and the response from the provider documents completion. While the service did not always successfully identify consumers subject to chemical restrictive practice, the use of psychotropic medications is mostly effectively assessed, managed, monitored, and reviewed. Management acknowledged the Assessment Team’s feedback about the identified discrepancies around the definition of chemical restraint and initiated a comprehensive review of their psychotropic register and an independent audit. The provider’s response demonstrated staff training was scheduled and plans are in place for further training. The organisation’s updated policies and procedures, guide staff in the provision of safe and effective care.

Consumers and representatives expressed satisfaction in the management of high impact and or high prevalence risks to consumers. Documentation and policies and procedures reflected processes to promote the effective management of high-impact or high-prevalence risks. Clinical staff described the high impact and high prevalence risks to consumers and minimisation strategies. Incidents are documented, investigated, actioned, and analysed for trends, with actions to minimise recurrence. The service identifies high impact and high prevalence risks during a ‘clinical risk meeting’. This includes unplanned weight loss, falls, pressure injuries/wounds, and uncontrolled diabetes with blood glucose levels (BGL) outside of recommended parameters.

Two consumers expressed satisfaction about how staff identify and consider their needs and preferences when nearing end of life. Care planning documents demonstrated the service meets the needs of palliating consumers to ensure comfort care with dignity. The service supports consumers to identify their goals, needs and preferences when nearing the end of life and this is documented in consumers’ advance care directives and end of life care plans. Clinical and care staff described the palliative care pathway and the resources available to them to support consumers nearing their end of life. Policies and procedures guide the provision of palliative care.

Consumers and representatives are confident staff manage and respond to consumer deterioration promptly. The service demonstrated how deterioration or change in a consumer’s condition is recognised and responded to in a timely manner. Documentation reflected appropriate actions taken in response to deterioration or change in a consumer’s health status. Deterioration or changes in consumer condition is identified, actioned, and communicated.

Consumers and representatives interviewed indicated consumers’ needs and preferences are effectively communicated in a timely manner. Care documentation reflected information regarding the consumer’s health status, needs, and preferences are communicated with others who share responsibility for care. The service demonstrated how information is shared with external services involved in care as required and clinical and care staff described communication mechanisms and demonstrated knowledge of the needs and preferences of each consumer they cared for. Where the electronic documentation system is not used directly by other health professionals, including discharge summaries following return from hospital, reference to their recommendations is entered into the electronic care system by clinical staff and uploaded to the consumers’ files. The Assessment Team observed handover processes occurring with changes in consumer needs, preferences, and health status being communicated.

Consumers and representatives were satisfied that access and referral to medical officers, allied health professionals, and other external specialist services is available when needed. They are confident they can talk to the medical officer when they need and can be involved in external and allied health specialist referrals and reviews. Care planning documentation reflected timely and appropriate referrals to individuals, other organisations, and providers of other care and services. Clinical staff described the service’s referral processes and provided examples of completed referrals.

Consumers, representatives and staff were satisfied with actions taken to assess and minimise the spread of infection. The service has policies and practices that guide staff about minimising the risks of infection for consumers, staff, and visitors. Staff demonstrated a good understanding of infection prevention and control practices and antimicrobial stewardship. The service has policies and guidance material regarding infection prevention and control (IPC). The service has a COVID-19 outbreak management plan and COVID exposure management plan which provides overarching guidance and resources for the service to support their readiness, response, and recovery from COVID-19 outbreak.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives were satisfied they, or those they represent, receive safe and effective services which support and optimise consumer independence, quality of life and well-being. Staff have knowledge of consumer needs and preferred activities and care planning documentation identified consumer preferences and choices and the supports and services required to allow individual consumers to do the things they want to do. The Assessment Team observed consumers engaged in a variety of social, leisure and lifestyle activities during the site audit and noted feedback on previous lifestyle activities and planned lifestyle events, as part of the agenda on the monthly ‘resident and food focus meeting’.

Consumers described services and supports available to promote emotional, spiritual and psychological well-being. Staff demonstrated knowledge of and could describe how they promote and support individual consumers’ emotional, spiritual and psychological needs. Care planning documentation included information on emotional, spiritual and psychological needs and preferences. Lifestyle staff described how they will schedule regular one on one chats with consumers as part of their emotional care. If there are concerns about any consumer, staff will make a referral and consideration is made about referral to an outside service such as medical officer or geriatrician. The service sometimes receives input from a specialist dementia service and/or a geriatrician, on how to best support consumers living with changes in cognition.

The service hosts fortnightly church services, for Catholic, Greek Orthodox and Presbyterian religions.

Consumers are supported to participate in their community within and outside the service, maintain social and personal relationships, and do things of interest to them. However, several consumers were unhappy with the current activities. Staff described the interests of individual consumers as well as consumer familial and personal relationships. Care planning documents identified consumer interests and family relationships. The response from the provider demonstrated the consumers who expressed dissatisfaction have met with the Lifestyle Coordinator and are being encouraged and prompted to participate in activities and are being advised in advance about the type of activity available.

Overall consumers and/or representatives expressed satisfaction that staff who care for them are aware of their needs and preferences and know when there are changes. Staff said they are informed of changes to consumer needs and preferences through emails, alerts in the electronic management system, progress notes and handovers. Changes to a consumer’s needs or preferences are reflected in their care plan and progress notes and an alert is created on the electronic information management system message board. They said any change is also communicated through verbal handover. Care planning documents reviewed by the Assessment Team reflect current service and support needs and preferences as related by both consumers and staff. The Assessment Team observed electronic alerts indicating updates and changes generated by the electronic management system on log in. In response to the Assessment Team’s report, for one identified consumer the provider has supplied information about increased communication where responsibility for consumer care is shared.

All consumers interviewed said they have access to other services should they desire. Lifestyle, clinical and care staff identified the involvement of others in the provision of support and services. This includes input from volunteers, community groups, allied health professionals, representatives of faith and specialist organisations.

Consumers provided mixed feedback about the provision of choice and quality of meals at the service. The service demonstrated that a variety of meals are provided with the menu adjusted for the season three times per year. The menu is prepared in consultation with a chef and has the oversight of a dietitian. Consumer meals are offered in accordance with dietitian and speech pathology recommendations following clinical assessments as required. Care planning documents note consumers’ food needs, likes, dislikes and food allergies. Menu choice and alternative options are available at all mealtimes. The providers’ response to the Assessment Team’s report provided evidence of follow up conferences and communication with an identified consumer and representative including a dietary plan for the consumer and improved communication about meeting times with allied health teams.

All consumers are confident, and the service mostly demonstrates that equipment is safe, suitable for consumer and staff use, clean and well maintained. Staff confirmed they have access to equipment when they need it and the Assessment Team observed equipment stored safely with cleaning wipes located close by. The plan for continuous improvement supplied in response to the Assessment Team’s report included a memo about a schedule for cleaning all mobility aids.

# 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

The service is welcoming and provides well-appointed communal areas that optimise consumer interaction and engagement. Consumers and their representatives described how the service is welcoming and supports consumer independence and function. Consumers and visitors were observed using communal areas and moving independently on each level of the service.

All consumers and their representatives said the service is safe, clean and well maintained. Maintenance schedules detail both regular preventative and reactive maintenance and there are cleaning schedules in place. The service is located on 3 levels, has wide corridors, large rooms with ensuites for easy wheelchair access and provides comfortable communal areas. All consumers and representatives interviewed said they feel safe.

Consumers and staff expressed satisfaction with the furniture and equipment used at the service and consider it is safe and suitable for consumer’s needs. Documentation, including preventative and reactive maintenance systems, demonstrated the ongoing monitoring and timely response by staff to required repairs at the service. The Assessment Team observed that furniture, fittings, and equipment are safe and clean, and that staff ensure that sanitiser wipes are located near shared equipment to clean them before and after 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

Consumers and representatives interviewed are aware of the complaints process and are comfortable making complaints. Complaints can be made by completing a complaints form, attending the consumer’s meeting or speaking directly to clinical and care staff or management.

Consumers were aware of advocacy and interpreter services but had not had the need to use them. The Assessment Team observed various information on advocacy services and internal and external complaints services displayed on notice boards next to Aged Care Quality and Safety Commission complaints posters across all levels of the service.

Consumers and representatives have lodged a complaint and 2 representatives said that management acknowledged their complaints. The Assessment Team observed that there were explanations of open disclosure on the notice board for staff, consumers, representatives and visitors to read. One identified consumer representative was unclear about the outcome of a complaint. Management communicated with the representative and noted a follow up meeting may be needed. The response from the provider demonstrated this had been actioned, no further concerns were raised by the representative and staff plan to meet more regularly with the consumer and representative to ensure concerns are addressed promptly. The Assessment Team viewed the policies and guidance for staff documentation on both complaints and feedback as well as those for open disclosure.

Consumers advised the Assessment Team feedback is used to improve the services provided. Management reported that both negative and positive feedback is reviewed and where a need for improvement is identified, action for improvement is taken. The Assessment Team observed that the plan for continuous improvement is updated when a suggestion for improvement is identified from the feedback/complaints process.

# 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

The workforce is planned and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. The Assessment Team viewed the master staffing roster and noted that the live site roster had all shifts filled. The master roster is adapted to meet the care needs and the occupancy level of the service which is currently almost at full capacity. If consumer needs change, the service manager will discuss changes to the required staff/consumer ratio with organisational management and request changes to the master roster.

Staff interviewed were knowledgeable and respectful of consumer backgrounds and cultural preferences. They demonstrated intimate knowledge of the consumers for whom they were providing care and services. Five of 5 consumers were satisfied that staff were kind, caring and gentle when providing care and services. The Assessment Team noted that the organisation has policies and guidance materials for staff to follow relating to duty of care and diversity. The Assessment Team observed staff addressing consumers by name, proactively engaging with them and providing information in a manner that they could understand.

Staff expressed satisfaction with the training provided and are able to access additional training where required. All staff are able to request any additional training for their current role or to assist them in advancement within the organisation.

The workforce is competent and qualified to effectively perform roles. Staff are required to complete annual mandatory training. A review of documents provided to the Assessment Team demonstrates that staff have position descriptions, qualifications and registrations relevant to their role and that staff competency is monitored.

Management advised the service follows the organisation’s recruitment process when hiring staff, with staffing levels based on occupancy and consumer needs. Orientation includes components such as hand hygiene, donning and doffing of PPE and fire emergency training. Staff confirmed they are required to complete their mandatory training prior to commencing their roles. The service has an organisational policy that covers the recruitment process with separate policies for the selection of volunteers. The organisation conducts an annual training needs analysis and along with the outcome of quality audits this assists in development of the training calendar. The site manager meets with site-based learning and development staff monthly to discuss training needs of the staff. The organisation maintains a Covid-19 and Influenza vaccination register for all staff that includes the relevant dates. A similar register is kept for volunteers.

The organisation has formal and in informal processes for assessment, monitoring and reviewing the performance of the workforce. Staff are aware of the performance appraisal process and have undergone the process with their direct line of report within the last 12 months, and if new to the organisation are waiting their first appraisal at their 6-month anniversary date. Management advised that a performance appraisal for staff members takes place close to their employment anniversary. The organisation has a discipline and performance management procedure that is followed in relation to staff performance and disciplinary matters.

# 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

Consumers are able to provide feedback to staff and management about their care and services and feel included and supported. The organisation has a number of mechanisms in place that it uses to engage consumers in the development, delivery and evaluation of care and services that include consumer meetings, food focus meetings case conferences and care plan evaluation.

Consumers feel safe and are living in an inclusive environment where they are provided quality care and services. The service promotes safe and inclusive care and provides guidance documents for staff practice. An organisational structure governs the delivery of quality care and services across the organisation. The board is responsible for ensuring the service is able to respond sufficiently to changes in the internal and external environment. The board is accountable and responsible for the safety and quality of care and services delivered to consumers, and it ensures they are fully informed about performance in relation to key areas of risk. Reports are sent to the board, the clinical governance committee and the executive leadership team. The clinical governance committee receives reports from a range of sub-groups/committees and reports to the board on the outcomes reported.

Management said the board is well informed, as members of the board are also part of the clinical governance committee. The clinical governance report is revisited at the bi-monthly meeting once it has been seen by the board. At its meetings the board also discuss national data trends and outcomes of the care page surveys conducted with consumers. Feedback from the board is filtered down to managers and then to staff via a number of channels.

Management and staff confirmed processes and mechanisms are in place for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback and complaints.

The service has frameworks, policies and procedures to support management of high impact high prevalence risks and response to incidents. The service can demonstrate the implementation of these frameworks, policies and procedures. Staff and management interviewed provided examples of these risks and how they are managed within the service.

The organisation’s clinical governance framework includes policies and practices that cover antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff have been educated about the policies and are able to provide examples of their relevance to their work.

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