Performance

Report

**1800 951 822**

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| Name: | Blue Care Flinders View Nowlanvil Aged Care Facility |
| Commission ID: | 5456 |
| Address: | 205-215 Ripley Road, FLINDERS VIEW, Queensland, 4305 |
| Activity type: | Site Audit |
| Activity date: | 3 September 2024 to 5 September 2024 |
| Performance report date: | 9 October 2024 |
| Service included in this assessment: | Provider: 314 The Uniting Church in Australia Property Trust (Q.)  Service: 3746 Blue Care Flinders View Nowlanvil Aged Care Facility |

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 Blue Care Flinders View Nowlanvil Aged Care Facility (**the service**) has been prepared by Nicola Eastwood, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 5 October 2024.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not 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.

Standard 2

* Requirement 2(3)(a) ensure adequate completion and documentation of assessments following identification of new wounds and pressure injuries ensuring inclusion of preventative measures for high-risk consumers.
* Requirement 2(3)(e) implement strategies to support and maintain timely review of care planning, particularly following falls and reports of pain.

Standard 3

* Requirement 3(3)(a) monitor and evaluate planned improvements related to wound and post falls management procedures and documentation.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumer and representatives said consumers were treated with dignity and respect by all staff and management. Staff described how they respect consumers by using preferred names and identifying consumers with unique cultural needs. They explained how information regarding consumer identity and cultural needs is documented in care plans and were aware of consumer preferences and things of important to them. Care documentation reflected consumer backgrounds, identity, cultural, spiritual and social preferences, and strategies to maintain contact with family members and guide staff in the provision of dignified care.

Care planning documentation reflected individual consumer choices related to delivery of care. Management and staff described how consumer choices and decision-making are supported through the care planning process. Risk assessments are conducted to ensure consumers and representatives understand the potential harm when making decisions about taking risks. The Assessment Team report reflected practical strategies for instances of identified risk.

Consumers and representatives confirmed they are provided with up-to-date information and are encouraged to participate in decisions about consumer care and lifestyle regularly, through care consultations, meetings, newsletters, menu choices and lifestyle calendar activities. The Assessment Team report included examples of consideration to sensory impairments and respect for individual privacy. The service has information policies guiding staff to talk to consumers to keep them informed of what is happening within the service, such as any changes to meals and activities.

The service has a privacy policy which is included in consumer admission packs and to guide staff practice.

# 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. | Not 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. | Not Compliant |

Findings

I have considered the Assessment Team report and the Approved Provider’s response, following review of the available information I find that the service does not comply with Requirements 2(3)(a) and 2(3)(e) and as a result does not comply with Standard 2.

Requirement 2(3)(a)

Most consumers and representatives indicated risks are identified and recorded in consumer care and services plans. Care planning documentation indicated risks had not been adequately assessed and documented to inform staff delivery of safe and effective care, specifically in relation to newly acquired pressure injuries and environmental restrictive practices. Skin assessments and care plans were not always reviewed and updated following the identification of new wounds and did not always include pressure injury preventative measures for high-risk consumers. Wound charts were not always completed and did not consistently include the frequency of wound review or evidence of reclassification.

The after-hours locked main exit and entry door had not been recognised as a potential form of environmental restraint. As a result, risk assessments had not been completed to identify who was capable of exiting or entering the service independently through the main door. The service identified the possibility of 44 additional consumers who may be subject to environmental restrictive practices and commenced assessments.

The Approved Provider submitted a response (the response) with supporting Plan for Continuous Improvement (PCI) as well as evidence of actions taken to address identified deficits for consumers named in the Assessment Team report. The response acknowledges the findings of the Assessment Team and provides specific responses to each named consumer, the PCI includes proposed and completed actions to improve clinical monitoring, communication mechanisms, handover processes, incident and care plan review and update, wound assessment and pressure injury prevention education, review of wound review processes and documentation of dressing frequency. The PCI also includes evidence of completed actions related to assessment of all consumers and environmental restraint considerations.

The PCI also refers to actions under Requirements 2(3)(e) and 3(3)(a) in addressing Requirement 2(3)(a). I acknowledge the evidence provided supporting immediate review and assessment for consumers identified in the Assessment Team report as well as the broader actions to improve processes and staff practice. I accept that environmental restraint assessments noted in this Requirement are now complete. I consider where assessments are inadequately, reviewed, updated, completed and documented particularly in the identified high risk areas of skin and wounds there is a very real potential for impact to consumers. I note a number of actions in the PCI remain in progress and encourage the service to complete implementation and evaluation in these areas. I find this Requirement non-compliant.

Requirement 2(3)(e)

The service did not demonstrate care and services are reviewed for effectiveness when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. Care planning documentation for consumers did not demonstrate that the service re-assessed and reviewed consumers following falls and reports of pain. Consumers and representatives confirmed the service communicates with them about consumer care and services. Management and staff explained the process for care and service plan reviews when circumstances change and as part of the regular 4 monthly review, although where falls occurred or pain was reported this was not reflected in assessment documentation.

The Approved Provider response and supporting PCI reflect proposed and completed actions related to the review of consumers named in the Assessment Team report as well as consideration to the current roles and responsibilities of key clinical staff members. Resident of the day processes are also under review to ensure it is used efficiently and understood by staff. Falls prevention and minimisation procedures are to be reviewed and communication to staff regarding pain assessments and evaluation to be provided. I acknowledge the evidence provided supporting immediate review and assessment for consumers identified in the Assessment Team report as well as the broader actions to improve processes and staff practice. I note a number of actions in the PCI remain in progress and encourage the service to complete implementation and evaluation in these areas. I find this Requirement non-compliant.

Compliance with remaining Requirements

The assessment and care planning process considers consumer needs, goals, and preferences and the service has discussed and documented preferences for end-of-life care. Staff described consumer preferences, which aligned with consumer or representatives feedback and care planning documentation.

Consumers and representatives said staff regularly communicate with them, and they can choose to be involved as much or as little as they like in the assessment, planning, and review of consumer care and service plans. Management explained that they include other providers in care, such as specialised nursing assessments for complex health needs or following a clinical incident, allied health professionals, palliative care providers as well as nominated representatives.

Outcomes of assessments are communicated to consumers and representatives as well as providing a copy of the care plan when first created, at the time of review, or as requested if there are changes to a consumer condition.

# 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. | Not 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

I have considered the Assessment Team report and the Approved Provider’s response, following review of the available information I find that the service does not comply with Requirement 3(3)(a) and as a result does not comply with Standard 3.

Requirement 3(3)(a)

Although most consumers and representatives reported that consumers receive care that is safe and right for them, care planning documentation did not demonstrate that staff delivered clinical care which is best practice, tailored to consumer needs and which optimises their health and well-being in relation to wound and falls management.

Wound charting reflected inconsistent wound dressing frequency, various wound review dates, discrepancy in classification of pressure injuries and inadequate risk mitigation strategies for prevention of further pressure injuries. There was evidence of delayed referral to the external facility support services and failure to follow the services wound management guidelines.

Where falls occurred, observation charts demonstrated gaps in recording neurological and general observations as indicated by the service’s post falls management protocols.

Consumers indicated their pain was well managed and staff were responsive to reports of pain. There was evidence of effective management of chemical and mechanical restrictive practices although the service had not identified the potential for the automatic locked entry and exit door to be a source of environmental restraint. This is further considered under Requirement 2(3)(a).

The Approved Provider response and supporting PCI refer to actions included under Requirement 2(3)(a) as well as evidence of actions completed for consumers named in the Assessment Team report. Communication to staff regarding post falls as well as staff education is planned to be provided. The service is also supporting senior clinical staff with leadership training and clinical uplift. Complex clinical wound referral process is to be reviewed and implementation of a falls management pathway is to be embedded. Evidence related to actions and review of all consumers related to environmental restraint is considered under Requirement 2(3)(a).

I acknowledge the evidence provided supporting immediate review and assessment for consumers identified in the Assessment Team report as well as the broader actions to improve processes and staff practice. I note a number of actions in the PCI remain in progress and encourage the service to complete implementation and evaluation in these areas. I find this Requirement non-compliant.

Compliance with remaining Requirements

Staff explained how to identify and assess risks ensuring actions are implemented to minimise harm and injury for each risk identified. Most care planning documentation for each consumer reflected high impact and high prevalence risks were effectively managed, although assessments related to falls were not always adequately re-assessed following a fall. There was evidence of adequate management of complex care needs such as indwelling catheter care and diabetes management.

Consumers and representatives confirmed consumer Advance Care Directive including their end-of-life care planning had been discussed. Staff described how to care for consumers nearing the terminal phase of life to ensure comfort is maximised and their dignity preserved. Documentation reflected appropriate involvement of palliative care practitioners and management of end-of-life consumer care.

Deterioration or change in a consumer’s physical function, capacity or condition is recognised and responded to in a timely manner. Staff described how they recognise signs and symptoms of deterioration and the actions taken consistent with flowcharts, policies procedures and internal guidelines.

Staff were aware of consumer care needs and preferences, confirming the handover process is effective and they receive up-to-date information about consumers during handover. Care documentation and progress notes on the electronic care management system provide adequate information to support effective and safe sharing of consumer information in providing care. Care file documentation reflected referrals are completed in a timely manner and collaboration with external specialty services to assist with complex behavioural care requirements.

Staff confirmed they have received training in relation to infection prevention and control, hand hygiene, and donning/doffing competencies. The service has implemented policies and procedures to guide staff related to antimicrobial stewardship, infection control management, outbreak management for COVID-19, influenza, and gastroenteritis. There was also evidence of consideration to pathology result analysis prior to the use of antibiotics to prevent resistance or incorrect antibiotic use.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers and representatives confirmed consumers are supported to do things of interest to them, participate in lifestyle activities through the service’s lifestyle program and in independent activities of choice as preferred. The Assessment Team report included examples of modifications made to facilitate sensory impairments and observations of consumers actively involved in activities. Consumers also confirmed that they are satisfied with the laundry service and individual preferences are respected where private arrangements are in place.

Staff described how information related to consumer emotional and spiritual needs are recorded when entering the service and are updated over time. Care planning documentation was consistent with consumer interviews, detailing individual support strategies and how these are implemented to promote each consumer’s emotional, spiritual and psychological wellbeing. There was evidence of pastoral care attendance for consumers requesting spiritual guidance and where consumers choose not to engage in group activities one on one support is provided.

Consumers described engagement with local community organisations and church services. Lifestyle staff stated they support consumers to maintain social relationships by organising group sessions which encourage consumers to come out of their rooms and socialise.

Staff indicated that the handover process keeps them informed regarding updates to consumer care and services. Changes to consumer needs are communicated and documentation shows consumer conditions, needs and preferences are identified, and accessible through the service’s electronic care management system. Staff and management demonstrated an understanding of what organisations, services, and supports were available in the community should a need be identified for a consumer.

Consumers and representatives confirmed they contribute to the services menu through surveys and the provision of feedback at the resident and relative meetings and the food focus meetings. Care documentation reflected individual likes and dislikes and the service has a 4-week cycle menu overseen by a dietician in place.

The Assessment Team report reflected that equipment to support consumers to engage in activities of daily living and lifestyle activities was safe, suitable, clean and well-maintained.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The Assessment Team recommended that Requirement 5(3)(c) was non-compliant, however with consideration to the available information and Approved Provider response, I am satisfied that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Requirement 5(3)(c)

Whilst most indoor furniture, fittings and equipment were observed to be safe, clean, well maintained and suitable for the consumer, some were identified as not being safe or suitable. The service acknowledged they have been short on maintenance staff since January 2024. Preventative maintenance schedules for maintenance logs and requests, reflected maintenance tasks for the maintenance of outdoor areas had not been actioned. External furniture was dirty, dusty, and had food particles and stains on them. Some items of external furniture were also disintegrating due to the prolonged exposure to the sun and not being regularly cleaned. The Assessment Team report also identified the absence of environmental audits and concern that air conditioning vents were dusty and dirty in consumer rooms.

The Approved Provider response, supporting PCI and evidence of completed actions reflected that the concerns identified in the Assessment Team report have now been addressed. The service has addressed the relevant staffing shortage, recommenced environmental audits, commenced contractor arrangements for 6 monthly external cleaning and is addressing thee identified air conditioning and vent cleaning. I accept the evidence provided in support of the immediate actions taken to address the deficits identified in the Assessment Team report and encourage the service to ensure they remain committed to providing a safe, clean and well-maintained environment. I find this Requirement compliant.

Compliance with remaining Requirements

Consumers confirmed the service is easy to navigate, is welcoming and comfortable. Consumers also confirmed that they are free to access all areas of the service and staff explained they assist consumers to mobilise around the service where required. Consumers were observed moving freely throughout the service including loungerooms, communal areas, gardens and external areas. The Assessment Team noted that the front door automatically opens during business hours and is locked in the evening with a button release function. There is an external intercom to re-enter the service afterhours which links direct to the RN on duty.

The Assessment Team report reflected that the service is surrounded by a perimeter fence with locks not easily managed by consumers with dexterity issues or who may be confined to a mobility aid. Management resolved to removing all locks from the gates in the near future.

Cleaning schedule records reflected regular indoor cleaning as well as deep cleaning of consumer rooms. Staff described and provided evidence of cleaning processes and schedules for indoor areas, including communal areas, high touch areas, and consumer rooms. Outdoor areas were noted to be unclean at the time of the site audit and management allocated resources to address the additional cleaning requirements.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers and representatives confirmed they were supported to raise concerns, provide feedback, and make complaints. Consumers indicated they prefer to speak to staff or management directly and felt comfortable doing this. Management described the organisation's process for supporting consumers and representatives to make complaints and provide feedback. Consumers can raise concerns by speaking directly to staff or management, complete a feedback form, participate in care plan reviews, raise feedback or complaints during resident and relative meetings, or participate in consumer satisfaction surveys.

Staff demonstrated a shared understanding of the advocacy services available for consumers and they explained how they engage and support consumers to provide feedback, including consumers living with cognitive decline, adding how they act as advocates on behalf of consumers who are unable to express their concerns. Management demonstrated the complaints management system and described how they respond to feedback, including the escalation of concerns to executive management for high-risk concerns for support in resolving matters.

Consumers and representatives confirmed that management and staff immediately acknowledge their concerns, keep them informed and take appropriate action in response to complaints. The Assessment Team report reflected a review of the complaints register which included the use of open disclosure and timely management of complaints. Staff and management described the process of open disclosure in response to feedback and complaints.

Management described the complaint, incident and Quality Improvement plan, which demonstrated how feedback, complaints and incidents are recorded, actioned, and resolved within designated timeframes, and used to inform continuous improvement across the service.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

Consumers and representatives confirmed there were enough staff at the service, and they do not have to wait for care and services to be provided, they confirmed they do not wait long when they press their call bell or ask a staff member for assistance. The service utilises an electronic rostering tool which highlights and alerts staff of forthcoming vacancies and is closely monitored by management. Care minutes are reported to management on a monthly basis and are benchmarked across the service. Regular audits are carried out with consumers to determine any concerns in regard to call bells and reports are generated and reported on monthly to senior management and benchmarked across the whole organisation.

Management described how the service promotes a culture of respect through available resources and training. Management stated and the Assessment Team observed, the service has a suite of documented policies and procedures to guide staff practice, and outline the care and services are to be delivered in a respectful, kind and person-centred manner.

Management ensure that staff hold the minimum required qualifications, have professional registrations for their roles, hold a current police check, confirm they are not on the Commission’s Aged Care Banning Orders Register and staff requiring visas hold the appropriate current visa. Staff confirmed they are required to attend annual mandatory training and to complete various competencies as required to perform their role.

Consumers and representatives confirmed they felt staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff confirmed they received orientation, education, ongoing annual mandatory training, information updates to complete core competency training and were comfortable requesting additional training, to enhance their performance. Training records reflected completion of mandatory training and management confirmed targeted training is provided to staff identified from trends and audit findings to improve performance and care delivery.

There is a performance appraisal process in place with quarterly performance development conversations completed. Management described how they undertake continuous assessment of staff during team meetings, feedback processes, observations, and from consumer and representative feedback.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above, and as a result complies with this Standard.

The service conducts annual consumer surveys and regularly seeks feedback from consumers through resident and representative and food focus meetings. There is evidence a consumer advisory group with feedback, trends and suggestions from the consumer advisory group meeting collated and reported to the quality care advisory body committee. Management demonstrated that the organisation uses information from consumers and relative meetings, feedback forms, surveys, and discussions during organised case conferences and incident data to gain insight into levels of consumer satisfaction and identify areas for improvement.

Information is accessible and available to inform the delivery of safe and effective care, policies and procedures are accessed through the intranet system with paper-based copies also available. Management explained they are responsible for monthly reporting to align the budget and can request additional funds, if necessary. Management indicated they are partners in financial review and forecasting for the service and if needs arise, they complete a business review and escalate for approval.

Opportunities for continuous improvement are identified through review of incidents, feedback and complaints, and legislative changes. A new risk management system has been implemented which produces current data, as well as a medication management system and there are plans for a new electronic care management system. A replacement call bell system is also being rolled out in clusters with 4 of the 7 clusters complete.

The service maintains information regarding the currency of staff and relevant mandatory training completion. The Assessment Team noted that position descriptions contained clear information regarding necessary qualifications and required tasks. Regulatory and legislative changes are monitored through executive team subject matter expects which are forwarded to the Board for approval and then through relevant committees. There was evidence of consideration to feedback and complaints in ongoing quality improvement activities and the services quality improvement plan.

There are effective risk management systems and practices, as evidenced by assessment of the clinical care provided, staff interviews, and documentation review. The service assesses and manages consumer risks, trains its staff in relation to abuse and neglect, and maintains an effective incident management system. The service has an incident management system with supporting policies and procedures guiding the Serious Incident Response Scheme guidelines.

The service has a clinical governance framework which outlines antimicrobial stewardship, restraint, and open disclosure. Staff demonstrated an understanding of restrictive practices and were aware of the services related policies.

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-1)