Performance

Report

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| Name of service: | Bowder Care Centre |
| Service address: | 35 Doolan Street NAMBOUR QLD 4560 |
| Commission ID: | 5156 |
| Approved provider: | Sundale Ltd |
| Activity type: | Site Audit |
| Activity date: | 15 November 2022 to 17 November 2022 |
| Performance report date: | 08 December 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 Bowder Care Centre (**the service**) has been prepared by K. Reed, 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; 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
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives confirmed staff treated the consumers with dignity and respect. Staff were observed treating consumers with dignity and were able to describe methods they used to respect consumers’ identity, culture and diversity. Consumer care planning documentation included what was important to consumers to maintain their identity. Staff spoke about consumers in a way which indicated respect and an understanding of their personal circumstances. Staff were able to describe the methods used to show respect including asking for consent before providing care, knocking before entering consumers’ rooms, and respecting consumer’s preference for female or male carers.

Consumers and representatives described how staff provided care and services that were culturally safe and consistent with the consumers’ cultural traditions and preferences. Staff described how consumers’ culture influenced how they delivered care on a daily basis. Care planning documentation identified consumers’ cultural needs and preferences.

Consumers were supported to exercise choice and maintain their independence by making decisions about their care and services. Consumers were supported to nominate who they would like involved in their care, communicate their decisions, make connections with others and maintain relationships of choice.

Consumers and representatives confirmed consumers were supported by staff to take risks and live the best life they can. Staff described how the consumer was supported to understand the benefits and possible harm when they make decisions about taking risks, and how consumers were involved in problem-solving solutions to reduce risk where possible. The service had an up-to-date decision making and dignity of risk policy outlining the service’s commitment to supporting consumers to make their own decisions and their right to take risks.

Consumers and representatives advised the consumers received up to date information about activities, the menu and events happening in the service. Staff advised consumers of changes to their appointments, and observations supported this. Management provided updates and information via electronic mail and monthly newsletters. Posters and flyers of upcoming activities were observed on noticeboards and in consumer rooms.

Consumers and representatives were confident consumers’ information was kept confidential. Care staff described how they maintained consumers’ privacy when providing care. Consumers were provided with the Charter of Aged Care Rights and a consumer handbook which explained how personal information was protected by the service. The service had an up-to-date policy on confidentiality, and this was included in the consumer handbook and communicated to the consumers and representatives on entry to the service.

This Standard is Compliant, as all six Requirements are Compliant.

# Standard 2

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

Findings

Consumers felt safe and confident the workforce knew what they were doing. Documentation demonstrated consideration of risks to the consumer’s health and well-being and informed the delivery of safe and effective care and services. Registered staff demonstrated an awareness of assessment and care plan review processes, that identified risks to the consumer’s health, safety and well-being. Identified risks included, but were not limited to, pain, diabetes management, wounds, cognitive decline and falls. Consumers were referred to medical officers, allied health professionals or medical specialists if required. The organisation had policies and procedures available to guide staff practice regarding assessment and care planning for consumers.

Consumers and representatives confirmed, and care planning documentation demonstrated the consumer’s current needs, goals and preferences, including advance care planning were identified on entry and reviewed regularly. Consumers described what was important to them in terms of how care was delivered. Staff understood consumer needs and could refer to the Registered nurse if they required more information. End of life care planning was discussed with consumers and representatives on entry to the service and at care plan reviews.

The service partnered with consumers and others who consumers wished to be involved in the planning and assessment of care. Care planning documentation showed evidence of care conferences, and involvement of a diverse range of external providers and services such as Medical officers, speech pathologists, physiotherapists, podiatrists and dietitian services in consumer care. Consumers explained who was involved in their care and were confident their care needs were being met. Clinical staff described the importance of consumer-centred care planning and explained how they initiated conversations around care planning with consumers and representatives face to face or over the telephone.

Consumers and representative confirmed staff had discussed consumers’ care needs and the information in their care plan. Staff had access to care plans for consumers they were providing care for, through the electronic care management system and handover records. Consumer files demonstrated the outcomes of assessment and planning were documented. Consumers and representatives confirmed they been offered a copy of the consumer’s care plan and they were aware of how to access this information. Care planning documents and handover records were readily available to staff delivering care.

Consumers and representatives confirmed clinical staff regularly discussed care needs with them, and any changes requested were addressed in a timely manner. Care planning documentation identified evidence of review on both a regular basis and when circumstances changed; such as consumer deterioration or incidents such as infections, falls and wounds. Clinical staff described how and when consumer care plans were reviewed. Staff were aware of incident reporting processes and how these incidents may trigger a reassessment or review. The service monitored clinical indicators, including pressure injuries, medication incidents, restraint and falls. Registered staff said they update consumer care and service plans every 3 months in conjunction with information obtained from the care staff, allied health professionals and specialists.

This Standard is Compliant, as all five Requirements are Compliant.

# Standard 3

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

Findings

Consumers received safe and effective care and services in accordance with their needs, goals and preferences. The service demonstrated timely identification, effective assessment, management and evaluation of consumers’ restrictive practices, skin integrity and pain. Where restrictive practices were used, assessments, authorisation, consent and monitoring were demonstrated.

Behaviour support plans were in place for consumers who were subject to restrictive practices. The psychotropic register maintained by the service identified diagnosis, medications prescribed and consumers who have had their medications reduced or ceased. Care documentation supported wounds were consistently attended to in accordance with the wound management plan. Pressure area care was completed as prescribed. Consumers with active pressure injuries or wounds had a wound care plan and chart which were completed following treatment and at every review.

Care documentation for consumers noted those with chronic pain have regular pain assessments to identify the site, severity and type of pain experienced by the consumer. Staff used assessment tools depending on the consumer’s ability to verbalise their pain. Pharmacological and non-pharmacological strategies were included in care plans and when pain relief medication was used, it was reviewed for effectiveness.

The service had effective processes to manage high impact or high prevalence risks associated with the care of each consumer. Care planning documentation identified consumers at risk, including falls, wounds and challenging behaviours. Documentation demonstrated the service was effectively managing high impact and high prevalence risks. The service had a risk management framework that guided how risk is identified, managed and recorded. Policies were available to all staff regarding high impact or high prevalence risks associated with care of consumers.

Care plans reflect consumers’ end of life needs and wishes. Advance health directives and statement of choice documents were uploaded into the electronic care management system. The workforce demonstrated an understanding of processes to support the needs, goals and preferences of consumers nearing the end of their life. Advanced care planning was discussed on entry to the service and during the care plan review process. The service had clinical procedures to guide staff when a consumer’s health status changed.

Care planning documentation reflected the identification of, and response to, deterioration or changes in consumers’ condition. Registered staff explained the assessment process following changes to a consumer’s condition. If a consumer deteriorated after business hours, staff could telephone a Medical officer or transfer the consumer to hospital. Clinical records indicated consumers were regularly monitored by registered staff and if deterioration or change of a consumer’s mental, cognitive or physical function, capacity or condition occurred, this was recognised and responded to in a timely manner and representatives were notified.

Staff described a range of signs related to deterioration, including changes in mobility, appetite and changes in behaviour. Staff had access to clinical information to guide them in recognising and responding to a deterioration or change in a consumer’s condition. Registered staff were available 24 hours a day, seven days a week at the service. Other specialist care services were available including a Physiotherapist, Podiatrist, Dietician and Speech pathologist.

Consumer’s care needs, and preferences were effectively communicated between staff and consumers receive the care needed. Care planning documentation contained adequate information to support effective and safe sharing of the consumer’s information when providing care. Consumers’ files demonstrated staff notified the consumer’s Medical officer and their representatives when the consumer experienced a change in condition, experienced a clinical incident, was transferred to or returned from hospital, or was ordered a change in medication. Staff confirmed they received up to date information about consumers at handover. Clinical and care staff described how information is shared when changes occur through meetings, handover and how changes are documented in consumers progress notes.

Care planning documents demonstrated input from other health services. Referrals where needed, include speech pathology, physiotherapy, podiatry and specialist dementia services. Consumers had access to a Medical officer, and other health professionals, when they needed it. Staff described how the input of other health professional informed care and services. The service used a referral system to organise referrals. Consumers and representatives confirmed referrals were timely, appropriate and occurred when needed and the consumer had access to relevant health professionals, such as allied health practitioners and medical specialists.

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

Antibiotics were typically commenced following a confirmed pathology result to ensure its appropriateness and antiviral medication was available if required. The service had policies and procedures to support the minimisation of infection related risks and promotion of antimicrobial stewardship.

This Standard is Compliant, as all seven Requirements are Compliant.

# Standard 4

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

Findings

Consumers advised the service promoted their independence and encouraged them to participate in activities that reflected their lifestyle and interests. Staff demonstrated accurate knowledge of consumer’s needs, goals and preferences on lifestyle activities including levels of support they require. Care planning documentation contained information on consumers’ interests, activity preferences and detailed strategies to support their choice, daily living, wellbeing, and service delivery. A review of consumer meeting minutes, lifestyle programs and newsletters demonstrated consumers were engaged in a broad variety of activities and events with their input into the creation of lifestyle plans valued.

Consumers were engaged in activities which supported their emotional, spiritual, and psychological wellbeing. Lifestyle staff consulted with consumers individually to determine how they wished to celebrate days that were meaningful to their culture, religion, and personal preferences. Staff described how they identified when a consumer was feeling low and the steps, they took to support them. Staff demonstrated accurate and current cultural awareness around individual consumers and described how they supported their emotional, spiritual, and psychological wellbeing. Care planning documentation contained detailed information on preferences and support strategies to ensure the safety of consumers wellbeing is maintained.

Consumers were encouraged and supported by the service to engage in and maintain activities important to them both internal and external to the service. Staff had an accurate and current understanding of consumers’ individual interests including activities they attended and were observed to be following up on consumers if they noticed they did not attend their usual activities. Consumers expressed how they were supported to maintain relationships with those who were important to them and continued doing things of interest. Care planning documentation reflected information on consumers’ participation in external activities, social and personal relationships, and things of interest to them. Daily activity calendars were observed in common areas and in individual rooms, activities occurred regularly and were of a wide variety.

Consumers confirmed staff understood their care needs, preferences and were confident their families were kept up to date on their condition as required. Lifestyle staff had processes in place to communicate required information between the service and external organisations where responsibilities were shared. Documentation was individualised and included information around organisations where care was shared, lifestyle preferences and condition changes. Staff utilised handover, electronic care management system, and management communication to remain informed of consumer care and service changes.

The service demonstrated prompt and appropriate referrals to other services to meet the needs of consumers. The service demonstrated its strong relationships with external organisations utilised to assist consumers with complex needs. Staff were continually consulting with both consumers and organisations to ensure referrals could be made quickly and appropriately. Consumers felt comfortable to reach out to lifestyle and care staff if they require further support or services. Lifestyle staff evidenced multiple occasions of referring consumers to chaplains, counsellors, and other support services after they entered the service with mental health concerns and limited social connections.

Consumers and representatives confirmed the meals provided at the service were as per the consumer’s preferences and their dietary requirements. Kitchen staff participated in regular consultation with consumers to design and innovate a menu which was both of suitable quality and quantity. Meals were developed in conjunction with dietitians, Speech pathologists and other allied health organisations as required. Consumers discussed how their feedback was accepted and actioned by kitchen staff and how the service was willing to cater for any preferences they had. Alternative options were available for each meal including for vegetarians and vegans. Consumers expressed their gratitude toward kitchen management for always providing ‘home-like’ meals. Menus are four-week rotational changing bi-annually or as required and contain a variety of dishes.

Equipment around the service was observed to be clean, maintained, and safe for consumer use. Consumers and representatives advised the service provided cleaning and maintenance of equipment and personal furniture as required. Staff explained the process of lodging a maintenance request. Staff were satisfied with the amount of mobility and care equipment available throughout the service. Staff used regular and ‘as required’ maintenance tracked by an electronic system to ensure the maintenance occurred as needed. Staff and consumers confirmed maintenance staff were quick to respond to any requests or when a job was logged in the system.

This Standard is Compliant, as all seven Requirements are Compliant.

# Standard 5

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

Findings

The service was observed to be welcoming, with a simple lay out and easy-to-understand features that reflected consumers’ individual taste. Consumers felt welcome and at home, with private and communal areas available to use at their liking. Consumers’ rooms were personalised to their taste with their own furniture. The service was easy to navigate around and was suitable for people with varied mobility levels. Staff identified areas where consumers liked to spend their time to enhance their belonging and independence. Consumers were observed outside in the communal garden enjoying a weekly high tea arranged by lifestyle staff.

Consumers and representatives advised they were satisfied with the frequency and quality of cleaning provided both to the consumers’ rooms and communal areas. Carpet and furnishings were observed to be clean and in good condition, the service’s housekeeping staff conducted regular inspections on high use areas. Processes were in place to ensure cleaning was completed correctly and to schedule. Consumers were aware of who they could contact if they felt they needed extra cleaning services but could not recall a time when this was required. Consumers were observed accessing outdoor areas unimpeded. Consumers and visitors were observed to have freedom of movement without the assistance of staff.

Furniture and fittings were observed to be clean, well maintained, and safe for use. Maintenance conducted regular scheduled inspections and repair as required. Staff described how they electronically log repair jobs which alerted the maintenance officers, maintenance requests were responded to in a timely manner. The maintenance team has processes in place to expedite priority jobs that posed a risk to consumers and staff. Furniture was comfortable and suitable for consumer needs and was observed to be in abundance around the service. Consumers and representatives said the service was willing to repair any personal furniture and belongings that may require repairs. Consumers were confident to ask the staff if repairs needed to be arranged. Staff were observed inspecting and cleaning shared equipment between uses and before returning to respective storage areas.

This Standard is Compliant, as all three Requirements are Compliant.

# Standard 6

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

Findings

Consumers and representatives felt encouraged, safe and supported to provide feedback and make complaints and described the various methods available to do so. Staff described methods they used to encourage and support consumers and representatives to provide feedback and make complaints. Methods included, providing a copy of the feedback form and assisting the consumer to complete the form if requested. Feedback and complaints forms were observed in common areas of the service and available in a range of languages.

Consumers, representatives and staff demonstrated an awareness of the internal and external avenues available for consumers to access advocates and translation services. Consumers and representatives were aware of making complaints to the Aged Care Quality and Safety Commission and accessing advocacy services, such as those provided through the Older Persons Advocacy Network. Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues, and advocacy and translation services, available for consumers and representatives. Staff described how they would assist consumers who had a cognitive impairment or difficulty communicating to raise a complaint or provide feedback. Methods included, assisting them in completing a feedback form, utilising multi-lingual staff, using communication aids and contacting the consumer’s representative for assistance. The service had posters promoting external complaints mechanisms, including advocacy services. The consumer handbook included information regarding internal and external complaints agencies to inform consumers and representatives of the complaints processes available to them.

Appropriate and timely action was taken in response to complaints, and an open disclosure process was applied when things went wrong. Management and staff had a shared understanding of the process which was followed when feedback or a complaint was received. Staff confirmed, if consumers/representatives were to raise an issue with them directly, they would promptly inform the Registered nurse or management to follow up with an investigation and apply remedial actions. The service had a suite of documented policies and procedures which guided staff in documenting, investigating, resolving and evaluating feedback and complaints.

Consumers and representatives expressed confidence the service used feedback and complaints to improve the quality of care and services and confirmed consumer involvement in improvements. Trends, complaints, feedback and concerns were monitored electronically, and feedback and complaints raised by consumers and representatives was used to inform continuous improvement activities across the service which were documented under the Plan for continuous improvement.

The service captured written feedback and complaints via a complaint register. Management and staff provided examples of how feedback and complaints were used to improve the quality of care and services. For example, in response to consumer feedback regarding the quality of the food, the service implemented a food and catering meeting every six weeks, for consumers to provide feedback and input into the menu.

This Standard is Compliant, as all four Requirements are Compliant.

# Standard 7

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

Findings

The service had systems in place to ensure staff numbers were adequate with the right mix of skills to deliver care and services to consumers. Management used a proactive approach with anticipated absences, for example, COVID-19 outbreaks to avoid staff shortages. Consumers and representatives confirmed staff were available when needed and attended quickly in response to call bells. Staff provided feedback there were adequate staff to provide care and services in accordance with consumers’ needs and preferences and staff had enough time to undertake their allocated tasks and responsibilities.

The service’s workforce demonstrated an understanding of how to provide care to consumers which was kind, caring and respectful. Management and staff confirmed training in dignity and respect had been completed. Consumers and representatives provided positive feedback in relation to workforce interactions and confirmed staff were kind, caring and treated consumers well. Management sought feedback from consumers and representatives through quarterly audits to monitor staff behaviour and to ensure interactions between staff and consumers met the organisation’s expectations.

Consumers and representatives stated the service had qualified staff with the knowledge and skills to provide care and services to meet consumers’ needs and preferences. Staff sampled reported they understand the expectations and responsibilities of their role. Staff said they were provided with the support and training needed to perform their tasks and management was approachable and responsive. Staff competency was determined through skills assessments and was monitored through performance assessments, consumer and representative feedback, audits, surveys and reviews of clinical records and care delivery.

There were systems in place for monitoring and overseeing the training and development of the workforce. Management provided staff with additional training when the need was identified. New staff received an induction and training on specific mandatory topics through the service’s online training system. Staff had six weeks to complete the online training modules and a review of mandatory training records confirmed staff were current with the service’s mandatory training requirements. Management developed a monthly training calendar and identified training needs through consumer and staff feedback, clinical incidents, clinical indicators and when refreshing training was required.

Staff confirmed they had undergone regular performance reviews which involved feedback from their supervisors on their performance and an opportunity to identify areas for further improvement and training. Staff underwent reviews regularly with six-month performance reviews occurring. Staff performance was monitored through observations, audits, incidents and consumer and representative feedback. Any issues in performance identified through these monitoring mechanisms were addressed immediately through discussions with staff and by providing additional training.

This Standard is Compliant, as all five Requirements are Compliant.

# Standard 8

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

Findings

Consumers were supported to be engaged in the development, delivery and evaluation of care and services. Consumers participated in the organisation’s Consumer Experience Survey in October 2022, where 60% of the consumers said they were involved in the development, delivery, review and improvements of the care and services at the service. The service conducted bi-monthly consumer meetings, regular surveys and provided feedback forms to engage consumers and solicit feedback.

The service demonstrated how the organisation’s governing body promoted a culture of safe, inclusive and quality care. The organisation’s governance framework identified a leadership structure with the governing body holding overall accountability for quality and safety. Consumers felt safe at the service.

Effective governance systems were in place and the organisation was accountable. Consumers and representatives were satisfied with the way information about care and services was managed and how the information was provided to them. Staff confirmed information was readily accessible within the organisation’s information management system to support them to undertake their role. Staff could access policies, procedures and training via the service’s electronic systems.

Opportunities for improvement were identified through a range of sources including but not limited to consumer and representative feedback, audit and survey results, clinical indicator trends and critical incident data. The service’s Plan for continuous improvement identified planned and completed improvement actions in relation to various areas of care and service delivery.

The Service manager and Regional General manager prepared the annual budget with the financial team, with forecasting for approval by the Board which included workforce review and consideration of capital planning and purchase as well as capability development and quality improvement investments. The Service manager had a delegated authority for purchase approvals and could access additional funds to meet the needs of consumers via further approvals through the Regional General manager if required. Examples of recent purchases made via this process included a pressure relieving mattress for a bariatric bed and sensor mats.

The service had a workforce governance framework in place to ensure staff were skilled and qualified to provide safe, respectful and quality care and services to consumers. The service had a permanent clinical nurse, who was supported by registered staff 24 hours per day. The organisation was restructured in 2022 to now include clinical governance positions, including a Regional General manager and Executive manager Clinical governance.

Industry standards and guidelines were monitored through subscriptions to various legislative services and peak bodies. Information in relation to regulatory changes such as the introduction of the serious incident response scheme and changes to restrictive practices was circulated to staff via electronic mail messages, meetings and dissemination of policies and training. Review of the service’s incident documentation identified the service reported incidents within the scope of the serious incident response scheme correctly and as per required timeframes. Information was shared with consumers and representatives regarding the Site audit in compliance with its regulatory obligations.

The service had processes for managing and responding to feedback and complaints. The Service manager and the clinical nurse were responsible for ensuring the complaints resolution process occurred and appropriate action was taken, this was documented and reported to the Regional General manager.

The organisation had a clinical governance framework and policy which directed the service on how to manage high impact and high prevalence risks, respond to abuse and neglect, support consumer choice and decision-making and report and manage incidents. Staff were aware of these policies and described what they meant for them in a practical way. The service had policies and procedures in relation to incident reporting which captured types of incidents to report under the serious incident response scheme and reporting timeframes. The service conducted mandatory training for all staff via its online training system. Staff demonstrated an understanding of the serious incident response scheme, incident reporting and escalation processes at the service.

The service provided a documented clinical governance framework which outlined the core elements of effective clinical governance and policies relating to antimicrobial stewardship, minimising restrictive practices and open disclosure. Staff described examples of antimicrobial stewardship, minimising restrictive practices and open disclosure. Staff completed training in minimising restrictive practices, alternative strategies to restrictive practices and open disclosure. The clinical governance framework included oversight and accountability of the Service manager to the Regional General manager and the Board through weekly and monthly meetings and reporting.

This Standard is Compliant, as all five Requirements are Compliant.

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