Performance

Report

**1800 951 822**

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| Name of service: | Arcare Knox |
| Service address: | 478 Burwood Highway WANTIRNA SOUTH VIC 3152 |
| Commission ID: | 4052 |
| Approved provider: | Arcare Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 2 November 2022 to 4 November 2022 |
| Performance report date: | 20 December 2022 |

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 Knox (**the service**) has been prepared by M. Nassif, 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 on 2 December 2022.
* Other information and intelligence held by the Commission in relation to the service.

# 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

Staff were observed supporting consumers in a respectful way, often speaking slowly and patiently with consumers. Care planning documents evidenced that consumers’ identity, culture, choices, and preferences are captured to reflect what is important to them. Consumers and representatives said they feel valued and respected by staff however some consumers said shortage of staff has impacted on their care. This has been considered under Requirement 7(3)(a) where it is more relevant as it relates to staffing sufficiency.

Staff were able to identify consumers with diverse cultural backgrounds and explained how it informs care delivery. Consumers and representatives said the service delivers care and services which are tailored to consumers’ needs and culture. Care planning documents included information on consumers cultural needs and preferences.

Staff provided examples of how they assist consumers to make informed choices about their care and services. Consumers and representatives said that staff maintain frequent communication and encourage consumers to connect with and maintain relationships with those important to them. Care planning documents outlined preferences such as lifestyle interests and food likes/dislikes for each consumer which aligned with the consumers’ feedback.

Consumers expressed satisfaction with the level of support provided regarding risks to enable them to live the best life they can. Staff described the support provided to consumers who want to take risks and to understand the benefits and possible harm when making decisions about taking these risks.

Consumers said they receive up-to-date information relating to their care and lifestyle. Observations confirmed that various communication strategies are used to inform consumers of upcoming events and menu options.

Consumers reported that their privacy and confidentiality is respected, and their personal information is kept confidential. This was consistent with observations and staff feedback. The service has a privacy policy to advise how personal information is kept confidential.

# 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

Staff described assessment processes including the implementation of case conferences with consumers/representatives and care plan evaluations. Consumers and representatives reported they are involved in their assessment and care planning process, which considered risks, as per their preferences. Care planning documents identified risks to consumers with strategies to mitigate these risks documented.

Care planning documents contained advance care directives that identified consumer wishes and preferences regarding end-of-life care. Consumers and representatives reported they were consulted by the service in relation to consumer needs, preferences and goals.

Consumers and representatives stated that they were involved with the assessment and care planning process. Care planning documents evidenced consumers and their representatives were consulted in assessments and care planning and included input from other health professionals.

Consumers and representatives reported they have regular communication with staff in relation to assessment and care planning and have access to care and services plan. Care planning documents evidenced information appropriate for consumers’ care was documented and there was regular communication with consumers/representatives about the outcome of assessments.

Care planning documents reflected reviews occur when an incident occurs or when a change to consumers’ health and well-being are identified. Consumers and representatives said they were regularly informed of changes to their care and needs when consumers’ circumstances change or following incidents. Staff explained consumers and representatives were involved in case conferences and that they were informed of any changes through phone calls or emails.

# 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

The Assessment Team recommended Requirement 3(3)(a) was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 3(3)(a), the Site Audit report brought forward the following deficiencies to note inconsistency in delivery of care to consumers:

* One representative said their loved one was receiving thin soup not thickened soup as required and stated in the consumers’ care planning documents. There was no evidence of impacts this had on the consumer.
* One consumer said they are provided continence aid that is too big for them. The consumer also said their shower preferences were not adhered. When informed of this information, management said additional training on continence aid will be provided to staff and the correct sized continence aids will be provided. Management also that it was only a one-time incident where the consumer did not get a shower at their preferred time and staff have otherwise been adhering to the consumers preferred time to shower.
* A consumer was left in the shower whilst the staff attending them went on to assist with a transfer elsewhere. Management said the staff involved was spoken to and strategies are in place, such as extending current shifts, to ensure continuity of care is maintained.
* Staff was observed restricting the movement of a consumer during handover to manage the consumers’ behaviour. When informed of this observation, management implemented training for staff on restrictive practices, increased allocation of roster hours to ensure consumers are provided support and supervision, and broader review of restrictive practices training.

The provider’s response provided the following clarifying information in relation to the above deficiencies:

* Staff have received training in relation to fluid consistency and formulation after investigations conducted by the service identified gaps in staff knowledge.
* Record of discussion with staff member who left the consumer unattended during the shower was provided indicating the staff member understood the risk and would not repeat such practice. Additionally, all staff were provided guidance on who and how to escalate for assistance if they cannot be assisted.
* Staff were provided toolbox talk training on restrictive practices and the roster was amended to reflect additional 15 minutes added to one staff member per unit on each floor during shift handover. The observation of a consumer’s movement being restricted appears to be an isolated event and no evidence of further occurrences was brought forward in the Site Audit report.
* Compulsory annual online training module on restrictive practices has an 80% staff completion rate.

I am satisfied that the service has taken appropriate action to address the deficiencies outlined in the Site Audit report. Additionally, for all identified consumers, there was no evidence of impacts the deficiencies had on them and no evidence that they were not receiving safe and effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being. Some consumers and representatives stated they were satisfied with clinical and personal care and found them to be safe and effective. Staff provided examples of care that were suitable and best practice which optimised their well-being. Care planning documents also demonstrated care that was safe, individualised, and effective was delivered especially for pain management, skin integrity and restrictive practices.

Therefore, on the balance of the evidence before me, I find Requirement 3(3)(a) compliant.

I am satisfied the remaining 6 Requirements in Quality Standard 3 are compliant.

Care planning documents identified risks and interventions used to effectively manage risks. Consumers and representatives were satisfied that high impact or high prevalence risks are effectively managed. Staff described risks to consumers and strategies in place to manage those risks.

Staff described how care is given for consumers undergoing palliation and care planning documents reflected consumers’ needs and preferences pertaining to end of life care. Care planning documents also evidenced consumers nearing the end of life received care in line with their wishes, that maximised comfort and preserved dignity.

Consumers and representatives said staff recognised and responded to deterioration or change in consumers’ health in a timely manner. Staff demonstrated the process and response to managing change in consumers’ condition and function. This was confirmed in care planning documents.

Staff, allied health professionals and medical officers included their notes in the care planning documents which was accessible to all staff. Staff were aware of changes in the consumers’ care needs and preferences through the handover process, electronic care planning system, meetings and emails. Consumers and representatives said they were satisfied with the care provided by staff who understood consumers’ care needs and preferences.

Consumers and representatives said they had access to allied health professionals and external organisations when needed. Care planning documents reflected timely and appropriate referrals occur to medical officers and other health professionals. Staff discussed the various referral options available to manage the consumers’ care needs.

Staff provided examples of strategies used to minimise risk of infection. The service had a range of policies and procedures in place to manage COVID-19 outbreaks, other infections and antimicrobial stewardship. Consumers and representatives were satisfied with the service’s processes to ensure infection and outbreaks were minimised.

# 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

The Assessment Team recommended the Requirement 4(3)(a) was not met. I have considered the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 4(3)(a), the Site Audit report identified the following deficiencies:

* One consumer said battery of their wheelchair is depleted as staff forget to charge it. This causes them to be late to activities and miss out on dining with other consumers.
* Two representatives stated that staff do not encourage consumers enough to participate in activities that they will enjoy or are not taken out regularly. Management responded by introducing planned scheduled walks twice daily.
* Staff member said that they can often be short-staffed which impacts the scheduled activities.

The provider’s response provided the following clarifying information in relation to the above deficiencies in support of compliance:

* In relation to the consumer who raised concerns on the battery of their wheelchair which impacted on their ability to attend activities, the response evidenced new parts for the mobility aid were purchased and provided to the consumer. The response also included evidence of the consumer’s satisfaction and has been able to attend activities and meals with other consumers.
* Outdoor programmes such as daily walks, alfresco lunches, and high tea have been added to the current lifestyle calendar. The response included evidence of positive feedback from consumers and representatives on these additional activities.
* For one consumer, a case conference was held to determine the consumer’s interest. The service planned activities for the consumers according to the identified preferences and likings.
* Additional lifestyle staff have been recruited.

I am satisfied that the service has taken appropriate action to address the deficiencies outlined in the Site Audit report. Therefore, on the balance of the evidence before me, I find Requirement 4(3)(a) compliant.

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

Consumers and representatives described services and supports available to promote consumers’ emotional, spiritual, and psychological well-being. Care planning documents included information regarding the emotional, spiritual, and psychological needs and strategies of consumers. Staff provided examples of how they support consumers for their emotional and psychological well-being in line with care planning documents.

Care planning documents identified the people important to consumers and the activities of interest. Consumers felt supported to participate in activities both within and outside the service and the service gives them the opportunity to express their individual interests. Staff provided examples of consumers who were supported to participate in outside communities.

Staff advised information about consumer care, needs and individual preferences are shared internally at handovers and recorded consumer files. Care planning documents included adequate information to support effective and safe care with respect to services and supports for daily living.

Care planning documents evidenced the service collaborates with external providers to support the diverse needs of consumers. Staff said the service engaged external service providers to provide specific activities that consumers wished to participate in.

Consumers said meals provided are varied and of suitable quality and quantity. The service had processes in place to allow consumers to influence the menu and to provide regular feedback on the food provided. Some consumers complained about the taste of the food, however management said they are speaking regularly with consumers and consumers with previous complaints said that the chef would see them and discuss possible steps to appease them.

Consumers said that they feel safe when they are using the equipment and it was easily accessible and suitable for their needs. Equipment provided was observed to be safe, suitable, 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

The service environment was observed to be welcoming with adequate signage to assist consumers, well-lit and easy to navigate. Consumer rooms were observed to be personalised to optimise a sense of belonging. Consumers said they feel comfortable at the service and are free to access all areas of the service without staff assistance.

Consumers said they are free to move around the service indoors and outdoors and that the service environment was safe, clean, well maintained and comfortable. The maintenance manager described the process for reporting safety issues and said this has been effective. While several potential hazards were observed in areas of construction work occurring at the service, management was very responsive and appropriate actions was taken.

Consumers and representatives said fittings and equipment are safe, and well maintained. Staff described the process of using shared equipment including checking the battery and disinfecting the equipment before and after use. Furniture in communal areas were observed to be clean and in good condition.

# 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

The Assessment Team recommended Requirements 6(3)(c) was not met. I have considered the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 6(3)(c), some consumers stated that actions taken to resolve complaints did not adequately address their concerns. The Site Audit report identified the following deficiencies:

* One consumer raised a complaint about the staff forgetting to maintain their mobility aid causing them to miss out on activities and to have meals with other consumers. The service’s complaints register identified the action taken by the service was a memo to staff reminding them to charge the wheelchair battery overnight. When followed up with management they said the wheelchair battery needed to be replaced and a new battery was ordered on day 3 of the Site Audit.
* A consumer raised multiple complaints about their meals which remained unresolved.
* A consumer felt that staffing was inadequate and that due to this staff had left them unattended twice during shower, however consumer was made not aware of management’s interventions to prevent a recurrence.

The provider’s response provided the following clarifying information in relation to the above deficiencies in support of compliance:

* New parts for the mobility aid were purchased and provided to the consumer to avoid the need to charge the aid each evening. Confirmation has been sought to ensure the consumer remains satisfied with the outcome of their complaint.
* Food focus meetings are now held monthly as a separate meeting commencing November 2022 ensure food remains a high priority particularly whilst there are changes to the catering staff. Additionally, consultation with the consumer who raised concerns on their meals is ongoing and recent feedback indicates they consider food has improved significantly.
* Follow up has since occurred with the consumer who raised concerns around staffing adequacy after left unattended on 2 occasions in the shower. This has occurred within the service’s 30-day timeframe requirement.

I am satisfied that the service has taken appropriate action to address the deficiencies outlined in the Site Audit report. Additionally, the Site Audit report provided that most consumers and representatives said the service did acknowledge their concerns raised and complaints were resolved in a timely manner. Therefore, on the balance of the evidence before me, I find Requirement 6(3)(c) compliant.

I am satisfied the remaining 3 Requirements in Quality Standard 6 are compliant.

Staff described avenues for consumers to provide feedback or make a complaint and how they support them in raising any issues. Consumers and representatives felt encouraged, safe, and supported to provide feedback and make complaints and were aware of the processes on how to do so. Feedback forms and collection boxes were observed located throughout the service.

Consumers and representatives reported they are aware of and know how to access advocates. Staff described how they identify consumers who may need help raising a complaint and how they assist consumers in making complaints using interpreters or representatives. Information on how to access advocates and language services to raise issues and resolve complaint was observed around the service.

The service had a feedback and complaint register for documenting complaints, including actions taken to resolve complaints. The register is accessible by the service’s quality team and management for monitoring and as an escalation pathway. Management identifies complaint trends which are utilised to inform continuous improvements.

# 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 Assessment Team recommended Requirements 7(3)(a) was not met. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report and the provider’s response and my findings are:

Regarding Requirement 7(3)(a), the Site Audit report brought forward the following deficiencies:

* Six of 12 consumers and representatives said there was insufficient staff to meet consumer care needs.
* One consumer said they do not receive personal care in line with their preference due to staffing shortage.
* Staff said staffing levels impacted on their ability to provide timely assistance. As a result, staff said consumers have to wait longer and they are unable to manage consumers with challenging behaviours in the morning when they are very busy. Staff also said that due to the lack of staff available, they often reduce the number of available activities.
* Consumers were observed wandering the corridors looking for assistance and unable to find any assistance.
* The review of staff roster indicated a number of vacant shifts across all areas of the service. This resulted in increased response times to call bells. Management acknowledged the impacts staffing levels had on care for consumers and said they had escalated this concern. Management stated they had implemented strategies to manage unplanned leave, staff retention and were continuously recruiting and using agency staff to manage shift vacancies.

The provider’s response addressed some of the deficiencies identified above:

* In relation to the consumer who did not receive personal care in line with their preference, the response evidenced their care plan was updated to reflect their preferences and staff were notified.
* As staff had not escalated unplanned staffing shortages in a timely manner, a memo had been sent to staff to remind them of the escalation process and a continuous improvement plan has been included to evaluate and monitor the effectiveness of the escalation process.
* Additional staff in various roles have been employed since the Site Audit.
* A review of staff roster was conducted however it was identified that further reviews are required.
* Recent staff survey showed 60% of staff felt rushed on their shift to attend to consumer needs however 90% of staff felt they were able to complete all care needs and tasks allocated to them.
* Recent consumer survey showed 30% of consumers felt there were adequate staffing and 25% thought there was good staffing levels. However only 19 consumers from one section of the survey completed the survey.

While I acknowledge feedback from staff and observations made, only one consumer example of impacts staffing levels had on consumers was brought forward and the response evidenced appropriate action taken to rectify this. As no other named consumer examples was brought forward highlighting impacts of insufficient staff, the evidence presented under this Requirement is insufficient alone to support the workforce is not planned to enable the delivery and management of safe and quality care and services. Therefore, on the balance of the evidence before me, I find Requirement 7(3)(a) compliant.

I am satisfied the remaining 4 Requirements in Quality Standard 7 are compliant.

Consumers and representatives reported that most staff engaged with them in a respectful, kind, and caring manner. Some consumers had raised concerns about the actions of the same staff member, management said the matter had been investigated and the staff member was being appropriately managed. Staff were observed to be attentive and respectful to consumer needs and preferences. Staff demonstrated an understanding of consumers’ needs and preferences.

Consumers and representatives felt that staff are sufficiently skilled to meet their care needs. However, some consumers said new or staff who are not regular required guidance. Management said they have recruited 52 new care staff over the past 6 months and are providing these staff with support and guidance to deliver care and services using consumer feedback and through one-to-one support. A review of service staff documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Consumers and representatives said that the staff are well trained and equipped to perform their roles. Training records reflected completion rates for compulsory and mandatory training at. Staff said they are well supported by management in undertaking the ongoing training provided to them.

Staff stated they had participated in the performance appraisal process. Documentation reviewed confirmed performance appraisals, mandatory training and competency assessments are conducted 6 months after commencement of employment for new staff and annually thereafter.

# 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

Management described the ways in which consumers are engaged in development, delivery and evaluation of care and services they receive. Consumers and representatives stated the service is well run and that they can partner in improving the delivery of care and services.

Consumers said they are kept well informed of any changes at a service level, including with regular communication during the service’s COVID-19 outbreak. Management said the Board monitors and promotes a culture of safe and quality care delivery through the meetings and reports and provided examples of Board approved incentives such as to ensure adequate staffing during outbreaks to ensure safe delivery of care and services.

The service demonstrated it had effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. For example, management confirmed they monitor changes to legislative requirements through centralised specialist departments. Changes in legislative requirements is then disseminated to staff through meetings, staff education and training.

Management provided the service’s documented risk management framework, including policies and procedures. Staff demonstrated knowledge of various risk minimisation strategies and their reporting responsibilities when they become aware, or have a suspicion, of an instance of abuse and neglect.

Management described how clinical care practice is governed by policies pertaining to antimicrobial stewardship, restrictive practices and open disclosure. Review of care plan documents demonstrated compliance with the services antimicrobial stewardship policy.

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)