Performance

Report

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| Name of service: | Berlasco Court Caring Centre |
| Service address: | 150 Central Avenue INDOOROOPILLY QLD 4068 |
| Commission ID: | 5205 |
| Approved provider: | The Ethnic Communities Council of Queensland Limited |
| Activity type: | Site Audit |
| Activity date: | 18 April 2023 to 21 April 2023 |
| Performance report date: | 22 May 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Berlasco Court Caring Centre (**the service**) has been prepared by K. Reed, 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.

# 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 16 May 2023
* 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

Consumers and representatives confirmed consumers were treated with dignity and respect. Staff demonstrated knowledge of consumers’ backgrounds and preferences which was consistent with consumers’ conversations and reflected in care documentation. Staff were observed treating consumers with respect and in a caring manner, demonstrating patience with meal service assistance and mobility assistance and supervision for those who required it, and having conversations with consumers in a way which respected their identity. Language used in care documentation was respectful and contained individualised information pertaining to the consumer’s background and life stories.

Consumers and representatives confirmed the service recognised and respected consumers’ cultural background and provided care which was consistent with their preferences. Staff identified consumers from culturally diverse backgrounds and provided information relevant to ensuring each consumer received the care required that aligned with their care plan. Staff were guided by organisational policies, including ‘Cultural Safety’.

Consumers were supported to exercise choice and maintain their independence by making decisions about their care and services, such as when and how their care and services were delivered. Consumers were supported to nominate who they would like involved in their care, communicate their decisions, make connections with others, and maintain relationships of choice. Staff described how consumers were supported to maintain relationships of choice through shared rooms, receiving visitors to the service, undertaking outings to visit friends and family or to attend events, and choosing whether to attend the service’s group activities.

Consumers were supported to take risks which enabled them to live their best life. Staff were aware of the risks taken by consumers and supported the consumer’s wishes to take risks to live the way they chose. Consumers described how the service supported them to take risks. The service maintained a Dignity of risk register to monitor consumers who chose to take risks to ensure risk mitigation strategies were developed for those consumers.

The service demonstrated current, accurate and timely information was provided to consumers, and communication was clear, easy to understand, and supported consumers to exercise choice. Consumers and representatives confirmed the service provided adequate information to enable consumers to exercise choice. Staff were observed communicating with consumers in one-on-one settings and group activities with clear speech delivered at an increased volume to assist receipt of information provided. Consumer entry documentation informed consumers and representatives of their rights and responsibilities, including the Charter of Aged Care Rights. Posters and flyers of upcoming activities, meal options, advocacy services and other information, for example, the Site Audit were observed on noticeboards, and in elevators throughout the service.

The service was able to demonstrate, and consumers and representatives confirmed, consumers’ personal privacy was respected. Consumers were confident their personal information was kept confidential, and staff could discuss privacy principles. The service has protocols in place to protect consumer privacy and staff were observed knocking before entering consumers’ rooms and gaining consent before attending to them.

This Standard is Compliant as all six Requirements are 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 confirmed consumers’ care was planned to meet consumers’ care needs and preferences, with strategies to manage risk to consumers’ health and wellbeing. Consumer care documentation demonstrated staff assess risk to consumers’ health and well-being and plan consumer care to manage risk. The service had risk assessment tools and policies to guide staff in assessment and planning for consumers’ care and services. Registered staff used the electronic care management system risk assessment tools to identify risk to consumers’ health and wellbeing and plan care using the service’s clinical policies and recommendations from other health care providers.

Consumers’ current needs, goals, and preferences were assessed and planned for, including end of life care if the consumer wished. The service’s registered staff discussed with consumers and representatives end of life preferences on entry to the service, during case conferences and as consumers move through palliative care phases. The service had end of life and pain management policies to guide staff planning of consumer care. Registered staff described end of life care planning for consumers including supporting consumers and their representatives with completing advanced health directives and ensuring consumers’ care documentation reflected advanced health directive preferences.

Consumers stated staff included them, and loved ones they wished to include, in the assessment, planning and review of their care and service needs. Consumer care documentation demonstrated consumers and representatives and other health care services such as Medical officer, allied health professionals and community services were involved in assessment, planning, and review of consumers’ care and service needs. Registered nurses described the process of partnering with consumers and representatives and other healthcare services to assess, plan and review consumer care and service needs.

Consumers confirmed staff discussed with them their care needs and provided a copy of their care plan if they wished for one. Staff advised they knew consumers’ care needs from attending handover, reading consumer care documentation, and using the electronic care management system. Consumers’ care documentation demonstrated the outcomes of assessment and planning were documented and demonstrated staff offer consumers a copy of their care plan during care plan reviews.

Consumers and representatives stated registered staff regularly discussed with them, the effectiveness of providing care to the consumer, and any changes requested were addressed in a timely manner. Consumer care documentation identified evidence of consumers’ care reviewed weekly with progress note reviews, monthly consumer of the day review and care plan reviewed every three months. Staff stated changes in consumers’ circumstances and incidents may trigger a review of consumer care needs.

This Standard is Compliant as all five Requirements are 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 received safe and effective clinical and personal care. Consumer care documentation demonstrated consumers received care in accordance with their assessment and planning needs. Staff described consumers’ individual clinical and care needs and preferences and how these were managed in line with their care and service plan. The service had policies and procedures, which guide care and clinical practice. Registered staff described how they identified consumers subject to restrictive practices and the process of developing a Behaviour support plan and gaining appropriate health professional’s authorisation and consent from the consumer or representative if the consumer does not have the capacity to consent.

Consumers and representatives confirmed the service managed risks to consumer’s health and well-being. Consumers falling was identified through clinical indicator data analysis as the service’s high-impact and high-prevalence risk associated with consumer care. Documentation demonstrated the service was effectively managing high impact and high prevalence risks for consumers as management review clinical indicator and incident data monthly and develop actions to prevent high-impact and high-prevalence risks to consumers.

Consumers and representatives felt confident staff would provide end of life care in line with the consumer’s preferences to maximise dignity and comfort. Consumers’ end of life care preferences were documented in a care and service plan. Care staff described consumers’ needs and stated they could refer to consumers’ care plan, end of life pathway or the Registered Nurse if they required more information. The service had palliative and end of life guidelines to support staff practice.

Consumers confirmed staff responded to their needs quickly and care documentation demonstrated staff recognise consumer clinical deterioration. Registered and care staff described how they discuss changes to consumers’ mental health and cognitive and physical function at handover. The service had policies and clinical guidelines, and assessment tools, to guide staff practice when monitoring for a consumer’s deterioration. Registered and care staff monitored consumers frequently for deterioration and could describe various signs of deterioration including but not limited to decreased appetite, decreased cognitive and functional capacity, confusion, and changes in behaviours.

Consumers’ care needs and preferences for clinical care were effectively communicated between staff and other health care services. Health professionals visiting the service had access to information to support effective and confidential sharing of consumers’ condition, preferences, and care needs. Care documentation evidenced the consumer’s condition, needs, and preferences were communicated to other services and the consumer’s representative. Registered and care staff described how information was shared when consumer changes occurred, or outside appointments were made, through meetings, handover, and how changes were documented in consumers’ progress notes.

Consumers/representatives confirmed consumers were referred to other healthcare services as required and were reviewed regularly by the Medical officer and Allied health services. Care documentation demonstrated timely referrals to other health care services such as Allied health, Medical officers, community dementia services, pharmacy for medication supply and medication reviews, dentist, and local hospital specialists. Registered staff described how they referred consumers to other health services using the electronic care system or phoning services directly.

Consumers were satisfied the service implemented strategies to minimise infections to consumers. Staff provided examples of practices to prevent and control infections such as hand hygiene, the use of personal protective equipment, and obtaining pathology results prior to commencing antibiotics. The service had documented policies, procedures, and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control, and the management of infectious outbreaks. The service had an influenza and COVID-19 vaccination program for consumers and staff and had appointed an Infection prevention and control lead.

This Standard is Compliant as all seven Requirements are 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 were supported to engage in activities of interest to them, and were provided with relevant supports, such as equipment and resources, to promote their well-being, independence, and quality of life. Lifestyle staff provide a monthly activity schedule for consumers which included daily group activities, such as, bingo, group exercise, Men’s Group and Women’s Group. The Assessment Team observed consumers participating in a range of activities throughout the service including exercise-based programs and social gatherings such as Happy Hour.

Consumers and representatives confirmed the service provided emotional, spiritual and psychological support when needed. Staff described the processes for providing emotional, spiritual and psychological support to consumers. The service engaged a catholic priest to hold Mass in the service chapel twice weekly, including every Sunday, to provide spiritual support to consumers, regardless of denomination or religious beliefs. Lifestyle staff provided one-on-one activities with consumers, including conversation, board games and walking. During the recent school holidays Lifestyle staff coordinated student volunteers from the local high school to attend the service and participate in one-on-one activities with consumers. Lifestyle staff coordinate special occasions, such as the recent Easter celebration. Consumers were invited to the occasion, supported with mobility assistance to attend, and provided with Easter eggs and cake to celebrate the occasion.

Consumers and representatives stated consumers were supported to take part in community activities outside of the service including to go shopping and to meet friends. Staff described those consumers who had developed a friendship and relationships of importance to individual consumers. Care planning documentation identified the people important to individual consumers, and those people involved in providing care and of interest to the consumer. The service facilitated activities to encourage consumers to socialise within the service and engage with the community outside. This included regular bus trips, art and craft, exercise and music activities.

Consumers and representatives confirmed services and supports were consistent and the staff knew their individual preferences and other organisations that were involved in their care and services. Staff, including lifestyle and catering explained how they were updated on the changing condition, needs and preferences of consumers as they relate to services and supports for daily living, including through handover and in the service’s electronic care system. Management evidenced consumers and representatives provided information regarding consumers’ life history and preferences to the service on entry. While lifestyle history and preference documentation were not consistently recorded in the service’s electronic management system, paper-based copies were available for staff usage and consumers provided positive feedback relating to staff awareness of their needs and preferences. Management was currently recruiting for additional lifestyle staff to assist with clerical duties.

The service demonstrated timely and appropriate referrals to other individuals, organisations or providers and how they collaborate to meet the needs of consumers. The service had a hair salon on-site. The hairdresser referred consumers to the salon when appropriate. Consumers and representatives make appointments at reception, and some consumers were assisted by lifestyle staff to make appointments.

Consumers and representatives provided feedback meals were satisfying, varied and of suitable quality and quantity. Alternative meal options were offered to consumers if they did not prefer any of the meals offered on the menu. Staff were informed of consumers’ nutrition and hydration requirements and preferences which were available through the electronic care system. Hospitality staff identified consumers’ dietary needs and preferences on entry to the service and identified changes with direct communication from consumers, clinical staff and following care plan reviews. Meals were a standing agenda items at the monthly consumer meetings, providing regular opportunity for feedback. As result of feedback from consumers, the service provided consumers a monthly Food Focus group. Menus were displayed in the dining areas of the service and provided alternate options for all meals, and a vegetarian option.

Consumers and staff confirmed equipment was safe and they knew how to report any concerns or issues. The service had processes for purchasing, servicing and replacing equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean and well-maintained.

This Standard is Compliant as all seven Requirements are 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 described, and it was observed, the service environment to be welcoming, and easy for consumers and representatives to find their way around. The service had a mixture of indoor communal areas and quiet outdoor spaces where consumers and visitors can engage. Consumers were able to personalise their room to reflect their interest, background or family and consumers were able to provide examples of what makes the service a nice place to live. The service had wide hallways, which were easy to manoeuvre for consumers with clear signage of wing names and room locations with some doors to consumers’ room adorned with a photo of the consumer. Outdoor areas were well presented, shaded, and offered alternatives for consumers to interact with one another and loved ones.

The service demonstrated consumers’ rooms and common areas were clean and well maintained. Maintenance and cleaning staff were able to demonstrate effective processes to ensure the environment was safe, well maintained, and clean. Consumers felt safe and comfortable at the service and gave positive feedback regarding cleaning and maintenance.

The Site audit report contained information relating to consumers who required staff supervision when leaving the service and were unable to independently leave the service had not been identified as requiring environmental restrictive practice authorisation.

The Approved provider in its response included the actions taken following the feedback provided during the Site audit and on receipt of the Site audit report. Actions included the creation of an action plan, the completion of restraint authorisation and consent documentation for the two named consumers in the Site audit report and the completion of an internal audit to identify any other consumers subject to restrictive practices (due to their inability to safely exit the service independently) and the subsequent completion of relevant documentation including behaviour support plans.

I have considered the Approved provider’s response to the findings in the Site audit report and my conclusion is the service was not intentionally restricting the movement of consumers outside of the service but had not identified by requiring staff supervision for consumers to exit the service, this constituted an environmental restrictive practice. As noted in the Approved provider’s response, I have also considered positive feedback provided by consumers and representatives documented in the Site audit report including access to the community, activities provided to facilitate social engagement and the consideration of risk taking to assist consumers to live their best life.

It is my decision therefore Requirement 5 (3) (b) is Compliant and I have considered the deficits in staff knowledge in relation to restrictive practices has more relevance in Requirement 8(3) (c).

The service demonstrated an effective system for ensuring furniture, fittings, and equipment were safe, clean and well maintained. Consumers confirmed staff were competent in the use of the equipment and felt safe when this equipment was used to provide care and services. Maintenance staff had preventative and reactive maintenance schedules in place. Specialist maintenance staff were contracted to clean and maintain critical equipment and conduct tasks such as fire safety equipment testing and pest management. Hazards and incidents were investigated and escalated to managers and specialist contractors when required. The preventative maintenance schedule and reactive maintenance request books demonstrated that regular maintenance of equipment and furniture was completed and reported maintenance issues for equipment and furniture were resolved promptly.

This Standard is Compliant as all three Requirements are 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 were supported to give feedback or make a complaint and felt comfortable doing so. Management and staff described processes in place to encourage and support feedback and complaints. Staff described the process of assisting consumers or representatives to provide feedback or make complaints by directing them to and helping with completing feedback forms or connecting the consumer or representative directly with management in person, or via telephone or email. Management described how the service provided consumers and representatives various avenues to provide feedback. Those avenues included newsletters, scheduled consumer meetings, entry documentation and the consumer handbook.

Consumers and representatives were comfortable with sharing any concerns or complaints with staff, or by completing forms or raising issues at consumer meetings. Management encouraged consumers to speak up and have not needed to access external advocates. Internal and external complaints mechanisms and other related aged care services promotional material was displayed throughout the service. Management and staff demonstrated a shared understanding of the internal and external complaints and feedback avenues, and advocacy and translation services, available for consumers or representatives.

Consumers and representatives were confident management would address and resolve any concerns which were raised. Management and staff demonstrated an understanding of the principles of open disclosure and the service maintained records of when open disclosure had been applied. The feedback and complaints register detailed feedback and complaints received by the service and nominated which staff would action and monitor the matter. Further details documented included immediate action, corrective action, preventative action, and the review and outcome completion dates.

Consumers were satisfied feedback and complaints were actioned to improve care and services. Management advised the main mechanisms used by the service to inform improvements included monthly consumer and representative meetings, surveys and questionnaires, feedback forms, and verbal feedback. The service’s feedback register captured feedback and complaint information received via different avenues and subsequent actions implemented by the service, including entry into the Plan for continuous improvement.

This Standard is Compliant as all four Requirements are 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

The service was able to demonstrate the workforce was planned to enable the delivery of safe and quality care and services. Consumers and representatives considered there were enough staff at the service to meet their needs. Management described contingency plans to replace staff when required and the reviewing of rosters on a regular basis to ensure staff allocations were adequately meeting changing consumer needs and preferences. The service utilised a mix of registered and care staff to provide care. Registered staff were allocated to work across a 24-hour period and were available on site.

Consumers and representatives described staff as kind and caring with some representatives describing how staff were respectful of consumers’ identity or culture. Staff described consumers’ backgrounds, culture, and identity and those people important to the consumer. Management used consumer and representative feedback, peer staff feedback and direct observation by senior and clinical staff to monitor staff behaviour and to ensure interactions between staff and consumers met the organisation’s expectations.

Consumers and representatives felt the workforce was competent and staff had the knowledge to deliver care and services which met the needs and preferences of consumers. Staff competencies were determined depending on the staff member’s role and monitored on an annual basis. Management described the organisation’s processes for monitoring criminal record checks and registered staffs’ current registration with their governing body. Staff had access to education which was provided both online and face to face. Staff were required to complete mandatory education and management supported staff with access to both internal and external training opportunities.

There were systems in place for monitoring and overseeing the training and development of the workforce. Staff considered they were appropriately trained, supported, and equipped to perform their roles. Consumers were satisfied staff were trained to provide their care. The organisation had a recruitment and selection process including pre-employment checks such as referee checks and a criminal history check; a clear criminal history check must be obtained prior to commencing work. Mandatory training documentation demonstrated all staff have completed mandatory training including but not limited to the Serious Incident Response Scheme, open disclosure, infection control, manual handling and fire safety. The service evidenced the processes in place for when mandatory training was due or expired for each staff member.

Management and staff described the orientation and onboarding processes that were in place, and management confirmed that through buddy shifts and probationary period that staff capabilities were determined and additional training for new staff was provided if necessary. Management advised performance appraisals were conducted annually on the anniversary of employment. Staff performance outside of their annual appraisal was monitored through observations, competency assessments, such as manual handling and hand hygiene, through the analysis of internal audits and clinical data, and consumer and staff feedback.

This Standard is Compliant as all five Requirements are 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

The service demonstrated it supported consumers and representatives to be involved in the development, delivery and evaluation of care and services. Consumers and representatives believed they had a say in how care and services were delivered. The service incorporated consumer feedback and suggestions into changes implemented to care and services at the service and organisational level. Management and staff described the ways consumers were supported to be engaged in their delivery of care and services. Consumer meetings, forums, surveys, case conferencing, conversations, and feedback avenues supported consumers to provide information and be engaged in their care development.

The service demonstrated its governing body promoted a culture of safe, inclusive and quality care and services. The General manager and Quality and Risk manager provided examples of how the governing body monitored the service was compliant with the Quality Standards, and how the governing body ensured it is accountable for the delivery of care and services across the organisation. The Board promoted a culture of safe, inclusive and quality care through the inclusion of information within the consumer enquiry and entry pack and staff information handbook that included, the mission statement, aims and objectives of providing the highest possible standard of care.

The service demonstrated processes were in place for information management, continuous improvement, financial governance, workforce governance, and management of feedback and complaints, however in relation to regulatory compliance, Management did not have a shared understanding of environmental restrictive practice and consumers were being subjected to an environmental restrictive practice without consent and health professional authorisation as required under legislation.

The Site audit report contained information consumers restricted from accessing the community independently had not been identified as being subject to environmental restrictive practices and therefore, did not have the relevant consent or authorisations. Following feedback provided during the Site audit, the Approved provider in its response stated the service identified during an internal review and audit consumers that required the completion and update of their restrictive practice assessment and authorisations. The number of consumers identified through the internal review and audit who required the completion or updating of their restrictive practice documentation is unknown. As part of the action plan implemented refresher education was provided to management and the senior clinical team members to supplement their knowledge on restrictive practice. The Clinical manager ensures completion of the initial clinical assessment for new consumers and restrictive practice documentation is completed if identified as being required through behaviour support planning. Cognitive impairment or decline has been added to the end of shift report to ensure an immediate investigation is completed. An authorisation tracker alongside the behaviour support plan and restrictive practice assessment are monitored by the Clinical manager. The restrictive practice tracker and behaviour support plans are discussed and verified during the service’s monthly quality review. While the service had not identified all consumers subject to restrictive practices prior to the Site audit, it is my decision the actions taken by the service are now robust and will be monitored effectively to ensure the service meets its regulatory compliance obligations. Therefore, it is my decision Requirement 8 (3) (c) is Compliant.

The service provided frameworks and policies to manage risk and respond to incidents at the service. The service demonstrated the management of high impact or high prevalence risks and the identification of abuse and neglect of consumers. Staff and management provided examples of these risks and how they are managed within the service. Management and staff described, and review of the incident management system and reportable incidents register demonstrated, incidents were managed through the electronic care system and the service identified, responded and reported incidents, including serious incident reporting.

The service had a clinical governance framework in place to help guide staff on provision of safe care including outlining core elements of antimicrobial stewardship, restrictive practices, and open disclosure. Clinical management and staff demonstrated an understanding of acquiring pathology results prior to the administration of antibiotics. Staff demonstrated an understanding of how they practiced open disclosure, including being open, transparent, and apologising when things went wrong. Staff explained how they would minimise the use of restrictive practices by employing non-pharmacological strategies in alignment with each consumer’s behaviour support plan.

This Standard is Compliant as all five Requirements are 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-2)