Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| Bill Crawford Lodge | 14 July 2022 |
| Commission ID: | Activity type: |
| 4442 | Site audit |
| Approved provider: | Activity date: |
| Ballarat Health Services | 16 May 2022 to 20 May 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 Bill Crawford Lodge (**the service**) has been considered by LGlass, 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 17 June 2022.

# Assessment summary

|  |  |
| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-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 | **Non-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 2(3)(a)

* Introduce internal processes and implement effective processes to ensure assessment and care planning, including consideration for risk, informs the delivery of safe and effective care, particularly relating to specific and tailored consumer needs

Requirement 2(3)(e)

* Ensure all consumer 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, in particular, for skin integrity, wounds and falls and individualised risks to effective care.

Requirement 3(3)(a)

* Ensure consumers’ skin and wound care management and preventative and post fall care are managed in accordance with best practice.
* Introduce internal processes to ensure consumers are receiving tailored personal clinical care for example in relation to behaviour management so possible associated issues are identified, assessed and managed.

Requirement 3(3)(b)

* Ensure consumers’ requiring pressure care and wound and falls management have interventions implemented and these are recorded on care plans
* Ensure there is identification and clarity about specific risks and management of consumers with complex care needs

Requirement 8(3)(d)

* Effectively implement organisational risk management systems.

# Standard 1

|  |  |  |
| --- | --- | --- |
| 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 Compliant as six of six Requirements have been found Compliant.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the assessment team sampled the experience of consumers, asking them about the requirements, reviewing their care planning documentation and interviewing staff about understanding and application of the requirements under this standard.

The assessment team sampled three consumers. One consumer and one consumer representative said they are always treated with respect and they can maintain their identity. They are assisted by the staff to live the life that they choose and they work in partnership with the service to do this.

The lifestyle, nursing, care and resident support staff were all knowledgeable about the needs of each of the consumers sampled and were able to explain how they support each consumer to make choices in relation to their daily living.

Consumers and representatives said consumers are supported to do the things they enjoy and can make informed choices in relation to food and activities as they have an activity schedule and menu from which they can choose. Where they are able, consumers are encouraged to make choices about their daily routines.

Staff interviewed described how they support consumers to make connections inside and outside of the service and to maintain relationships with family and friends. Staff are aware of individual consumers’ key relationships and described how they support these.

Staff were observed to be treating consumers with respect and the care provided aligned with consumers individual choices and preferences. Staff were able to demonstrate an understanding of those consumers who want to take risks and how best to support them by providing information about the risks to allow the consumer to weigh up the benefits.

Lifestyle staff spoke about consumers in a way that demonstrated respect and an understanding of each consumer’s personal circumstances and their life journey. The information lifestyle staff provided during interviews aligned with care planning documentation and consumer feedback.

The consumers who live at Bill Crawford Lodge require high levels of care. Lifestyle staff provided examples of how they tailor the activity programs to meet the varying needs of the consumers.

Staff said that the personal privacy of consumers is of the utmost importance. Personal information is only accessible to those authorised and handover sheets are always carried by staff on their person.

The consumers and their representatives who were interviewed are satisfied that the consumers are made to feel comfortable and that the service respects consumer privacy during the provision of care. Consumers and their representatives are satisfied that the service protects personal information.

Care planning documentation reflected the cultural needs and preferences of consumers and the provision of care showed consideration of individual preferences. Care planning documentation showed input from the people who are important to the consumer. The care plans include family history, personal interests, past experiences, past occupation, and religious beliefs identified through discussion and consultation with the consumers or their nominated representatives on admission to the service.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | Non-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. | Non-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. | Non-compliant |

## Findings

This Quality Standard is Non-compliant as two of the five Requirements have been found Non-Compliant.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the assessment team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

In relation to Requirement 2(3)(a) the assessment team found the service was not able to effectively demonstrate through assessment and planning that risk was effectively considered in the care plans and assessment for two consumers. This was specifically in relation to consideration of risks associated with seizure management, skin integrity and pressure injury management and anaphylaxis. The assessment team found assessment and planning had not considers the risks for the consumers to inform their safe and effective care.

In relation to Requirement 2(3)(e) the assessment team found the service was not able to demonstrate that care and services were reviewed for effectiveness when circumstances changed two consumers.

For one consumer who experienced seizures no review occurred to ensure appropriate care and a management plan was in place after an initial and subsequent seizures.

For a second consumer wound deterioration did not result in effective review and management of the wound and for whom at the time of the site audit an anaphylactic management plan was not in place, for a known allergen.

While the service generally reviews how care and services are delivered, the assessment team found reviews do not always guide staff practice in relation to consumers’ individual risks for example relevant medical directives and management plans to guide staff in responding to adverse medical events such as anaphylaxis.

In response to the assessment team report the provider submitted clarifying information and evidence. I acknowledge the Plan for continuous improvement supplied and the actions undertaken during and since the site audit. These include, tailored plans for individual consumer’s identified risks including tailored anaphylaxis and seizure management plans. The response also includes information about a review of electronic documentation for wound charting and records. It includes information about expectations for wound management practices and education for staff. This information will be delivered and repeated until satisfactory staff wound management practice is embedded at the service.

I have considered the assessment team report and the response from the approved provider. As these plans and actions are not yet fully implemented, evaluated and embedded and were not in place at the time of the site audit I find that Requirement 2(3)(a) and Requirement 2(3)(e) Non-Compliant.

I find the remaining 3 Requirements under Standard 2 Compliant.

This is because consumers and their representatives interviewed considered they are involved and participate in ongoing assessments and care planning.

Consumers’ representatives interviewed confirmed the staff know what is important to the consumers.Consumers’ needs, goals and preferences are considered in the care planning process. Staff demonstrated an understanding of consumers which aligned with care planning documentation.

Consumers and representatives interviewed confirmed the service consults with them and they feel their input is given due consideration.Consumers’ care planning documentation showed a collaborative approach between the service and the consumers and their representatives. Care delivery strategies are developed from information gathered during the pre-admission phase as well as during the initial assessments. Care documentation demonstrates input from health care professionals including behavioural specialists, geriatricians, medical practitioners and allied health professionals.

Consumers and representatives interviewed confirmed clinical staff provide them with opportunities to review how care and services are delivered on an informal and formal basis. Staff are satisfied they have access to consumer care planning documentation and the assessment team observed staff attending pre and post-shift handover. Consumers’ electronic care documentation system allows non-visiting health care professionals remote access so information is readily available.

Consumers and/or their representatives confirmed they are consulted when there are changes in how care and services are delivered in order to meet the consumers’ changing care needs. However, the service was unable to demonstrate changes in consumers' conditions were always effectively reviewed as outlined above.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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. | Non-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 Non-compliant as two of the seven Requirements have been assessed as Non-Compliant.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the assessment team sampled the experience of consumers – reviewing their care planning documents in detail, asking consumers about how they are involved in care planning, and interviewing staff about how they use care planning documents and review them on an ongoing basis.

In relation to Requirement 3(3)(a) the service was not always able to demonstrate that consumers received safe and effective care that was best practice, tailored to their needs or that optimised their health and well-being in relation to the management of a consumer's seizures, wounds and falls. For one consumer the service did not effectively review wound management despite the wound deteriorating, increasing wound measurements and a change in wound appearance. Progress notes were inconsistent, and the wound deteriorated and was not managed in line with best practice. The service did not demonstrate a consumer’s seizure management was implemented and managed in relation to best practice.

In relation to Requirement 3(3)(b) the service did not adequately demonstrate effective management of reoccurring falls for a consumer. In particular the service did not demonstrate effective management of a consumer's non-compliance with falls prevention strategies. Independent ambulation placed the consumer at an increased risk of sustaining further fractures and associated pain as a result of their reoccurring falls. As outlined in Requirement 2(3) risks for a consumer on anticoagulant medication were not effectively managed after several falls as post fall policy was not followed and the risk had not been previously identified. Risks associated with seizures and anaphylaxis were also not managed effectively.

The response from the provider outlined tailored risk management plans are now in place for the identified consumers following best practice guidelines and regular and targeted consumer reviews are planned to ensure timely identification of consumers who require management plans that will be tailored to meet their needs and will be included into the care plan. A Post Fall Management Flow Chart has been revised and post falls protocols updated and education and review of current practices undertaken. Specialist staff are developing an evidence-based post fall huddle tool with the intention of trialling it then embedding the tool across multiple services.

In making my decision I have considered and acknowledge that most of the consumers and representatives at the service said they feel safe. Care staff were aware of many of the individualised risks to the consumers sampled and how the service managed the risks related to their care. Care documentation indicates management of high impact or high prevalence risks associated with the care of many consumers is generally effective. I have also considered the provider’s response to the assessment team report. The provider has put in place a plan for continuous improvement, updated and revised clinical care and services, management plans for consumers, staff tools and also undertaken staff education. However, as these plans and actions are not yet fully implemented, evaluated and embedded and were not in place at the time of the site audit I find that Requirement 3(3)(a) and Requirement 3(3)(e) Non-Compliant.

I find the remaining 5 Requirements under Standard 3 Compliant.

The service demonstrated an understanding of end of life needs of consumers and showed how this can be applied to individual consumers.

Consumers and representatives provided positive feedback in relation to how the service communicates with them when there has been a change in the condition of a consumer. Staff demonstrated an understanding of each consumer and felt comfortable in being able to recognise a change in presentation in a consumer. The service has effective processes to document and communicate information about consumers’ conditions, needs and preferences including verbal and written handover. Clinical staff, allied health professionals and care staff confirmed they are provided with and have access to the information they need.

Consumers and representatives confirmed they have access to their medical practitioner and/or other health professionals as needed. The service has established working relationships with other health care professionals and services. Consumer files show timely and appropriate referrals with recommendations Included in the documentation.

Outbreak prevention and management are generally effective. Consumers’ infections are identified and managed. The service has relevant policies and an Outbreak Management Plan. Antibiotic prescription is minimised.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is Compliant as seven of seven Requirements have been found Compliant.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the assessment team sampled consumers, made observations, and spoke with consumers/representatives and staff and reviewed documents relevant to this standard. The assessment team asked about the things that the consumer needs for daily living that are important to their health and well-being and that enable them to do the things that they want to do, and how the service supports them to do this

The assessment team sampled three consumers regarding this standard. All of the consumers and their representatives said they are satisfied with how the care and services meet their needs, goals and preferences. They described how they are supported by staff in the service to maintain emotional, spiritual and psychological well-being and are satisfied with being supported to participate within the service and in the outside community as they choose.

All staff interviewed including lifestyle, nursing and resident services assistants all demonstrated that they knew the consumers in their care and were aware of their likes, dislikes and care individual care needs.

Care plans included leisure and lifestyle preferences and documenting the consumers’ life history. Care plans were personalised and detailed; nutrition and hydration requirements referred to a meal card that is maintained by the dietitian or speech pathologist only and these are located in the kitchenette and the main kitchen; consumer’s spiritual preferences and how they wished to practice their faith; activities that consumer’s enjoy and whether they wish to participate in large, small or one on one activities.

The catering general manager is invited to attend nutrition and hydration meetings with unit managers and dieticians to discuss consumer nutrition and hydration. Resident service staff were knowledgeable of the consumers’ dietary requirements. The catering service conduct menu tasting evaluations where feedback is sought on proposed new menu options so that improvements can be made to the recipes to meet the preferences of consumers.

Meal service is plated at the point of service, and any texture modifications are completed as per the consumers’ meal cards. The food is served for those consumers who choose to dine in the dining room or have tray service in their rooms. The consumers have access to adaptive equipment to increase their independence in eating their meals. Those consumers who are unable to eat independently are supported by nursing staff.

Staff could explain what is important to consumers and what they like to do, and this aligned with the care plan for the individual consumers sampled. Nursing staff said that they held detailed handovers at each shift and that handover sheets were sufficient for them to care for consumers. They have easy access to individual care plans when needed.

Lifestyle staff said that there is an activity schedule and that as consumers are all high care consumers, all activities are open for all levels of functional cognitive ability to enjoy. All activities are designed to stimulate the senses such as food, coffee, music, or something visual and the activity programs are also tailored to meet the varying needs of the consumers. Consumers connect to the wider community via bus outings and volunteers to talk to consumers via electronic devices and letters. Currently, lifestyle is liaising with local schools and child playgroups with the aim to recommence intergenerational visitation and pet therapy.

Consumers and staff providing care and services have access to safe, clean, and well-maintained equipment. This was observed by the assessment team at various times during the site visit.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is Compliant as three of three Requirements have been found Compliant.

To understand the consumers’ experience and how the organisation understands and applies the requirements within this Standard, the assessment team observed the service environment, spoke with consumers or their representatives about their experience of the service environment and interviewed care staff about the suitability and safety of the equipment. The team also examined relevant documents.

Overall the sampled consumers and representatives said consumers feel they belong in the service and feel safe and comfortable in the service environment. Consumers feel at home in the service and personalise their rooms as observed by the assessment team.

The service was observed to be clean, well-furnished, and uncluttered enabling the free movement of the consumers around the inside areas of the facility. There is a dedicated sensory room that the assessment team observed to be operational during the visit.

Cleaning of the service is conducted by resident service assistants who have a duty statement for cleaning, laundry, and kitchen duties.

A consumer representative reported staff are always respectful of consumer privacy and will knock and request permission to come in and clean. Consumer preferences and choices are respected. Internal unit doors are unlocked to allow consumers to enjoy the secure courtyards if they choose.

Equipment is well maintained. If anything needs attention a job is lodged electronically with engineering, or an email sent to environmental services, depending on the nature of the maintenance.

**Standard 6**

|  |  |  |
| --- | --- | --- |
| 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

This Quality Standard is Compliant as four of four Requirements have been found Compliant.

To understand the consumer’s experience and how the organisation understands and applies the requirements within this Standard, the assessment team sampled the experience of consumers – asking them about how they raise complaints and the organisation’s response. The team also examined the complaints register, complaints trend analysis and tested staff understanding and application of the requirements under this Standard.

Overall sampled consumers and/or their representatives said they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken in response to their feedback.

Three of three consumers and/or their representatives were satisfied they are encouraged and supported to provide feedback and make complaints where relevant. Consumers and/or their representatives consistently described how they have provided feedback regarding the care and services provided via suggestion forms placed throughout the service, Quick Response (QR) codes, or directly with staff.

The assessment team observed information on display throughout the service informing consumers and visitors of access to other methods for raising complaints such as the Older Persons Advocacy Network (OPAN), members of the Community Visitors from the Office of the Public Advocate, the Commission and the organisation’s head office to escalate complaints and feedback where necessary.

Consumers and/or their representatives consistently noted that any issues they had raised with staff or management were satisfactorily resolved within an appropriate timeframe or were continuing to be addressed.

Management explained that feedback was viewed as an opportunity to improve services and support for consumers and was therefore encouraged. Staff and management consistently seek verbal feedback from consumers and their families directly and demonstrated they assist consumers to complete paper-based feedback were appropriate. This aligned with the assessment team’s observations of kind and caring interactions with consumers and consistent feedback from representatives.

The service’s management and Quality Subcommittee undertake regular surveys of the consumer experience at the service and regular ‘resident meetings’ are conducted to obtain feedback regarding care and services provided. Feedback registers and a continuous improvement plan reviewed by the assessment team demonstrated that feedback is recorded and actioned as appropriate.

All staff sampled confirmed that open disclosure is practiced when something goes wrong and this aligned with feedback from representatives. Staff described how open disclosure included open and honest communication about a mistake or an incident and included an apology. Representatives consistently stated that staff contact them immediately when something went wrong, confirmed open disclosure is practiced and expressed satisfaction that they were well informed.

**Standard 7**

|  |  |  |
| --- | --- | --- |
| 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 Compliant as five of five Requirements have been found Compliant.

To understand the consumer’s experience and how the organisation understands and applies the individual requirements within this Standard, the assessment team spoke with consumers about their experience with the staff, interviewed staff, and reviewed a range of records including staff rosters, training records and performance reviews.

The service demonstrated the workforce is planned to ensure a suitable mix of skills and staff numbers in various roles to enable the delivery of safe and effective care and services. Most consumers and/or their representatives sampled for this standard were satisfied with the number and mix of staff at the service. One representative noted that staff appeared rushed at times and described instances of waiting for assistance, however, this did not impact the overall care and services provided.

Overall sampled consumers said they get quality care and services when they need them and from people who are knowledgeable, capable and caring. Three of 3 consumers and/or representatives described receiving timely and quality care and services. Consumers and/or their representatives described how staff are kind, caring and gentle when providing care to the consumer. All consumers and/or their representatives interviewed considered the staff knew about their personal care needs and were appropriately trained. Consumers and/or their representatives were generally satisfied that staffing levels at the service were adequate, however, one representative said are sometimes busy and cannot be located.

Documentation demonstrates staff have qualifications relevant to their roles and their competency is monitored. Records demonstrate that staff participate in mandatory training annually and additional training is provided as needed, or at the request of staff. There is an effective workforce in place which is recruited and supported to ensure the provision of safe, high quality and person-centred care.

Management demonstrated that the organisation’s recruitment and selection process, position descriptions, and qualifications ensure staff are competent and capable of the position for which they are recruited. Additional training is provided to new staff where requested or where a gap in skills is identified.

All staff interviewed for this standard said they were supported to provide quality care through regular face-to-face and online training. Staff said they were encouraged by management to request additional training and that management acted on and was supportive of this feedback. Staff consistently stated they were supported in their roles through mandatory training, performance reviews and orientation.

The service conducts a mandatory training program to further ensure staff are competent and capable in their role. Annual mandatory training provided to staff included manual handling training, PPE use and hand hygiene competencies amongst others. Management explained that training gaps are identified during incident report investigations, by trending complaints and internal audit analysis.

The service maintains records of staff attendance and completion of mandatory training. Management participates in regular consumer and representative meetings to seek feedback regarding staff and services provided to ensure staff are competent and capable in their role.

**Standard 8**

|  |  |  |
| --- | --- | --- |
| Organisational governance | | Non-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. | Non-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

This Quality Standard is Non-compliant as one of the five Requirements has been found Non-Compliant.

To understand how the organisation understands and applies the requirements within this Standard, the assessment team spoke with management and staff and reviewed relevant systems and processes relating to the organisational governance underpinning the delivery of care and services (as assessed through other Standards).

Overall sampled consumers and/or their representatives considered that the organisation is well run and that they can partner in improving the delivery of care and services. The assessment team found, however, that the service was unable to demonstrate effective risk management systems and practices were in place.

In relation to Requirement 8(3)d the organisation does not consistently demonstrate effective risk management systems are in place to monitor some high-impact or high prevalence risks for consumers. The assessment team identified that the service was not able to demonstrate it had an effective process to monitor, analyse and action high-impact or high prevalence risks associated with the care of a consumer in relation to seizures management, the early identification of consumer pressure injuries and appropriate strategies to prevent and manage falls and anaphylaxis risk management. While staff demonstrated they could readily access policies and procedures the assessment team found that there were deficits in effective risk management in relation to seizure management, effective review of recurrent falls and anaphylaxis management.

In making my decision I have considered the assessment team report and the response from the approved provider. I acknowledge the response includes a Plan for continuous improvement outlining actions undertaken during and since the site audit. These include completion of tailored plans for individual consumer’s identified risks including anaphylaxis and seizure management plans. The response also includes information about alignment of current prevention and falls management policies, a revised Post falls management flow chart and a plan for education and a tool to assist effective implementation of the revised policies. The response outlines an overview of plans to develop, review and communicate a team approach to the review of wounds. It also contains a plan for the review of electronic documentation for wound charting and records together with information about wound management expectations and practices for staff that will be delivered and repeated until satisfactory staff wound management practice is embedded at the service.

While I acknowledge the approved provider’s response as outlined above these measures need to be fully implemented, embedded and evaluated. I therefore consider at the time of the site audit the service was not compliant with Requirement 8(3) d.

I find the remaining 4 Requirements under Standard 8 Compliant.

Consumers and/or their representatives are involved in the development, delivery and evaluation of care and services. Consumers and/or their representatives provided examples of how they can be involved in the development, delivery, and evaluation of care and services through ‘resident of the day’ meetings, providing feedback to care staff, surveys, and ‘resident meetings’. Management actively seeks input from consumers and representatives and acts on feedback provided.

Overall, consumers and/or their representatives expressed feeling safe at the service and living in an inclusive environment with the provision of quality care and services. The service demonstrated a culture of safe, inclusive and quality care and services which are maintained through a range of internal audits to monitor and review performance against the quality standards.

The assessment team found the service conducts scheduled auditing of key performance data including incident data, quality indicators, clinical records, and feedback amongst others to identify and analyse trends. Where incident trends and gaps in staff practices are identified these items are included in the continuous improvement plan for action and reported at a board level to consider changes to policies and procedures.

Regulatory compliance is managed centrally and change requirements are communicated to staff. The assessment team reviewed policies and procedures relating to open disclosure, SIRS, restraint, falls management, wound management, and clinical governance among other policies, all of which reflected relevant legislative requirements.

The service’s management demonstrated appropriate knowledge of its reporting requirements relating to reportable and non-reportable events and appropriate registers are maintained and were reviewed by the assessment team. Staff were able to explain the reportable incident system and outline their responsibilities based on their role. Incidents reportable under SIRS examined by the assessment team demonstrated management follow the required procedures and actions to ensure the safety of consumers. For example:

The organisation’s clinical governance framework includes monitoring and review of antimicrobial use, the use of restraint and open disclosure.

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)