Performance

Report

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| Name of service: | Performance report date: |
| BaptistCare Bethshan Gardens Centre | 22 August 2022 |
| Commission ID: | Activity type: |
| 0194 | Site audit |
| Approved provider: | Activity date: |
| BaptistCare NSW & ACT | 20 June 2022 to 22 June 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 BaptistCare Bethsan Gardens Centre (**the service**) has been considered by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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.

**Services included in this assessment**

BaptistCare Bethshan Gardens Centre (RACS ID: 0194)

# Material relied on

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

* The Assessment Team’s report for the site audit, dated 20 June 2022 to 22 June 2022. 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 15 July 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 | **Non-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

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

* Requirement 3(3)(a) - Ensure each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that is best practice; and is tailored to their needs; and optimises their health and well-being. This includes ensuring wound management practices provided at the service are best practice for consumers.

# Standard 1

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

## Findings

This Quality Standard is assessed as Compliant as six of the six specific requirements were assessed as compliant.

*Requirement 1(3)(d):*

In relation to Requirement 1(3)(d), the Assessment Team considered the Requirement was Not Met. However, after reviewing the information in the site audit report and the Approved Provider’s response, I found the service is compliant with the Requirement.

The Assessment Team found the service supported some consumers to take risks; however, the potential risks, personal preferences, and risk mitigation strategies were not considered or documented by the service.

The Assessment Team noted in 3 cases:

* the service could not provide evidence which showed risks were assessed or discussed with the consumer or their representative
* the service was unaware the consumer had expressed a desire to engage in a particular activity
* A review of care documentation for a consumer did not show the service had completed a risk assessment, with strategies to mitigate and/or manage associated risks.

In its response, the Approved Provider responded to the issues raised by the Assessment Team, provided context to the issues and advised of actions taken prior to and since the site audit. The actions included risk assessments, conversations with relevant consumers and representatives and the implementation of other measures.

The material in the response showed the service was aware of the risk in two cases. In the third case, the service was unaware of the consumer’s wish to participate in a particular activity; however, this has now been addressed with both consumer and representative. The information provided in the response supports a finding that the service was compliant with the requirement.

Therefore, given the above information, I decided the service was compliant with Requirement 1(3)(d).

The other Requirements:

I am satisfied the service is compliant with all other requirements in this standard.

Consumers reported they were treated with respect and dignity by staff and their individuality was valued. Consumers reported feeling safe and said staff respected their individual needs and preferences. Consumers said they were able to make their own lifestyle choices, including when their family and friends were involved in their care and they were able to maintain relationships of importance to them. Consumers confirmed staff provided information to them which enabled them to make informed choices about their daily living and care. Consumers and representatives said staff respected consumers’ personal privacy and were respectful in their interactions with consumers.

Staff described the practical ways they showed respect and dignity toward consumers, including how they considered consumers’ cultural, spiritual, and personal preferences when they delivered services and care. Staff described the ways in which they provided information to ensure consumers could make informed choices and the ways in which they encouraged and supported relationships with people important to consumers. Staff provided examples of how they protected and respected consumers’ privacy, such as knocking before entering rooms and the correct storage of personal information.

Care planning documents showed the service kept information regarding consumers’ backgrounds, personal preferences, identity, and cultural practices and these details matched consumer interviews. The service had policies and procedures, and scheduled training that acknowledged diversity and outlined the requirements for the delivery of culturally safe care. A review of the service’s documentation showed the service supported consumers with choice and independence throughout the care planning and review processes.

Staff practices demonstrated privacy was respected for all consumers, such as closing doors, speaking privately with consumers and providing care in the privacy of consumers’ rooms in accordance with the service’s policy on ‘safeguarding privacy’.

# Standard 2

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

## Findings

This Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as compliant.

Consumers and their representatives confirmed they were involved in the assessment and care planning processes. Consumers and representatives described what was important to them concerning how care was delivered to them, including advance care planning as consumers’ wished. Consumers and representatives said they were notified of incidents as they occurred and had input into care assessment and planning.

Consumers and representatives reported staff explained the outcomes of care assessments and updates to care plans. Consumers and representatives confirmed that consumers’ care and services were reviewed regularly, and were reviewed when consumers’ circumstances changed, or when incidents impacted on the needs, goals or preferences of consumers.

Staff described the processes they used to conduct assessments and complete planning for consumers and how these assessments were used to inform how they delivered safe and effective care. Staff advised they discussed issues with families to identify the consumer’s needs, goals, and preferences, which informed the care and services plan and delivery of care.

Staff explained how the service involved consumers and representatives, allied health professionals and other health professionals in assessment, planning and review processes to ensure care was tailored to each consumer. Staff said the outcomes of assessment were documented in care plans and discussed with consumers and their representatives. Staff demonstrated knowledge of their responsibility to escalate and report incidents, and report any changes in consumers’ conditions. Staff also demonstrated awareness of the service’s regular review process, or as the result of an incidents or changes in condition.

The Assessment Team observed care planning documentation for consumers which showed effective, comprehensive assessment and care planning processes were used to identify consumers’ needs, goals, and preferences, including the consideration of risks. The Assessment Team saw the service had policies and processes which guided staff in palliative care and end-of-life care for consumers.

Where appropriate, advance care planning notes were included in consumers’ care planning documentation. Progress notes in sampled consumers’ files demonstrated representatives were involved in the assessment process and care planning documentation confirmed representatives were contacted following incidents. The Assessment Team observed a variety of documents, which included handover sheets, progress note entries and activity alerts through the service’s electronic care planning system, which showed staff completed regular reviews of consumers’ condition.

# Standard 3

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

## Findings

This Quality Standard is assessed as Non-compliant as one of the seven specific requirements was assessed as Non-compliant.

Requirement 3(3)(a):

I assessed this Quality Standard as non-compliant as I considered the service is non-compliant with 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.

The Assessment Team found the service could not consistently demonstrate that each consumer received safe and effective personal or clinical care, that was best practice, tailored to their needs and optimised their health and well-being, specifically in relation to restrictive practices and wound management.

In its response, the Approved Provider gave information and context surrounding the use of restrictive practices, particularly the example contained in the site audit report. Following consideration of the material in the site audit report and the Approved Provider’s response, I decided that, at the time of the site audit, the service was doing all it could to comply with the Requirement, particularly given some specific circumstances surrounding the consumer. Therefore, I considered the example of chemical restraint contained in the site audit report did not support a finding of non-compliance.

However, having considered evidence relating to wound management, I considered the material supported a finding of non-compliance.

In the site audit report, the Assessment Team gave examples of wound management practices which did not consistently demonstrate the service’s practices were in line with best practice methodology.

Consumers and representatives expressed concerns about wound management, which included concern over injuries appearing not to heal and becoming worse.

The organisation had policies and procedures for key areas of care, which included restrictive practices, skin integrity and pain management. Staff interviewed said the organisation had a policy, procedure, and guidelines for the Registered Nurse to attend to chronic wounds, and for regular monitoring and evaluation of wound management.

However, the organisation’s policy and procedure for skin and pressure injury management and wound management did not specify a timeline for wound photography. Furthermore, in the site audit report, the Assessment Team found the service did not consistently provide safe and effective wound management for 2 sampled consumers with pressure injuries at the service.

For example:

One wound assessment updated on 20 June 2022 concerned a stage 2 pressure injury. The wound chart was commenced on 13 November 2021, when staff identified the pressure injury. During the period from 20 May 2022 to 19 June 2022, the Assessment Team identified wound dressings listed as overdue for changing on 5 occasions on the wound chart and the wound progressed from a stage one pressure injury to a stage 2 pressure injury. Recent wound photos were taken on 8 March 2022 and 13 June 2022.

A wound assessment for a second consumer’s pressure injury was identified on 6 October 2021, when staff commenced a wound chart. The wound assessment indicated the wound required treatment every 2 days. However, the wound chart showed wound care was provided 6 times from 1 June 2022 to 20 June 2022. In two instances, there were gaps of 4 days and 6 days between treatments. Care staff confirmed they did not sight the wound being dressed on 18 June 2022 and reported the issue to the Registered Nurse. Wound photos were taken on 7 March 2022 and 10 June 2022.

Both issues were raised with management during the site audit. Management acknowledged the feedback, confirmed it would investigate and include the issues in its plan for continuous improvement.

In its response, the Approved Provider acknowledged errors were made in wound management and provided specific details concerning improvements it was implementing in wound management.

I acknowledge the service is taking action in response to the findings in the site audit; however, at the time of the site audit, consumers were not receiving proper wound care which resulted in their wounds worsening over time. Therefore, at the time of the site audit, I consider the service was non-compliant with Requirement 3(3)(a).

*The other Requirements:*

I am satisfied the service is compliant with all other requirements in this Standard.

Consumers said staff communicated with them, as well as amongst themselves, to deliver care and services in accordance with consumers’ individual needs and preferences, which included any high-impact and high-prevalence risks. Consumers and representatives both confirmed the availability of other health providers should they be required. Representatives recalled how care delivery changed when their loved ones approached end-of-life and as their condition deteriorated. Consumers described how the service had procedures to maximise infection control and maintain good hygiene.

Staff gave examples of how information was communicated between themselves and consumers regarding outcomes of assessments and any changes to consumers’ condition, this included awareness of their roles with high-risk consumers and/or high prevalence risk at the service. Staff were familiar with processes at the service for referring consumers to outside health providers as needed or requested by consumers or representatives. Staff minimised the risk of infections throughout the service as well as minimised the use of antibiotics.

The service had ‘a provision of clinical care in aged care’ policy which was an overarching policy designed to ensure clinical care was best practice, with a focus of optimising health and well-being in alignment with the consumer’s needs, goals, and preferences, which was implemented in partnership with consumers. The service’s end-of-life procedure stated the needs and preferences of consumers approaching end-of-life were recognised and addressed, and the consumer’s comfort was maximised and their dignity preserved. The service had guidelines for recording changes to consumers’ conditions in the service’s electronic care management system and further processes to ensure the information was shared amongst staff and representatives as appropriate. The service had infection prevention and control policies and systems and processes were in place to provide a safe environment for consumers.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 reported the service provided a wide variety of activities that not only matched their needs and preferences but also promoted their health and wellbeing.

Consumers confirmed they were supported to participate in activities and to engage with the community both inside and outside the service. Examples included attending church services and going on shopping trips. Consumers and representatives said staff communicated their needs and preferences effectively amongst themselves as well as with other health professionals involved in the provision of care and services. Consumers reported receiving visits from outside health professionals such podiatrists, optometrists, and audiologists as well other medical officers. Consumers expressed satisfaction with the meals provided by the service and advised the meals were of good quality and quantity and aligned with their preferences and dietary requirements. Consumers confirmed equipment was available when they needed it, and the equipment was clean and well maintained.

Staff described what was important to consumers and their individual preferences and described how these things improved consumers’ quality of life and promoted their health and wellbeing. Staff and the Chaplain said they knew the consumers well, knew what was ‘usual’ for them and understood if a consumer was not feeling well, anxious, or disturbed and described how they reported this to clinical staff and provided reassurance. Staff gave examples of how they supported consumers to engage in activities important to them, maintain relationships and participate in the community.

Staff spoke of instances where they updated consumers and representatives with changes to consumers’ conditions and updated their care planning documents. Staff confirmed they had access to care planning documentation as required and information was shared at handover meetings. Staff provided details of how they provided quality meals which were matched to consumers’ dietary needs and provided details of choices available to consumers and measures taken to ensure enjoyment of meals by consumers.

Staff said they had access to equipment they needed when they needed it. Staff also said they had enough equipment, and consumers’ personal equipment was cleaned regularly. Staff said they were able to log maintenance requests in the service’s electronic system and messages were sent directly to the maintenance team for action.

Minutes from meetings showed consumers had input into the planning of activities. Activity calendars were displayed throughout the service, showed upcoming activities and had feedback forms attached so consumers could comment on activities. Care planning documentation identified the spiritual, emotional, and psychological needs of each consumer and these documents assisted staff to know how to meet these needs. The monthly activities calendar demonstrated consumer engagement in the community through activities such as bus outings.

The service used a range of communication strategies to ensure information was shared with appropriate people responsible for providing care and services. These included electronic management systems, progress notes, care planning documents, handover sheets, diet plans and case conferencing notes. Observations and review of documentation demonstrated the service had adequate systems to monitor and manage meal services. The service had a food safety program which ensured it adhered to the national food safety standards code.

The Assessment Team reviewed the maintenance system, which showed scheduled preventative maintenance as well as reactive maintenance on request. The service conducted regular inspections on all equipment which ensured operational integrity and safety.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 said they felt safe and comfortable in the service. Consumers said they could move about freely within the service and enjoyed the sunny verandahs.

Consumers described the service as easy to navigate and supported their independence. Consumers advised the service was in good safe condition and felt homely, with good equipment. Consumers said the furniture and fittings were in good order.

Staff described features of the service which supported consumers, including yellow/green signs on the walls which directed consumers and visitors to different areas of the service. Staff used internal electronic systems to raise requests for maintenance.

Maintenance staff followed processes and procedures for ensuring equipment was maintained and kept in good condition, which included scheduled maintenance and repairs. Staff confirmed equipment was safe and met consumers’ needs.

The service environment was safe, clean, well-maintained, and comfortable and enabled consumers to move freely about the service. The Assessment Team noted consumers personalised their rooms through displays of pictures, personal knick-knacks and other items.

The service’s corridors were wide, which allowed easy wheelchair access, and well-lit with handrails to support consumers as they moved through the service.

The service’s electronic system managed maintenance across the site. The system recorded both preventative maintenance schedules and reactive maintenance schedules. Staff could log a work order for maintenance required at the service and this was emailed directly to the onsite maintenance staff for action.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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 reported they were encouraged and supported to lodge complaints and provide feedback. Consumers felt safe in raising raise concerns with staff and provided examples of the various ways they provided feedback, including verbally and in writing.

Consumers and representatives said that management addressed and resolved issues following a complaint or after an incident occurred. Consumers and representatives described how the service used feedback to improve the quality of care and services provided to consumers and provided examples of improvement made to meals as a result of feedback.

Staff explained how they responded to consumer concerns and identified the different ways consumers and representatives could make complaints. Staff advised consumers and representatives could access interpreter or advocacy services as required. The Service Manager and other staff confirmed consumers with communication difficulties could use representatives or advocates to raise concerns or complaints on their behalf.

Staff confirmed they received training on open disclosure and demonstrated an understanding of the principles of open disclosure, which included providing an apology to the affected consumer and taking action to prevent a recurrence of the issue. The service manager described how feedback and complaints were used to inform continuous improvement within the service.

The Assessment Team observed how the service encouraged feedback and complaints in various ways, such as brochures being readily available, a feedback box in reception and feedback forms available throughout the service. A review of consumer meeting minutes showed consumer complaints and feedback were discussed during meetings.

The Assessment Team confirmed that the feedback forms included information about advocacy services, interpreter services and how consumers or representatives could complain to the Commission.

The service also displayed the Charter of Aged Care Rights on the wall in the foyer. The charter upholds the consumer’s right to complain without reprisal and to have their complaints dealt with fairly and promptly.

The service had an open disclosure policy and procedures that guided staff to follow an open disclosure process when things went wrong that harmed or had the potential to harm consumers. The Assessment Team reviewed the service’s complaints register and consumer meeting minutes, which identified the complaints and described the action taken and the outcome for the consumer. Where the service identified opportunities for improvement, these were added to the Continuous Improvement Plan for monitoring and action.

**Standard 7**

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

## Findings

This Quality Standard is assessed as Compliant as five of the five specific requirements were assessed as compliant.

*Requirement 7(3)(a):*

In relation to Requirement 7(3)(a), the Assessment Team considered the Requirement was Not Met. However, after reviewing the information in the site audit report and the Approved Provider’s response, I found the service is compliant with the Requirement.

Consumers and representatives said care staff are exceptionally good and provided great care; however, they considered there were not enough staff to provide care to consumers. Consumers and representatives provided examples to the Assessment Team as evidence of this, including waiting for call bell responses, not being assisted with meals, and a lack of interaction with staff due to low staff numbers.

Staff expressed concerns regarding staffing levels and gave examples of how care was affected as a result, which included delays to showering of consumers, being rushed and not able to engage in conversations with consumers, Registered Nurses not being replaced or having to do other tasks not aligned to their role, Registered Nurses working across multiple areas of the service, and cleaning shifts not being covered, which resulted in less cleaning of areas within the service.

In its response, the Approved Provider addressed the issues raised by consumers and representatives. The response provided compelling evidence of compliance with the Requirement.

The response included information which showed:

* Call bell response times were consistently below 5 minutes across the service
* The service responded to each matter raised by consumers or representatives
* The service’s planning for shift coverage consistently demonstrated that only 2.67% of shifts were effectively not filled
* ‘Resident experience surveys’ conducted in June 2022 showed 100% of consumers agreed they were getting the care they needed when they needed it.

Therefore, having considered all relevant information, I decided the service was compliant with Requirement 7(3)(a).

*The other Requirements:*

I am satisfied the service is compliant with all other Requirements in the Standard.

Consumers advised they were consistently treated well by staff who were appropriately trained and equipped to do their jobs. Consumers said staff delivered care and services to them in a kind and respectful manner.

Management encouraged staff to adopt a best practice approach to their engagement with consumers, and this included mandatory training in the following areas:

* Cultural awareness.
* ‎‎Infection control.
* ‎‎Emergency training.
* ‎‎Food safety.
* ‎Fire safety.
* ‎High-impact high-prevalence risks.
* ‎‎Dignity of risk.
* ‎‎Manual handling.
* ‎‎Basic life support.
* ‎‎Serious Incident Reporting Scheme (SIRS).
* ‎Elder abuse.
* ‎Minimising the use of restrictive practice.

The service demonstrated it regularly reviewed staff performance, goals were set by staff and appropriate action was taken regarding staff performance.

The service had a comprehensive staff recruitment and induction process which ensured staff were trained and skilled for their roles, including background and qualification checks.

**Standard 8**

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| Organisational governance | | Compliant |
| 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 were supported to engage in the design, development and delivery of care and services within the service. Consumers considered the service was well managed.

The service’s management demonstrated it had effective governance mechanisms in place, which included written materials such as policies, procedures and frameworks, information and risk management systems, governance meetings between management and the governing body, and audit processes which helped ensure the service consistently delivered safe and effective care and services.

The management team demonstrated its action on feedback and issues raised as well as providing updates to consumers regularly when changes occurred. Management reviewed Key Performance Indicators, which included quality and clinical data.

Staff demonstrated an understanding of the service’s clinical governance framework, which included minimising the use of restrictive practices, promoting antimicrobial stewardship and applying open disclosure.

Management advised the service had regular meetings at multiple levels, which compiled and presented information to the board regarding changes at the service. The board’s clinical and practice governance minutes showed the board received information around the service’s practices and included information as follows:

* Clinical indicators and national aged care quality indicators program reports
* Accreditation reports and risk register reports
* Aged care legislative compliance
* Incident severity reporting and occupational health and safety incidents
* Consumer feedback and complaints
* Audit results
* Call bell response time reports as a percentage against benchmarks

Management described the governing body’s involvement in complaints, serious incidents, regulatory compliance, clinical governance, antimicrobial stewardship and the use of restraint.

The service used a risk management framework, which included a risk register to assist in identifying and managing high-impact and high-prevalence risk within the service.

The Assessment Team found the service could not consistently provide safe and effective wound care for consumers - refer to Requirement 3(3)(a) for more details on this issue. However, despite this issue, the service satisfied Requirement 8(3)(e) as it had a clinical governance framework in place.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)