Performance

Report

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| Name of service: | Ashfield Terrace Care Community |
| Service address: | 8 - 10 Clissold Street ASHFIELD NSW 2131 |
| Commission ID: | 0008 |
| Approved provider: | DPG Services Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 7 November 2022 to 10 November 2022 |
| Performance report date: | 8 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 Ashfield Terrace Care Community (**the service**) has been prepared by G Cherry, 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 7 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

The Quality Standard is assessed as Compliant as 6 of 6 specific requirements have been assessed as Compliant.

The service promotes a culture of inclusion, respecting choice, valuing individuality, identity, culture, diversity and maintaining privacy and dignity. Overall, sampled consumers/representatives consider consumers are treated with dignity and respect, encouraged to maintain their identity, supported to make informed decisions and care and services are culturally safe. Several examples of consumer satisfaction were provided, including descriptions of staff being kind and respectful of individual choice/preferences.

Sampled consumers consider staff respect their culture, values and diversity, expressing satisfaction of how these aspects influence care delivery including participation in activities, spiritual needs and meal choice. Care planning documentation reflects consumers’ cultural needs and preferences. Staff were observed treating consumers with dignity and respect, demonstrating an understanding of individual choice/preferences and gave examples of ensuring privacy, identity and culture is maintained. Staff demonstrated knowledge of communication resources utilised to ensure needs of consumers who are unable to communicate in English are met, and representatives expressed appreciation of some staff communicating with consumers in their language of origin. Care planning documentation reflect consumers needs and preferences in relation to requirements of this Quality Standard.

The service demonstrated methods consumers are supported to exercise choice and maintain independence. Consumers expressed satisfaction and gave examples of how they are supported to choose who is involved in their care, how to communicate decisions, make connections and maintain relationships of choice. Staff demonstrated knowledge of individual consumer preferences, cultural background/values and consideration of these aspect in care delivery. They gave examples of supporting consumers to maintain relationship of importance, including friendships and/or partners living within the service and to make informed decisions relating to care and services. Electronic devices are used to ensure consumers maintain relationships with family and friends.

The service demonstrated an effective system to support each consumer in taking risks of choice. Consumers and representatives consider consumers are supported to take risks and live their best life; noting discussions occurred with clinical staff to ensure knowledge and understanding of risk benefits and/or possible harm. Staff described individual consumers choice and support to engage in activities of risk including involvement in strategies/solutions of risk minimisation.

Effective systems to provide consumers with current information and ensure confidentiality is evident. Sampled consumers/representatives consider they receive up to date information about activities, meals, and other events and expressed satisfaction this is provided in a format to assist them in making informed choices. Staff described various methods of information provision including for consumers living with cognitive deficits and/or English not their preferred language. Information was observed to be on display.

Consumers expressed confidence information is kept in a confidential manner and staff described mechanisms utilised to maintain consumer’s privacy in care provision. Staff described practical modes of respecting consumers’ personal space/privacy, including password protection when accessing electronic documentation and were observed to be delivering care while demonstrating awareness of privacy and confidentiality.

Staff receive education in relation to this Quality Standard and policy documentation guides staff in organisational expectations.

# 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

The Quality Standard is assessed as Compliant as 5 of 5 specific requirements have been assessed as Compliant.

Effective assessment (including risk-based assessments) and care planning documentation guide delivery of safe care. Overall, consumers and representatives expressed satisfaction of involvement in assessment and care planning, including advance care planning and end of life choices; plus, involvement when incidents occur, needs change and involvement of medical officer/allied health and other health professionals. Most expressed knowledge and satisfaction of care plan accessibility. Management and staff demonstrated knowledge of these processes, how consumers and/or their nominated representatives are regularly involved, including risks and outcomes relating to individual choice. Documentation detailed assessment and care planning, including risk assessments/strategies for risk mitigation.

The service demonstrated outcomes of assessment and planning are effectively communicated to consumers and/or their representatives and care plans are available upon request. Overall, the service demonstrates a partnership approach with consumers/representatives and other health care providers. Most consumers and representatives consider they are included and informed of outcomes of assessment and planning, they have access to relevant documentation and medical officers, specialists/other health professionals are included in care provision. Staff demonstrate knowledge of their responsibilities and documentation reflects involvement of consumer/representatives, medical officers, specialists/other allied health professionals. Interviewed allied health professionals gave examples of involvement in care (including the referral process when consumer’s needs change) and access to internal documentation and information transfer.

Management and clinical staff described initial and ongoing assessment and planning/review processes, including when consumers’ circumstances change, following an incident, decline in health and/or end of life care requirements. They demonstrated knowledge of monitoring and reminder methods to ensure these activities are regularly completed. Documentation generally demonstrated regular ongoing review however, the assessment team noted care planning documentation was not updated in a timely manner to reflect change for one consumer receiving palliative care; monitoring documentation was not consistently completed and one incident as mentioned to the assessment team was not recorded. In their response, the approved provider evidenced documentation which negated these issues.

Staff were generally aware of the consumer’s needs and management team recorded and commenced investigation of the incident; the approved provider evidenced a copy of incident review at the time the incident occurred. Policy documentation guides staff of organisational expectations in relation to this Quality Standard.

In weighing up evidence of consumer satisfaction, staff knowledge of consumers individual needs and supporting evidence from the approved provider, I am satisfied the service demonstrates compliance with all requirements of this Quality Standard.

# 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 Quality Standard is assessed as Compliant as 7 of 7 specific requirements have been assessed as Compliant.

Consumers and representatives expressed satisfaction consumers receive appropriate clinical care as per needs/preferences. They consider management and staff provide accurate and timely information and regularly communicate to ensure consumers’ needs/preferences are effectively transferred to those involved in care delivery. Consumers and representatives expressed positive feedback in relation to responsiveness when deterioration occurs and timely access to medical officer and other professionals/specialists. Representatives generally expressed satisfaction end of life care maximising comfort, pain relief, dignity and respect occur.

Systems and processes ensure provision of safe, effective care tailored to consumer’s needs in optimising health and well-being. The service demonstrated effective systems resulting in positive consumer outcomes; for example, a reduction in medications and effective wound healing. Documentation generally indicates responsiveness when consumers’ condition change. Care documentation demonstrated effective systems to identify, generally monitor and manage pain, medication, diabetes management, behaviour support, restrictive practices and complex care. However, the assessment team noted some inconsistencies in relation to completion of monitoring documentation.

Via review of one consumer’s file the assessment team noted directives to conduct pain assessment prior to administration of medication considered as a restrictive practice did not consistently occur, nor did completed pain assessments reflect accurate pain levels. Management team members acknowledged pain assessment did not consistently align with consumer’s current needs and committed to providing addition staff training in relation to pain assessment/management processes. In their response the approved provider evidenced staff training occurred during the site audit visit.

Staff and management described high impact/prevalence risks, including falls, medication, wound, behaviour support and risks associated with diagnoses and/or decline in condition. A register contains relevant information regarding high impact/high prevalence risks, for example falls risks, medications, complex wounds and changed behaviours. Wound care provision is guided by medical officers/clinical nurse specialist and wound champions. Multidisciplinary meetings are forums to regularly assess consumer’s needs, and a process for collating/trending/analysing high impact/prevalence risk occurs. Staff described knowledge of escalation processes including when consumers experience a condition change. Review of documentation generally demonstrated appropriate and timely care, however the assessment team noted staff did not adhere to expected diabetes monitoring for one consumer. While negative impact was not recorded, management personnel committed to implementing an action plan.

The service demonstrated information about consumer’s condition, needs/preferences is documented/communicated with those where responsibility for care is shared. Care planning evidenced effective communication/transfer of information between staff and allied health care professionals and the assessment team observed discussions between clinical staff and medical officer generally demonstrated timely referral. Regular visits occur from allied health professionals/specialists and staff demonstrated knowledge of emergency referral process. Directives from medical officer and other health professionals are generally updated in documentation to ensure current needs are met. Consumers/representatives expressed satisfaction regarding communication of specific needs, and observation of staff discussions demonstrated effective processes.

Management processes including leadership and directives occur in the event of an outbreak; staff described strategies to minimise infection and demonstrated understanding of antimicrobial stewardship principles. Documentation detailed appropriate intervention and management for infection prevention; the assessment team observed staff adhering to appropriate practices and accessible supplies of personal protective equipment. Consumers and representatives consider effective infection control occurs.

Staff receive education in relation to this Quality Standard and policy documentation guides staff in organisational expectations.

I am satisfied evidence bought forward by the assessment team demonstrates requirements 3(3)(a),3(3)(b),3(3)(d),3(3)(e),3(3)(f) and 3(3)(g) are compliant.

While some consumers and representatives expressed satisfaction of care for consumers receiving end of life care, documentation detailed mixed evidence to demonstrate appropriate pain management for two consumers nearing end of life. Staff generally described care provision, including practical methods to ensure comfort is maximised and pain minimised.

The assessment team noted inconsistent documentation of appropriate pain management practices for one consumer requiring palliative care. While the service demonstrated pain assessment and management processes for some consumers unable to verbalise, it was not evident this consistently occurred. While the consumer was reviewed by a pain management specialist, their recommendations are not clear in documentation to guide care; medication documentation detailed inconsistencies of directives, and care planning documentation does not reflect current needs. In addition, the assessment team noted a lack of record for one incident, which management committed to rectify and acknowledged inconsistencies in documentation. In their response the approved provider evidenced incident documentation detailing investigation occurred at the time of incident.

In their response, the approved provider referred to their 2021-2022 transformation project aimed to improve competence/team capacity in relation to palliative and end of life care; training topics include pain management and comfort care. They evidenced pain monitoring records, alternative documents to guide care planning needs, non-pharmacological interventions prior to administration of pain-relieving medication and evaluation of effectiveness, medical officer review and pain-relieving medications administered prior to repositioning. Clarification was sought in relation to medication directives and whilst medical officer amendment was required they assert no negative impact identified.

I am persuaded by the approved provider’s evidence which demonstrates appropriate practices and processes in relation to pain management, including for those consumers requiring palliative and end of life comfort care.

I find requirement 3(3)(c) is compliant.

# 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 Quality Standard is assessed as Compliant as 7 of 7 specific requirements have been assessed as Compliant.

Consumers consider they receive support to engage in activities of interest, both within the service and external community; are satisfied lifestyle programs meet their needs/preferences and receive support from other individuals/external organisations. They are supported to pursue individual interests, maintain personal/social relationships and remain in contact with those of importance. They gave examples of how the service supports independence, well-being/quality of life and expressed satisfaction they feel connected/engaged in meaningful activities. Consumers consider their emotional, social, spiritual and psychological needs are appropriately met and express positive feedback relating to meals; including staff knowledge of their dietary needs. Consumers were observed participating in meal service and individual or group programs. Some consumers were observed assisting staff in conducting activities.

Documentation detailed consumer’s individual needs and preferences plus communication methods to those providing services and referrals to other support providers. Documentation includes spiritual, emotional, psychological, dietary preferences/needs, life history, cultural and individual interests. Pastoral care staff regularly visit, and staff explained the processes of re-engaging volunteer assistance due to reduction of legislative restrictions.

Staff demonstrated knowledge of consumer’s needs, activities of choice and how consumers contribute to the lifestyle program. Staff gave examples of support to promote emotional, spiritual and psychological wellbeing, contact with those of importance; and how consumers are supported to attend activities with external provider/volunteer involvement. Staff were observed interacting with consumers and providing emotional support. Programs are available for consumers who prefer individual activities and those living with visual deficits. Programs include ‘meaningful mates’ where interaction between consumers with common interests is supported; shopping visits to purchase items relating to projects of interest and engagement with other aged care facilities.

Consumers and representatives consider current information relating to their care needs is shared with those responsible for care provision and staff demonstrated thorough knowledge of consumers individual needs.

Demonstration of timely and appropriate referrals to other organisations/providers of care was evident. Consumers expressed confidence referral to appropriate providers would occur if needed and staff gave examples of when this has occurred; example National Disability Insurance Scheme and Vision Australia.

Effective processes include consumers in menu development and feedback regarding food quality; staff demonstrated how feedback results in menu review. A process ensures catering/care staff are informed of specific dietary needs/preferences and processes ensure meals and drinks are served according to consumers’ dietary needs and preferences, including texture modified meals and thickened fluids. Observation of kitchen and serveries identified these to be clean and a process ensures regular auditing of food safety requirements. Consumers expressed general satisfaction with a variety of suitable quality/quantity of meal delivering noting management’s response and improvement actions to feedback relating to meal temperature.

The service demonstrated equipment is safe, suitable, clean, well-maintained and staff described the process for maintenance programs and repair work. Consumers and representatives expressed satisfaction with the suitability, sufficiency and cleanliness of equipment and resources.

# 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 Quality Standard is assessed as Compliant as 3 of 3 specific requirements have been assessed as Compliant.

Consumers consider the environment to be safe, clean and well-maintained, with several indoor/outdoor private and communal areas accessible for engagement with others. They consider the environment is welcoming/home-like, easy to navigate and express enjoyment of garden areas and the cafe. They noted satisfaction furniture, fittings and equipment are safe, clean, well maintained and meet their needs. Consumers were observed accessing several areas and independently moving between internal/outdoor areas.

The assessment team observed a safe living environment, several indoor and outdoor communal areas (including cafe and landscaped outdoor areas) plus signage to support wayfinding. Furniture is appropriately positioned, and artworks provide a home-like ambience. Consumers rooms contain personalised items/decorations which reflect individuality.

Staff demonstrated knowledge of cleaning and preventative/reactionary maintenance systems relating to furniture, fittings, and equipment. The assessment team noted most furniture, fittings and equipment appeared to be safe, clean, well maintained and suitable for consumer use. Monitoring activities ensure ongoing satisfaction with cleaning and preventative/corrective maintenance processes.

# 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 Quality Standard is assessed as Compliant as 4 of 4 specific requirements have been assessed as Compliant.

Sampled consumers and representatives consider support is provided relating to feedback/complaints processes, and timely responses received. Consumers expressed confidence they could safely provide feedback and are familiar with methods of doing so, including external organisations and advocacy/language support available. Consumers consider they are supported to participate in meetings, gave examples of responses received when communicating feedback and expressed satisfaction this is used to improve services. They expressed appreciation the management team actively seek their opinion on care and service improvement including participating in staff interviewing processes. The assessment team observed meeting forums where consumers were encouraged to attend and voice their opinions/feedback.

The service demonstrated actions taken in response to complaints, including an open disclosure process when things go wrong. Documentation detailed recording of complaints including actions, resolution, follow-up processes to ensure ongoing satisfaction and trending processes to identify improvement areas. Information relating to advocacy, language services, interpreters and external avenues is on display. Staff gave examples of supporting consumers/representatives when they voice concerns, including awareness of open disclosure principles and escalating issues of concern to management. Management and staff gave examples of recent improvements resulting from consumer feedback regarding meal temperature, invoicing processes and additional staff education sessions.

# 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 Quality Standard is assessed as Compliant as 5 of 5 specific requirements have been assessed as Compliant.

Consumers consider they receive care and services from management and staff who are knowledgeable, capable and display a caring attitude. They said staff are kind and caring when providing care, are confident staff are competent and skilled in their roles, feel safe when staff are assisting them and most said there are enough staff resulting in not feeling rushed when staff assist. While some consumers said additional staff would be beneficial they noted feeling well cared for. Representatives expressed satisfaction staff respond to consumers’ needs in a timely manner.

Staff consider there are enough numbers of staff to deliver care and services and an effective process for replacement of unplanned leave. They are provided with equipment/resources to carry out the duties of their role and receive ongoing support, training, professional development, supervision and feedback to enable them to perform their responsibilities. Staff gave examples of training provided and expressed positive feedback in relation to performance review.

Staff were observed attending to consumers request for assistance in a timely manner and displaying behaviour which demonstrated patience and respect. Staff gave examples of demonstrating patience and using appropriate language and tone to enable consumers independence.

Management demonstrated the process for ensuring enough staff numbers and requirements for qualifications specific to each role. Contingency plans safeguard staff replacement when unplanned leave occurs, and management regularly reviews rosters to ensure staff allocations adequately meet current consumer needs. Orientation and training are provided relevant to the services processes/expectations, consumer’s needs, competencies and capabilities required for each role. Management gave examples of monitoring staff competency and professional registrations and how training needs are identified. A system ensures regular assessment, monitoring and review of staff performance and staff explained their participation. Management demonstrated the process for managing staff non-conformance with expectations. Education and training records demonstrate examples of training relating to the Aged Care Quality Standards, including changes in legislative requirements.

Policy documentation guides staff of organisational expectations in relation to this Quality Standard.

# 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

The Quality Standard is assessed as Compliant as 5 of 5 specific requirements have been assessed as Compliant.

Several mechanisms support consumers and representatives to provide feedback and engage in improvement processes. Consumers/representatives consider the organisation is well run and they are encouraged to partner in improvement of care and services. Management team demonstrated methods of engaging consumers/representatives in the development of care delivery and consumer’s involvement in recent improvement activities was evident.

Documentation detailed input from consumers/representatives, responsiveness of management in implementing continuous improvement activities. The organisation’s governing body, board members and clinical governance framework is effective in demonstrating aspects of continuous improvement, information, finance, feedback/complaints, workforce governance and regulatory compliance. The assessment team noted some inconsistencies in care planning and monitoring documentation (referenced in Standard 2).

The service demonstrated how the organisation’s governing body promotes a safe, inclusive culture and delivery of quality care and services. Systems include policy/procedures to guide staff in consistent application of expectations and meeting forums report to regional managers and the Board. Governing body involvement to monitor and ensure compliance with Quality Standards was evident.

The management team advised of overarching organisational systems in relation to management of high impact/high prevalence risks and staff demonstrate knowledge of risks and processes of reporting/incidents.

The service demonstrated appropriate systems, processes and outcomes. Policies, procedure and workflow directives guide staff in organisational expectations. Staff demonstrate knowledge of complaint/continuous improvement, regulatory responsibilities, minimising restraint use and principles of antimicrobial stewardship. The organisation’s clinical governance framework includes guidance that cover antimicrobial stewardship, minimising the use of restraint and open disclosure.

Policy/procedural documentation guide staff relating to all aspects of this Quality Standard. Staff receive education regarding policies and provided examples of relevance in 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)