Performance

Report

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| Name: | Aurrum Norah Head |
| Commission ID: | 0234 |
| Address: | 60 Soldiers Point Drive, NORAH HEAD, New South Wales, 2263 |
| Activity type: | Site Audit |
| Activity date: | 22 January 2024 to 24 January 2024 |
| Performance report date: | 28 February 2024 |
| Service included in this assessment: | Provider: 6860 Aurrum Pty Limited  Service: 250 Aurrum Norah Head |

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 Aurrum Norah Head (**the service**) has been prepared by M.Wyborn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# 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

Consumers and representatives advised they are treated with dignity and respect by all staff and management. Staff demonstrated how they respect and value consumers’ identity and cultural background and encourage their diversity, including by using their preferred names. Staff were observed interacting with consumers in a respectful manner and highlighted that information regarding individual consumer identity and cultural needs is documented in care planning documentation. Care documentation appropriately reflects individual consumer background, identity, cultural and social preferences, and highlights relevant strategies to guide staff to provide dignified care. The service administers relevant policies and procedures related to privacy, dignity and cultural diversity.

Consumers and representatives advised that their cultural identity, beliefs, needs, and practices are recognised, respected, and supported. Management highlighted that consumers’ culture, personal values, and diversity influences the delivery of day-to-day care, and staff demonstrated appropriate knowledge of consumers with unique cultural needs and individual preferences and explained how care is delivered with respect. Care documentation appropriately reflects individual consumer cultural needs and preferences including who is important to them, information on their life journey, cultural background, spiritual preference, and individual personal preferences.

Consumers and representatives advised they are supported to exercise choice and independence when making decisions about the care they receive and who is involved in their care. They advised that they’re encouraged to connect with and maintain relationships with those important to them. Consumer care planning documents appropriately identify each consumers’ individual choices on when care is delivered, who is involved in their care and how the service supports them in maintaining relationships. The service administers relevant policies, procedures, and training records regarding consumers’ rights to make choices enabling them to live according to their preferences.

Consumers and representatives advised that they are supported by staff to take risks and live the best life they can and described how the service supports them to engage safely with risk. Staff demonstrated appropriate knowledge of risks taken by consumers and advised that they support individual consumer’s wish to take risks and to live the way they choose. Consumer care planning documentation effectually identifies risks, and highlights appropriate strategies to mitigate the impact of risk to promote consumer safety. Risk assessments are conducted to ensure consumers and representatives understand the potential harm when making decisions about engaging in risk, and the service administers a dignity of risk policy and procedure which outlines risk management systems to guide staff practice.

Consumers and representatives advised that they receive up-to-date information about changes to consumer care, lifestyle activities, menu and other special events organised at the service. Consumers and representatives advised they’re encouraged to participate in decisions about consumer care and lifestyle regularly, through care consultations, meetings, newsletters, menu choices and lifestyle calendar activities. Consumer documentation evidenced timely communication of care needs and highlighted suitable methods for communication with consumers. Staff demonstrated appropriate knowledge of the ways in which information is provided to individual consumers including those living with hearing and vision impairment.

Consumers advised that their privacy is respected, explaining that staff knock on doors before entering their rooms and that staff ensure that doors are closed before providing care. Staff highlighted the service’s approach to ensure consumer information was kept private, and consumer care documentation reflected consumer privacy preferences. The Assessment Team observed locked doors to nurses’ stations, and password protected computers only accessible by relevant staff members. The service has an up-to-date privacy policy which guides staff practice and is included in the consumer admission pack.

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

# 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

Consumers and representatives advised that they’re involved in the care planning process, and consumers receive the care and services they need. Staff and management demonstrated appropriate knowledge of the care planning process and demonstrated their knowledge of how it informs delivery of safe and effective care and services. The service maintains a suitable focus on individual consumer care needs, risks and necessary interventions, in line with consumer documentation. Consumer care planning documentation reflects effective risk screening, and strategies to mitigate these risks. The service operates relevant assessment and care planning policies aligned with best practice to guide staff with care delivery.

Consumers and representatives advised that staff regularly engage them in conversations about their care needs and engage in discussion about their end of life (EOL) wishes if the consumer desires. Management and staff demonstrated an understanding of consumer’s individual needs and preferences and highlighted the approach to EOL and advance care plan (ACP) conversations undertaken with consumers during the admission process, at case conferences and as needs change. Care planning documentation for consumers evidenced consumers’ current needs, goals, and preferences, including ACPs are identified. The service administers relevant policy and procedures which guides staff practice in undertaking assessment and planning, including ACP and EOL pathways.

Consumers and representatives advised they are actively involved in the assessment, planning and review of their care and services and staff regularly communicate with them. They highlighted their knowledge of allied health professionals who are regularly involved in care planning, such as dementia specialists, physiotherapists, podiatrists, speech pathologists and dietitians. Management and staff demonstrated effective processes to ensure the service partners with consumers to assess, plan and review care and services relevant for them. Consumer care planning documentation demonstrated integrated and coordinated assessment and planning involving all relevant organisations, individuals, and service providers who are involved in the care of each consumer.

Consumers and representatives advised they are aware they can access their care plan, and some confirmed they have a copy. Other consumers advised they did not have a need for one as they are regularly consulted regarding their care and any changes are communicated and discussed with them. Staff demonstrated appropriate knowledge of processes for documenting and communicating assessment outcomes, and care planning documentation highlighted outcomes of assessment and care planning are communicated to consumers and representatives in a timely and appropriate way. The service’s electronic care management system (ECMS) ensures routine and regular review of consumer care and service plans.

Consumers and representatives advised they are involved in regular review of their care plans and confirmed if changes or an incident occurs, further discussions are had, and any needs addressed in a timely manner. Staff advised review of consumer care plans are conducted three monthly or when circumstances change, and management demonstrated that care plan reviews are planned through a yearly schedule, reviews are tracked, and progress is monitored to ensure adherence to the schedule. The organisation administers relevant policies and procedures that guide care and which includes review mechanisms and a suite of assessments and charting.

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

# 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

Consumers and representatives advised that the care provided by the service is safe and right for them. They highlighted that their care is consistent with their needs and preferences, and supports their health and well-being. Staff demonstrated they understand the individualised personal and clinical needs of consumers, and staff were able to demonstrate appropriate knowledge of consumer restrictive practices, pain management, and skin care. Consumer care planning documentation reflects individualised care that is safe and tailored to individual consumer needs, and the service administers relevant policies, procedures, and systems to inform them of safe and effective personal and clinical care and which supports delivery of care according to consumers’ needs, goals, and preferences.

Consumers and representatives advised they are satisfied with the care they receive and highlighted that it is relevant to their needs. Consumer care documentation effectively reflects risk identification, management and mitigation strategies associated with high impact or high prevalence clinical and personal care risks. Staff demonstrated relevant knowledge on how they manage consumer high impact, high prevalence risks of consumers. The Assessment Team observed the use of pressure relieving devices and bed sensors. The service has effective processes and a range of clinical policies and procedures to guide staff practices in managing high impact and high prevalence risks, such as infections, pressure injuries, falls, medication incidents, weight loss, unplanned transfer to hospital, aggression and behaviour incidents, restrictive practices, complaints, and serious incident response scheme (SIRS).

Consumers and representatives advised that advanced care plans (ACP) are discussed with them during admission and confirmed they had completed an ACP which also details their end of life (EOL) wishes. Staff demonstrated appropriate knowledge of relevant care delivery changes for consumers nearing EOL such as changes in goal of care to comfort and providing pain relief and emotional support. Management advised that the service discusses ACPs during the admission process and update ACPs with consumers during routine annual care conferences or at the time of change in a consumer’s care needs. Care planning documentation for consumers nearing end of life showcased that their needs, goals and preferences are recognised and their comfort is maximised. The service administers relevant policies, procedures and clinical protocols to guide staff in palliative care and end of\ life processes.

Consumers and representatives advised that the service recognises and responds promptly to changes in consumer condition. Representatives highlighted that consumer changes are communicated with them in a timely manner, and this includes consumer incidents. Staff demonstrated appropriate knowledge of the actions they take to recognise and respond to deterioration or changes in a consumer’s condition, including communication within the service during handover, daily huddles, escalating to a medical officer or other health professionals, sending the consumer to the hospital if required and updating their care plan if any changes are needed. Consumer care documentation reflects that any change in condition or deterioration is responded to in a timely manner including informing representatives, contacting medical officers, and referring to external providers. The service’s clinical procedures for managing deteriorating consumers clearly defines staff roles and provides relevant guidance to support their response to a consumer’s deterioration.

Consumers and representatives advised that care is constant and reliable, and information is communicated well. Effective information exchange occurs between the care and clinical teams, and elsewhere where care is shared. Staff advised that relevant information is accessible to them according to their roles and is documented in progress notes and shared with representatives and other health professionals as relevant. Consumer care planning documentation highlights regular case conversations involving consumers which focus on individual consumer’s needs, interventions and relevant referrals are agreed upon. The service’s information systems are effective and privacy policies and staff training are up to date and designed to protect consumer information. Consumers are informed and provide relevant consent for information sharing.

Consumers and representatives advised that referrals are timely, appropriate and occur when needed. Consumer care planning documentation highlights that input from others and referrals where needed, are included. This includes input from services such as dietitians, physiotherapists, speech pathologists, podiatrists, dentists, medical officers and nursing and medical specialists. Management and registered nursing staff highlighted the importance of involving external service providers and discussed the avenues available to seek their expertise and recommendations. The service demonstrated an effective network of approved individuals, organisations, and other providers of care they refer consumers to, such as allied health professionals, medical and clinical specialists.

Consumers and representatives advised they are confident with the service’s procedures for the minimisation of infection-related risks. Staff advised they have received training in infection minimisation strategies, including infection control and management of outbreaks. Staff demonstrated an applicable understanding of precautions required to prevent and control infection and the steps they take to minimise the need for antibiotics. The service administers a consumer vaccination program and records are maintained for influenza and COVID-19 vaccinations for consumers and staff. The service has appointed an infection prevention and control lead (IPCL), who has the responsibility for infection control practices at the service. The service administers relevant policies and procedures to guide staff related to antimicrobial stewardship (AMS), infection control management and for management of a COVID-19 outbreak.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as 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

Consumers and representatives advised they are supported to do things of interest to them, participate in lifestyle activities through the service’s lifestyle program and participate in independent activities of choice and preference. Lifestyle staff and management highlighted how they partner with consumers to complete lifestyle assessments which inform the service of consumers’ leisure likes and dislikes, interests, social, emotional and spiritual needs and preferences. Consumer care planning documentation highlighted consumers’ individual needs and preferences are recorded to guide staff in providing services and supports for daily living. The service manages a lifestyle calendar which provides a variety of activities for consumers to participate in.

Consumers and representatives advised they receive services and supports for daily living which promote their emotional, spiritual and psychological well-being. Staff regularly spend one-to-one time with consumers if they notice a change in consumer behaviour. Care planning documentation includes relevant information about individual consumers' emotional, spiritual, or psychological well-being, describing how the service can best support their individual needs. The service’s lifestyle calendar includes church services and weekly one-to-one emotional support included.

Consumers and representatives advised they are supported to participate in activities within the service as well as within the community. The service appropriately supports consumers to maintain social and personal relationships and to do things of interest to them. Lifestyle staff demonstrated the service has a wide variety of activities available to consumers and highlighted that services and supports are adapted to best support consumer needs when their situation changes. Staff explained that consumers are routinely asked to join activities that are recorded in their care plans, and consumer care planning documentation clearly identifies the people important to individual consumers and their activities of interest both within and external to the service.

Consumers and representatives advised that information about consumer condition, needs and preferences are effectively communicated and staff understand their needs. Staff demonstrated appropriate knowledge of individual consumer conditions and needs, and described how they refer to care planning documentation to ensure they are informed of any changes in their daily handover sessions. Staff and management advised that any changes to consumer care is communicated to their representatives, and consumer care planning documentation provided adequate information to support the delivery of safe and effective care.

Consumers and representatives advised that referrals are made in a timely manner and consumers can access other organisations as needed. Staff described the referrals process and lifestyle staff demonstrated an understanding of what other organisations, services and supports were available in the community should a need be identified for a consumer. Consumer care planning documentation highlighted partnership with other individuals and organisations to meet individual consumer needs with timely referrals as required.

Consumers and representatives advised they receive meals which are varied, and of suitable quality and quantity. Staff and management confirmed the menu was developed with the input of a dietitian, rotates every season and consumers have input into the menu through a food focus group, one-to-one discussions, via feedback forms, and via residents & relatives meetings. The menu provides consumers with a hot breakfast 3 days a week, and has 2 hot meal options for lunch and dinner. Consumer care planning documentation includes consumer dietary preferences, their likes and dislikes, allergies and specific diet types.

Consumers and representatives advised that equipment is safe, suitable, clean, and well maintained. The Assessment Team observed equipment used for activities of daily living and lifestyle activities, to be safe, suitable, clean and well maintained. Equipment such as walking aids and wheelchairs and other equipment used for lifestyle activities were clean and regularly maintained. Staff demonstrated they have received relevant training on how to report maintenance concerns via the service’s electronic maintenance log system. The service’s maintenance log system highlighted that all items had been attended to in a timely manner.

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

# 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

Consumers and representatives advised that the service environment is welcoming, they feel at home at the service and were observed to have personalised their rooms with photos and personal belongings. The Assessment Team observed living areas that provide natural light, and corridors are well lit. The building comprises of large dining areas, wide hallways, and adequate signage to assist consumer navigate. Consumers advised they find it easy to get around the service and felt comfortable. All consumers advised that they are free to access all areas of the service without staff assistance, and staff explained they assist consumers if there is mobility assistance required.

Consumers and representatives advised they can easily find their way around and move freely and independently, both indoors and outdoors and the service is clean. Consumers were observed moving freely within the service’s loungerooms, communal areas and gardens. The service demonstrated an effective maintenance schedule that includes kitchen and laundry maintenance. Management advised that staff are informed of consumers who are assessed as requiring environmental restraint via handover and through alerts on the service’s electronic care management system. The Assessment Team observed the service to be clean and well maintained and cleaning and preventative maintenance records support this. Records of preventative and scheduled maintenance are managed by the maintenance team and environmental and workplace audits are completed in line with the service’s audit schedule.

Consumers and representatives advised that their rooms are well maintained and fittings in their rooms are working and fixed promptly when they were not working. Staff demonstrated appropriate knowledge of the process for recording maintenance issues, and maintenance staff demonstrated how routine, preventative, and corrective maintenance requirements are effectively actioned. The call bell system was working effectively, and any issues are resolved in a timely manner. Systems are regularly reviewed to monitor for issues and to prevent malfunction.

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

# 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 advised they feel encouraged and supported to provide feedback and make complaints directly. They are confident to speak with staff and management, complete feedback forms, discuss concerns at residents & relatives meetings, food focus group meetings and via regular surveys. Staff and management demonstrated appropriate knowledge of the feedback and complaints processes, and the Assessment Team observed feedback forms on display and available for consumers to use, locked suggestion boxes, an electronic feedback register and monthly residents/relatives meeting minutes that clearly documents feedback, compliments and complaints.

Consumers and representatives advised they’re aware of advocacy and language services, and other methods for raising and resolving complaints. Staff and management highlighted the support provided to consumers to access advocacy and language services such as Translator Interpreter Service (TIS), and the Assessment Team observed advocacy and TIS posters at the service, as well as other brochures and pamphlets available for consumers. The consumer handbook had relevant contact information relating to the Aged Care Quality and Safety Commission, TIS and other advocacy services.

Consumers and representatives advised that staff and management appropriately address their complaints and resolve any concerns they raise in a timely manner and provide a suitable apology when things go wrong. Staff and management demonstrated an understanding of open disclosure and explained how they would apologise to consumers and representatives in the event of something going wrong. The Assessment Team reviewed the complaints register and highlighted appropriate use of open disclosure and timely management of complaints, in line with the service’s feedback management and open disclosure policy and procedures.

Consumers and representatives advised that their feedback and complaints are reviewed, analysed and used to improve the quality of care and services. Staff and management emphasised that trending and analysing feedback and complaints have resulted in improvements at the service which are driven by consumer feedback. The Assessment Team reported that the service’s complaints register, food focus group meeting minutes, monthly residents/relatives meeting minutes, and their plan for continuous improvement are effectively used to inform improvements. The service administers appropriate policies and procedures in relation to feedback management that is effective in guiding staff.

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

# 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

Consumers and representatives provided positive feedback in relation to staff sufficiency at the service, and confirmed that this enables safe and effective care and services. Staff advised sufficient employee numbers and management highlighted that the service has a good mix of staff to support roles such as care staff with medication competency, lifestyle staff, and registered nursing staff. In addition, the service employs staff on a casual basis to cover rostering requirements, and employment of agency staff is maintained at a minimum. The Assessment Team’s review of rosters showcased that all shifts were filled, and the service ensured that registered nursing staff are rostered each shift. The Assessment Team observed staff were calm and not rushing to provide care and services to consumers, and the service administers a rostering, recruitment and selection policy to best support consistency.

Consumers and representatives advised that staff are kind, respectful and caring when providing care and staff know what is important to consumers. Staff demonstrated appropriate knowledge of individual consumers including their preferences and what they require assistance with. This was also in line with each consumer’s care documentation. The Assessment Team observed staff knocking on consumers’ doors, waiting for the consumer to answer before entering, greeting consumers and representatives by their preferred name, and demonstrating they were familiar with each consumers’ identity. The organisation administers relevant policies and procedures and staff confirmed they have received training related to consumer privacy and dignity including respectful interactions and the Aged Care Code of Conduct.

Consumers and representatives advised that staff perform their roles effectively and are confident that staff are skilled to meet consumer care needs. Staff confirmed they have access to onboarding, ongoing and annual mandatory training and they have completed competency discussions on a regular basis. Management advised that they determine the competency, qualifications, knowledge, and registration requirements of staff during the recruitment stage and ensure staff have current criminal history checks and the Aged Care Banning Orders Register is checked. The organisation provides relevant position descriptions to best guide staff on their responsibilities and duties for each role, and staff training records highlight that staff have completed their ongoing and annual mandatory training, and have undertaken competencies on a range of topics relevant to their roles.

Consumers and representatives advised that staff have the appropriate skills and knowledge to ensure delivery of safe and quality care and services. Staff highlighted an effective onboarding process which includes buddy shifts when they commence employment, as well as ongoing training, including annual mandatory training and completing core competencies. The organisation administers a relevant recruitment and selection policy as well as a learning and development policy to best guide staff and management.

Consumers and representatives advised that they are satisfied with the quality and performance of staff employed at the service. Staff confirmed participation in probationary and annual performance reviews, and management highlighted an effective performance review process where staff reviews are undertaken on a routine basis. The service demonstrated via their performance review register that all reviews are up to date, and that the service administers an appropriate performance management policy to best guide staff and management.

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

# 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 and representatives advised that the service is well-run and confirmed they participate in residents & relatives meetings, food focus groups, consumer advisory panels and undertake surveys and feedback forms to provide their input. They advised that improvements are made at the service because of their engagement. Staff and management advised that consumers and representatives are encouraged and supported to engage in these meetings and that relevant action is taken as a result. The Assessment Team’s review of monthly meeting minutes and the service’s complaints register confirmed that consumers are engaged and supported in the development, delivery and evaluation of care and services.

Consumers and representatives advised that the service is well run, and staff highlighted effective mechanisms for providing relevant input into the decisions made at the service through regular staff meetings, surveys and having direct access to managers, whom they advised are available on site and are approachable. Management demonstrated how the organisation’s governing body effectively promotes a culture of safe, inclusive, and quality care and services, including maintaining oversight of monthly clinical indicators, quality initiatives and consumer incidents are discussed at organisational clinical governance meetings. Management advised the organisation’s governance structure provides direct information to senior management, to the Board and to relevant organisational committees that include managers from each service.

The service demonstrated effective organisational wide governance applied at the service level. The organisation demonstrated appropriate governance frameworks in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. In relation to information management the service’s information system includes an effective electronic care management system (ECMS) which includes incident reporting. Staff have access to policies and procedures via the staff intranet portal and have access to hard copy policies, procedures and flowcharts. The organisation’s plan for continuous improvement captures data from surveys and audits, incident reporting, data and trend analysis, feedback from consumers, representatives and staff. The organisation supports a central recruitment team and the human resource team provide oversight and support for workforce planning, recruitment and screening processes, workforce systems, training and policies. The organisation administers a suite of policies and procedures including position descriptions to inform staff and management about workforce requirements, roles, expectations and responsibilities. In relation to regulatory compliance, the organisation manages a clinical governance framework and restrictive practices policy to guide staff, and the organisation’s quality and clinical governance committee maintain oversight of restrictive practices ensuring legislative requirements are met. The service maintains a psychotropic medication register, relevant restraint authorisations and risk assessments are completed. Consumer behaviour support plans evidence appropriate use of psychotropic medications and indications with non-pharmacological interventions are included. In relation to feedback and complaints, the organisation administers a feedback management and open disclosure policy to guide staff and management, consumers have access to feedback and complaints systems and the organisation demonstrated appropriate use of feedback and complaints data to improve the quality of care and services to best support consumers.

The organisation demonstrated effective risk management systems to monitor and assess high impact or high prevalence risks associated with care of consumers whilst supporting consumers to live the best life they can. Risks are identified, reported, and reviewed by management at the service level and escalated to the organisational level via subcommittees to the senior executive team and the Director. The service completes incident reports through the electronic incident reporting system, and management confirmed they analyse incidents and identify issues or trends, and these are reported to various committees with final data going to the Director. This leads to timely and effective improvements to care and services for consumers. The organisation administers policies, procedures and risk management systems related to managing high impact and high prevalence risks to guide staff. The service demonstrated that monthly clinical indicator data appropriately reports high impact and high prevalence risks and is analysed and discussed during monthly meetings at the service level. This information is appropriately reported at the organisational level via monthly clinical governance reports which benchmarks and addresses wider trends across the organisation and is viewed by the Board. Risks include infections, falls, medication incidents, weight loss, unplanned transfer to hospital, aggression and behaviour incidents, restrictive practices, complaints, and serious incident response scheme (SIRS). The organisation administers relevant policies and risk management systems in relation to SIRS, incident management, and supporting consumers to live the best life they can.

The service demonstrated an effective clinical governance framework and systems to ensure quality and safe clinical care that promotes effective antimicrobial stewardship, minimises the use of restraints and ensures the use of open disclosure. The service administers relevant policies, procedures and other support tools to ensure effective clinical governance. Registered nursing staff advised the service’s clinical governance framework is effective and supports them to undertake their roles. Registered nursing staff advised that they are appropriately trained in the systems that support clinical governance. The organisation’s clinical governance committee maintains oversight of antimicrobial stewardship, and the organisation utilises monthly antibiotic usage data from pharmacy reports to identify and address wider trends in the monthly clinical governance reports. The service reports infections and antibiotic usage through monthly clinical indicator reports and the infection prevention and control lead (IPCL) demonstrated knowledge of antimicrobial stewardship including focus on unnecessary use of antibiotics and practices to promote antimicrobial stewardship and prevent infections. The organisation’s clinical governance committee maintains oversight of restrictive practices and demonstrated effective systems for monitoring and reviewing restrictive practices. The service reports psychotropic medication usage and restrictive practices through monthly clinical indicator reports which is further benchmarked and trended across the organisation through clinical governance reports. The clinical governance committee then ensures relevant follow up is actioned with each service, to minimise the use of restraints. Staff advised that they have undertaken relevant training on restrictive practices and demonstrated an effective understanding of minimising restrictive practices.

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

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)