Performance

Report

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| Name: | Blue Hills Manor |
| Commission ID: | 0578 |
| Address: | 25 Tulich Avenue, PRESTONS, New South Wales, 2170 |
| Activity type: | Site Audit |
| Activity date: | 8 January 2024 to 10 January 2024 |
| Performance report date: | 6 February 2024 |
| Service included in this assessment: | Provider: 1595 BaptistCare NSW & ACT  Service: 5432 Blue Hills Manor |

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

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

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

# Material relied on

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

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

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

Consumers and representatives advised that they are treated with dignity and respect, and their identity, culture and diversity are valued by the service. Staff were knowledgeable of consumer life stories and demonstrated an effective understanding of their specific choices and preferences. Consumer care planning documentation includes items of importance to consumers and their life history. The Assessment Team observed staff being kind and engaging with consumers and observed the Charter of Aged Care Rights displayed within the service and included in the ‘resident handbook’.

Consumers and representatives advised that the service recognises and respects their cultural backgrounds and that this information influences the care and services they receive at the service. Consumer care planning documentation contained comprehensive information about consumers’ cultural backgrounds and how the service could tailor care around their cultural needs and preferences. Meals are tailored based on consumer’s preferences and cultural needs, and the Assessment Team reviewed appropriate policies and procedures for diversity and inclusion.

Consumers and representatives advised they are supported to be independent, exercise choice and have input to ensure their preferences for care and services are considered. Consumers advised they are provided with the opportunity to maintain relationships of choice and receive regular communication from the service regarding choices available to them. Management and staff demonstrated how they encourage and support consumers to be independent and the Assessment Team observed consumers receiving visitors and going out of the service for individualised social activities.

Consumers and representatives advised that the service supports them in taking risks to enable them to live the best life they can. Staff advised they are well informed about each consumer’s condition, needs, goals, and preferences and demonstrated how they implement strategies to support consumers engage in risk. Consumer care planning documentation highlighted appropriate risk assessments that reflect discussions with consumers and representatives in understanding the potential harm and documented consent to apply mitigation strategies to ensure consumer safety. The service demonstrated a suite of policies and assessments to support consumers to make choices and engage in risk.

Consumers and representatives advised that they are kept up to date through phone calls and emails, as well as the ‘resident, relatives and friends’ meetings, ‘food forum’ meetings and regular service newsletters. Consumers and representatives highlighted that the information shared by the service enables them to make informed choices. The service demonstrated timely, current, and accurate information is provided to consumers, and this was evident in consumer care documentation and meeting minutes. The Assessment Team observed other information is displayed throughout the service including the lifestyle program calendar, meals menu, newsletters, consumer handbook and information on other services such as the Older Persons Advocacy Network (OPAN) and external complaint services.

Consumers and representatives advised that their privacy is respected and told the Assessment Team that they are satisfied with the way the service manages confidentiality of their personal information. Staff explained that confidential information is not discussed in front of other consumers, and all computers are password protected according to level of delegation. Files and other information about consumers is locked in nurses’ station, or in offices. The Assessment Team observed staff knocking and closing doors when providing personal care, and using password protected computers which were located inside the office areas. The service demonstrated an appropriate privacy and dignity policy to guide staff practice.

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

# Standard 2

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

Findings

The service demonstrated effective consumer assessment and planning which appropriately takes into consideration risk to individual consumer health and well-being. Consumers and representatives advised that they receive the care and services they need, and they are involved in their care planning process. Staff demonstrated their understanding of an inclusive consumer planning process and how it informs the delivery of safe and effective care, and the service demonstrated a suite of assessment forms and guides to support staff and consumers through the admission process, with risk screens and assessments built into the service’s electronic care management system (ECMS). The service utilises assessment and care planning policies, aligned to best practice principles to guide staff with care delivery.

Consumers and representatives advised their care planning addressed consumer needs, goals, and preferences and consumer care plans are individualised, person-centric and reflect the consumers’ individual needs and preferences. Advance care plans are established for consumers who have consented to provide this information and management advised that information on advance care planning is included in the admission pack and consumers and their representatives can discuss this during the admission process, during the initial meeting and at annual case conferences with consumers.

Consumers and representatives advised they are actively involved in the assessment, planning and review of their care and services and highlighted that care planning is coordinated with the right people. The Assessment Team reported that consumer care planning documentation demonstrated integrated and coordinated assessment and planning which appropriately involves relevant organisations, individuals, and other service providers.

Consumers and representatives advised that staff have explained their care plan to them and they consider that it meets their needs, goals, and preferences. Consumers and representatives confirmed that they are provided a copy of their care plans or they are aware how to access it. Assessment and care plans evidence that each consumer or their representative are involved in developing the care and services plan and they are included when the service conducts care plan reviews.

Consumers and representatives advised they are involved in the regular review of consumer care plans and confirmed if a change is required or an incident occurs, then further discussions are undertaken, and updates will be administered in a timely manner. Staff highlighted their responsibility to ensure regular and routine review of consumer care plans or when circumstances change and management demonstrated care plan reviews are planned through a yearly schedule, reviews are tracked, and progress is monitored to ensure schedule adherence. The organisation administers appropriate policies and procedures that guide staff.

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

# Standard 3

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

Findings

Consumers and representatives advised that the service provides care that is safe and consistent with their needs and preferences and supports their health and well-being. Staff demonstrated understanding of individualised consumer personal and clinical needs, including understanding of restrictive practices, pain management, and skin care. Consumer care planning documentation reflected individualised care that is safe and tailored to their needs. The service has policies, procedures and systems to inform them of safe and effective personal and clinical care, ensuring care is delivered according to consumers’ needs, goals and preferences.

The service demonstrated effective processes to manage high impact or high prevalence risks associated with care of each consumer, which includes weight loss, falls and complex needs management. Consumers and representatives advised they are satisfied with the care they receive and consumer care documentation reflects that identified risks and mitigation strategies associated with clinical and personal care are considered and managed effectively. Staff demonstrated an effective knowledge of high impact, high prevalence risks of consumers and associated mitigation strategies and the service highlighted effective processes and a range of clinical policies and procedures to guide staff practices in managing high impact and high prevalence risks.

Consumers and representatives advised that advance care plans are discussed with them during admission and they expressed confidence that when consumers require end of life care, the service will support them to be as pain free as possible. Staff demonstrated appropriate knowledge of how consumer care delivery changes for consumers nearing their end of life and the service highlighted appropriate policies, procedures, and clinical protocols to guide staff in the management of palliative care and end-of-life processes.

Consumers and representatives advised that the service recognises and responds promptly to changes in consumer condition, and representatives advised that consumer changes are routinely communicated with them, including consumer incidents, in a timely manner. Staff described actions taken to recognise and respond to deterioration or changes in a consumer’s condition, including communication within the service during handover discussions, and escalating to medical officers, other health professionals, sending the consumer to hospital if required and updating their care plans if any changes are needed. Consumer care documentation reflects that changes in condition or deterioration were responded to in a timely manner including informing the representatives, contacting the medical officer, and referring to external providers of care. The service highlighted effective clinical procedures for managing deteriorating consumers, clearly defining staff roles and guiding actions to take in response to a consumer’s deterioration.

Consumers and representatives advised that consumer care is constant and reliable, and information is communicated effectively, including information exchange between care and clinical teams, and elsewhere where care is shared. Staff explained that relevant information is accessible to them according to their roles and is documented in progress notes and shared with representatives and other health professionals as relevant. Care planning documentation reflects that regular case discussions occur with consumers and representatives, with consumer’s needs discussed and interventions and referrals agreed upon. Information systems are effective and privacy policies and staff training are provided to protect consumer information, and consumers are informed and consent is obtained for information sharing.

Consumers and representatives advised that referrals to individuals, other organisations and providers of other care and services are timely and appropriate. Consumer care planning documentation highlights appropriate and timely referrals and management and registered nursing staff highlighted the importance of involving external service providers and discussed the avenues available to seek their expertise and recommendations. The service has a network of approved individuals, organisations, and providers they use regularly to support consumers, including allied health and nursing specialists.

Consumers and representatives advised that they are satisfied with the measures the service deploys to ensure minimisation of infection-related risks. Staff confirmed they have received training in infection minimisation strategies, including infection control and COVID-19 strategies. Staff and management demonstrated an appropriate understanding of precautions required to prevent and control infection and the steps they take to minimise the need for antibiotics including the use of personal protective equipment (PPE), hand hygiene and pathology testing prior the prescription of antibiotics. The service has a trained infection prevention and control lead who has responsibility for infection control practices at the service and the service has implemented policies and procedures to guide staff in relation to antimicrobial stewardship, infection control management and for the management of COVID-19 or other outbreaks.

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

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives advised that consumers are supported to do things of interest to them, participate in lifestyle activities through the service’s lifestyle program and participate in independent activities of choice and preference. Management and lifestyle staff explained how they partner with consumers and representatives to complete lifestyle assessments to capture consumers’ leisure likes and dislikes, interests, social, emotional and spiritual needs and preferences. Care planning documentation highlighted that consumers’ individual needs and preferences are detailed to guide staff in providing services and supports for daily living and the service’s lifestyle calendar demonstrated a variety of activities for consumers to choose to participate in.

Consumers and representatives advised they receive services and supports for daily living which promote their emotional, spiritual and psychological well-being. Staff spend one-to-one time with consumers if they notice a change in the consumer’s behaviour and consumer care planning documentation appropriately reflects information about each consumers' emotional, spiritual, or psychological well-being, describing how the service can best support each consumer's individual needs.

Consumers and representatives advised that they are supported to participate in activities within the service and within the community, as well as have social and personal relationships and to participate in things of interest to them. Lifestyle staff demonstrated that the service provides a wide variety of activities for consumers that can be adapted to suit each consumer’s needs when their situation changes. Staff provide encouragement to consumers to participate in activities of interest to them by asking them to join activities that are detailed in their care plans. Care planning documentation highlights the people important to individual consumers and their activities of interest both within and external to the service.

Consumers and representatives advised that information about each consumers’ condition, needs and preferences are effectively communicated and staff understand their needs. Staff and management highlighted that changes to consumer care is communicated to their representatives and consumer care planning documentation appropriately identifies consumer condition and their needs and preferences. This is correctly listed in the service’s electronic care management system thus providing adequate information to support delivery of safe and effective care.

Consumers and representatives advised that referrals are facilitated in a timely manner and consumers can access other organisations as needed. Staff demonstrated appropriate knowledge of the current referrals process and lifestyle staff demonstrated an understanding of what other organisations, services and supports were available in the community should a consumer need support. Consumer care planning documentation highlights partnership with other individuals and organisations to meet consumer’s needs with timely referrals as required.

Consumers and representatives provided positive feedback highlighting that the service provides meals that are varied and of suitable quality and quantity. Staff and management advised that the menu was developed with the input of a dietitian, rotates every season and consumers have input into the menu through food forums, and ‘resident, relatives, and friends meetings’. The menu includes two choices of hot meals which staff ask consumers a day prior and inform the kitchen of their choices. Consumers have alternative options such as salads, soups and sandwiches in addition to accessing out of mealtime snacks and sandwiches. Staff were observed asking consumers for their meal selection for the next day and were referring to the dietary sheets and preferences. Consumer care planning documentation includes dietary preferences and consumer likes, dislikes, allergies and specific diet types.

Consumers and representatives advised that equipment is safe, suitable, clean, and well maintained. The Assessment Team observed equipment used to support consumer engagement in activities of daily living and lifestyle activities, to be safe, suitable, clean, and well maintained. Equipment such as walking aids and wheelchairs are regularly cleaned and maintained.

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

# Standard 5

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

Findings

Consumers and representatives advised that the service environment is easy to navigate and welcoming and highlighted that they personalise their rooms. Staff and management described how consumers are supported to make the facility feel like home, and how they support consumers to maintain their independence. The Assessment Team observed the service was welcoming and easy to navigate and had a pleasant atmosphere and was well maintained.

Consumers and representatives advised they feel safe and reported that the service is clean and well maintained. Cleaning staff demonstrated appropriate cleaning schedules for consumers’ rooms and communal areas. Maintenance staff demonstrated an effective preventative maintenance schedule as well as effective processes to manage other maintenance requests. Consumers were observed moving freely around the service environment, indoors and outdoors. The Assessment Team reviewed the daily cleaning schedules and maintenance logbooks which were up to date.

The Assessment Team observed, and consumers confirmed, that the furniture, fittings and equipment are kept clean, safe, and well maintained. Consumers advised that when they have a maintenance request, staff promptly address it by logging a maintenance request or raise it directly with the maintenance team. Staff confirmed they have adequate and appropriate equipment to provide effective consumer care. Maintenance adheres to schedules for preventive maintenance programs, to ensure the furniture, fittings and equipment are safe, and well maintained for the consumers at the service.

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

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives advised that they are encouraged and supported to provide feedback and make complaints directly through speaking with staff and management, through ‘have your say’ feedback forms, during ‘resident, relatives and friends meetings’, ‘food forums’, and regular surveys. Staff and management demonstrated an appropriate knowledge of the systems available for consumers and representatives to provide feedback, and the Assessment Team observed feedback forms available at the service for consumers, locked suggestion boxes, an electronic feedback register and a monthly ‘resident, relatives and friends’ meeting that provides a focus on consumer feedback, compliments and complaints.

Consumers and representatives advised they are aware of advocacy and language services, and other methods for raising and resolving complaints. Staff and management highlighted their knowledge of advocacy and language services such as Translator Interpreter Service (TIS). The Assessment Team observed advocacy posters, brochures and pamphlets displayed throughout the service environment, and the consumer handbook provides relevant contact information for the Aged Care Quality and Safety Commission and advocacy services.

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

Consumers and representatives advised that their feedback and complaints are reviewed and relevant data is used to improve the quality of care and services. Staff and management described how trending and analysis of feedback and complaints have resulted in improvements in meals at the service. The Assessment Team observation of the service’s complaints register, food forum meeting minutes, monthly ‘resident, relative and friends’ meeting minutes, and the service’s plan for continuous improvement confirmed that feedback and complaints are reviewed and as a result improvements are made. The service administers appropriate policies and procedures related to feedback and complaints to guide staff.

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

# Standard 7

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

Findings

Consumers and representatives provided positive feedback and advised there are sufficient staff at the service to support delivery of safe and effective care and services. Staff advised that the service supplies sufficient staff for them to perform their duties and management advised that the service has a good mix of staff to cover the delivery of care, lifestyle programs, registered nursing, and to ensure availability of a casual staff pool and to deploy agency staff at a minimum. The Assessment Team’s review of service rosters highlights that shifts were filled and registered nursing staff are available for each shift. The Assessment Team observed that staff are calm and do not need to rush to provide care and services for consumers. The service administers a staff sufficiency, and registered nurse coverage and emergency protocol and policy.

Consumers and representatives advised that staff are kind, respectful and caring when delivering care and staff know what is important to consumers. Staff demonstrated effective knowledge of consumers including what they liked, and what assistance they require in line with consumer care documentation. The Assessment Team observed staff knocking on consumers’ doors, waiting for the consumer to answer before entering, greeting consumers and representatives by their preferred names, and demonstrating they were familiar with individual consumers’ identity. The service administers relevant policies and procedures and staff highlighted receiving training on privacy and dignity including respectful interactions and the Aged Care Code of Conduct.

Consumers and representatives advised that they feel staff are effective in their roles and are confident staff are skilled to meet consumer care needs. Staff confirmed completing orientation, ongoing and annual mandatory training and completed competencies from commencement of employment and ongoing. Management demonstrated that staff competency, qualifications, knowledge, and registration requirements are monitored and that the service ensures that staff have current criminal history checks and that the Aged Care Banning Orders Register is checked at the recruitment stage. The Assessment Team reported that the service’s position descriptions provide staff with relevant guidance relating to their responsibilities and duties for each role, and staff training records highlight that staff receive orientation, ongoing and annual mandatory training, and complete competencies on a range of topics.

Consumers and representatives advised that staff have the appropriate skills and knowledge to ensure delivery of safe and quality care and services. Staff advised they receive orientation training upon commencement of their employment, followed up with buddy shifts, and receive ongoing training, including annual mandatory training and training around core competencies. The Assessment Team’s review of staff education and training records confirmed appropriate staff participation and completion in education and training. The service demonstrated an appropriate recruitment and selection policy as well as a learning and development policy.

Consumers and representatives advised that they are happy with the quality and performance of staff employed at the service. Staff confirmed their active participation in probationary and annual performance review processes, and management highlighted the performance review process and advised that staff reviews are completed annually. The service’s performance review register confirmed that the service’s reviews were up to date. The service administers a managing underperformance and misconduct policy.

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

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives advised that the service is well-run and confirmed they participate in resident, relatives and friends meetings, food forums and complete surveys and feedback forms to provide their input. Consumers advised that the service implements improvements as a result of their engagement. Staff and management demonstrated that consumers and representatives are encouraged to be involved in continuous improvement at the service and that their input is used in the development, delivery and evaluation of care and services.

Consumers and representatives advised that the service was well run. Staff described mechanisms for having input into service decisions through staff meetings, surveys and having direct access to managers, whom they stated were available and approachable. Management highlighted that the organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and management explained that the service’s clinical indicators, quality initiatives and consumer incidents are discussed and analysed at organisational clinical governance meetings. Management explained that the organisation’s governance structure includes direct information to the Board and the relevant organisational committees from the service’s front-line managers. This allows the Board ongoing and consistent awareness of the performance of all aspects of each service.

The service demonstrated effective organisation wide governance systems to ensure documented governance frameworks related to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. The service’s information system includes an effective electronic care management system that includes consumer incident reporting, and staff have access to relevant policies and procedures through the staff intranet portal. Relevant data from consumer and staff surveys and audits, incident reporting, data and trend analysis, feedback from consumers/representatives and staff are captured in the organisation’s plan for continuous improvement (PCI). The PCI is routinely reviewed and updated to ensure appropriate management of issues. The organisation’s central recruitment team and human resources team provide oversight and support of workforce planning, recruitment, staff screening processes, workforce systems, training and policies. The organisation administers a suite of policies and procedures including position descriptions to inform staff and management regarding workforce requirements, roles, expectations and responsibilities. Staff receive ongoing training to maintain their competencies to ensure they provide quality care and services to consumers. Regulatory compliance is managed centrally by the organisation’s clinical governance committee who consider updates to legislative changes and monitors Aged Care industry reports. Changes or updates to policies and procedures at the service are communicated through staff meetings, emails, and memorandums. The Assessment Team reviewed policies and procedures that reflect relevant legislative requirements relating to open disclosure, restrictive practices, incident management, serious incident response scheme (SIRS), complaints handling, code of conduct, and the clinical governance framework.

The organisation demonstrated effective risk management systems to monitor and assess high impact or high prevalence risks associated with care of consumers whilst supporting consumers to live the best life they can. Risks are identified, reported, escalated, and reviewed by management at the service level and then at the organisational level by subcommittees and the Board. The service completes incident reporting via their electronic incident reporting system. Management advised that consumer incidents are analysed to identify issues or trends, and these are escalated to various committees with final data provided to the Board, who implement required improvements to care and services for consumers. The organisation administers an appropriate incident management policy. The clinical governance committee maintains oversight of all reported incidents and addresses any wider organisational trends, and senior management advised that whilst the service remains at low-risk rating with no significant trends, they continue to monitor the service. Staff and management advised they complete incident reports in the electronic incident management system which is then used to investigate root causes and analysed and discussed in meetings to drive changes and used to manage individual risks for consumers with specialised intervention requirements.

The service demonstrated an effective clinical governance framework and systems to ensure the quality and safety of clinical care that promotes effective antimicrobial stewardship systems, minimises the use of restraint and the ensures appropriate use of open disclosure. The service administers policies, procedures and support tools to ensure effective clinical governance, and registered nursing staff demonstrated that they are trained in the systems that support effective clinical governance. The service reports infections and antibiotic usage through monthly clinical indicator reports and this data is discussed in monthly clinical risk meetings to maintain oversight and benchmark antibiotic usage. The service reports psychotropic medication usage and restrictive practices through monthly clinical indicator reports which is further benchmarked and trended across the organisation through clinical governance reports. The clinical governance committee ensures relevant follow up occurs with each service to minimise the use of restraints. The Assessment Team reviewed the complaints register, incident reports including SIRS, and care planning documentation for consumers and confirmed the service provides open disclosure in line with the organisation’s open disclosure policy.

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

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