Performance

Report

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| Name: | Brightwater Madeley |
| Commission ID: | 7272 |
| Address: | 95 Imperial Circuit, MADELEY, Western Australia, 6065 |
| Activity type: | Site Audit |
| Activity date: | 13 February 2024 to 15 February 2024 |
| Performance report date: | 13 March 2024 |
| Service included in this assessment: | Provider: 260 Brightwater Care Group Limited  Service: 5593 Brightwater Madeley |

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 Brightwater Madeley (**the service**) has been prepared by M Glenn, 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.

# 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 consumers, representatives, staff, management and others;
* the provider’s response to the assessment team’s report received 26 February 2024; and
* a performance report dated 22 March 2023 for a site audit undertaken from 31 January 2023 to 3 February 2023.

# 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**

**Requirement (3)(a)** was found non-compliant following a site audit undertaken in January/February 2023 as not all staff always treated consumers with dignity and respect. In response, the service implemented a range of actions to address the non-compliance, including, but not limited to, updating all meeting agendas to include dignity and choice as a standing item; providing education to staff on dignity; and reviewing consumers’ care plan profiles to ensure their identity and diversity is known by staff.

In relation to all requirements in this Standard, all consumers interviewed feel treated with dignity and respect, their culture, identity and diversity is valued and staff know them very well and provide care the way they like. A range of documentation shows consumer dignity, choice and respect has been a recent focus for the service, and management and staff demonstrated they have taken time to get to know consumers well, describing consumers’ preferences, and how they afford dignity and respect. Care files include personalised information about each consumer to ensure care and services are provided in a way that respects their cultural identity and consumers’ religious or cultural needs and preferences are accommodated. Staff showed an understanding of consumers’ personal history, likes, needs, goals and preferences, which aligned with care plan documentation and consumer feedback.

Consumers said they can make decisions about how and when they would like care delivered, and who is involved in the decision-making process. All staff interviewed described sampled consumers’ preferences, how they like care and services provided, who is important to them and provided examples of how they support consumers to maintain their independence.

Consumers said they can make choices about how they live their lives and are supported by the service. Where consumers are identified as partaking in activities which include an element of risk, risk assessments are completed and include understanding consumer choice, and identifying risks and strategies to assist consumers to maintain their well-being and safety.

Consumers and representatives said they are provided information to them to help them make choices about personal and clinical care, activities consumers wish to participate in, and how to provide feedback. Information is provided through a range of avenues, including meeting forums, activity planners, noticeboards and television displays. There are processes to ensure consumers’ privacy is respected and personal information is kept confidential.

For the reasons detailed above, I find all requirements in Standard 1 Consumer dignity and choice 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

A range of assessments are completed on entry and on an ongoing basis, with information gathered used to develop detailed, individualised care plans. Risks to consumers’ safety, health and well-being are clearly identified and appropriately assessed, with involvement of allied health professionals, as required, and detailed strategies to reduce risks are included in care plans. All representatives said they receive regular contact from clinical management and staff and are encouraged to be involved in discussions relating to care planning and identification of risks.

Consumers and representatives know they can discuss consumers’ current needs and preferences with staff and are comfortable to discuss end of life care when they wish. Consumers’ needs, goals, and preferences are assessed on entry and include the use of an admissions checklist, validated assessment tools and an interview with the consumer and representative, where applicable. Staff and management described processes for discussing advance care and end of life planning, including respecting cultural appropriateness and consumers’ individual comfort level. Care files show comprehensive documentation of consumer wishes or staff are required to refer to consumers and/or representatives when a consumer is approaching the need for end of life care.

Consumers and representatives said the service involves them and others they nominate in assessing and planning consumers’ care. Staff ensure consumer consent is provided when partnering with other health providers. Consumer and representative meetings are held where care plans and the outcome of assessments are reviewed and discussed, and review dates show these meetings are held during the initial admission process, annually or when a change in the consumer’s condition occurs. Care files evidence regular communication between general practitioners, clinical staff, consumers and representatives. All consumers and representatives are satisfied staff keep them informed of the outcome of any assessments and whenever changes occur in the way care is to be delivered to consumers.

Care plans are updated when there is a decline or change in health status, when incidents occur, following discharge from hospital, or when there are changes in consumers’ preference. A client of the day assessment is undertaken monthly for all consumers and considers both personal and clinical care requirements. The assessment assists to monitor consumers for any changes to health and well-being, with assessment outcomes reported to clinical staff for consideration and review with any required actions implemented as needed.

For the reasons detailed above, I find all requirements in Standard 2 Ongoing assessment and planning with consumers 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

**Requirements (3)(a), (3)(b), (3)(d), (3)(e) and (3)(f)** were found non-compliant following a site audit undertaken in January/February 2023 as each consumer had not been provided with safe and effective personal and/or clinical care that was best practice, tailored to their needs and optimised their health and well-being; high impact or high prevalence risks associated pain and changes in health condition were not effectively managed; changes in consumers’ clinical condition was not recognised or responded to in timely manner; consumers’ condition, needs and preferences were not always effectively documented or communicated; and timely and appropriate referrals to other providers of care and services did not always occur.

In response to the non-compliance, the service implemented a range of actions to address the non-compliance, including, but not limited to, implementing a new leadership model to support the clinical team and care staff; establishment of a clinical lead in each wing of the service to provide clinical oversight and leadership support; implementing regular pain assessments for all consumers; adding pain management as a standing item to clinical staff meetings; reviewing and implementing pain and falls prevention pathways; allocating a dedicated clinical lead to each wing to improve assessment and identification of risk; reviewing handover documentation and including consumer photographs, individualised risks, and any specific or complex care requirements; and providing education to staff on referral processes and escalation of care pathway.

In relation to all requirements in this Standard, consumers were found to receive safe and effective personal and clinical care that is tailored to their needs and optimises their health and well-being. Care files demonstrate care provided aligns with best practice, where applicable, and with the service’s policies and procedures. There are effective systems and processes to identify and manage high impact high prevalence risks related to consumers’ care, including medications, diabetes, pain, falls and skin integrity/wounds. Care files also evidence involvement of general practitioners and allied health professionals in assessment and planning of consumers’ personal and clinical care needs, including risks. Clinical staff follow best practice guidelines and apply measures to mitigate the level of risk to consumers, whilst supporting their independence and self determination to make their own choices. Consumers and representatives said staff undertake appropriate actions to assess/reassess and review consumers’ needs when completing the risk assessment process following an incident and in response to a change in care needs.

Consumers and representatives feel confident that when consumers need end of life, staff will support their needs. Clinical staff work collaboratively with general practitioners, allied health professionals, and the palliative care team to ensure the needs, goals and preferences of consumers nearing end of life are recognised and addressed, their comfort maximised, and dignity preserved. A care file for a consumer who had recently passed away shows the consumer’s palliative care requests were updated when their health status declined. Care planning documentation reflected the consumer’s preferences and included an end of life pathway which had been prepared by the service’s multidisciplinary team to enable staff to meet the consumer’s wishes. The consumer and family were supported by the general practitioner, and measures to ensure the consumer remained comfortable and pain free were implemented. The representative was very thankful for the excellent care provided to the consumer, stating the team went above and beyond and provided for the consumer’s physical and psychological needs, ensured they remained comfortable, and their dignity was maintained.

Care files demonstrated deterioration in a consumer’s condition is identified promptly, and where required, timely referrals to general practitioners and/or allied health professionals are initiated. Staff and management described signs and symptoms of consumers whose condition had deteriorated, or when their care needs had changed, as well as monitoring, assessment, escalation and referral processes. There are processes to ensure information about consumers’ condition, needs and preferences is documented and communicated within the service and with others where responsibility for care is shared. Consumers and representatives said staff know consumers well and they feel confident staff would identify and respond if there was a change in their condition.

All consumers are confident staff take appropriate measures to reduce the risk of infection. Risk of infection is minimised through implementing standard and transmission-based precautions to prevent and control infections, and a policy document outlines how appropriate antibiotic prescribing and use is promoted to reduce the risk of increasing antimicrobial resistance. A care file for one consumer shows they were appropriately reviewed by the service and general practitioner, with antibiotic therapy ceased following a negative microscopy, culture and sensitivity test result. Staff described how they reduce the risk of transmission and prevent   
  
infections by ensuring they maintain appropriate use of standard precautions and, where appropriate, personal protective equipment.

For the reasons detailed above, I find all requirements in Standard 3 Personal care and clinical care compliant.

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# 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

**Requirements (3)(c) and (3)(f)** were found non-compliant following a site audit undertaken in January/February 2023 as services and supports for daily living did not always support consumers to do things of interest of them; and meals provided were not always of suitable quality. In response, the service implemented a range of actions to address the non-compliance, including, but not limited to, reviewing the activity program and implementing a specific program for consumers living with advanced dementia; implementing stronger systems to review, report and provide oversight of activity tracking data enabling issues with consumer engagement to be identified and followed up in a timelier way; involvement at an organisational level to review and address consumer feedback about food; and providing training and education to staff in delivering a high-quality dining experience.

In relation to all requirements in this Standard, over the past 12 months, a comprehensive functional assessment and evaluation process has been implemented and care files include individualised goal setting and personalised intervention plans focused on optimising consumers’ physical function and well-being. The therapy team have embedded a coordinated program of individualised therapeutic intervention, with increased oversight from the regional allied heath manager, aimed at ensuring all consumers receive tailored support with daily living activities. A six-week, evidence based, strength and balance group program has been implemented aimed at optimising consumers’ functional mobility and independence and to reduce falls. Evidence-based baseline and outcome measures are used to monitor and evaluate consumers’ progress and to demonstrate the effectiveness of the therapy intervention in supporting consumers to optimise their functional independence.

Consumers said staff are kind and support them when they feel down. Care files include a personal profile identifying consumers who take comfort in attending religious and spiritual services and show staff deliver compassionate care to consumers to support their emotional and psychological well-being. Staff described how consumers are assessed and referred for appropriate emotional and psychological support services when required.

Consumers and representatives are satisfied with the range and frequency of activities available and the support consumers receive to maintain community connections. There is a weekly group activity program which includes a range of physical, social and cognitive activities. An assessment of each consumer’s leisure and lifestyle interests is completed to ensure activities are coordinated to match their preferences. The service captures, regularly reviews and reports on attendance at activities to pro-actively identify if and when a consumer’s level of engagement changes, with appropriate actions implemented in response.

Information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility for care is shared and, where required, there are processes to ensure appropriate and timely referrals are initiated. Care staff described how they are kept up to date with consumers’ changing needs and preferences, and consumers and representatives described how input from organisations and other providers assists consumers to manage daily living tasks.

Consumers said they have seen improvements in the meals, and whilst there are still times the food is not to their liking, they are generally satisfied meals are varied and of suitable quality and quantity. Management said there has been a focus on addressing consumers’ feedback relating to food and providing training to staff about food choices and the dining experience. Staff described the dietary requirements of consumers they provide care to and were observed offering alternative choices to consumers where required.

There are processes to ensure equipment, required to support delivery of services, is clean, safe and suitable for consumer use, including through preventative and reactive maintenance processes. Allied health professionals conduct individual assessments to ensure consumers receive equipment that is suitable for them and their individual needs.

For the reasons detailed above, I find all requirements in Standard 4 Services and supports for daily living 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 environment is welcoming and easy to understand, and optimises consumers’ sense of belonging, independence, interaction and function. Communal and consumer rooms have large windows to allow for natural light, the environment is a comfortable temperature, and information signage is available to guide consumers and visitors through the service environment. Seating/resting stations have been set up in corridor areas to ensure consumers with different levels of mobility can navigate around and between wings safely by taking regular rests to prevent fatigue and falls. A large dedicated sensory room has been established in the memory support wing to support consumers who need quiet spaces to relax. All spaces are accessible and to consumers and there is a welcoming atmosphere throughout the whole service, and consumers and representatives said service feels like home.

The service environment is safe, clean, well maintained and comfortable and enables consumers to move freely, both indoors and outdoors. All wings have direct access to outside areas, with a café area by the main entrance. Communal and corridor areas are clean with plenty of space for consumers to move through. Cleaning is undertaken in line with a schedule and reactive and preventative maintenance processes, supported by contracted services, are in place. Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. All consumers and representatives said the service environment is always clean and well maintained. Consumers said they like being able to access the garden areas when they want and there is plenty of seating and shade making it comfortable.

Based on the assessment team’s report, I find all requirements in Standard 5 Organisation’s service environment 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

**Requirement (3)(c)** was found non-compliant following a site audit undertaken in January/February 2023 as appropriate action was not taken in response to complaints. In response, the service implemented a range of actions to address the non-compliance, including, but not limited to, providing training and education to staff to improve their ability to identify when consumers are raising issues that constitutes feedback and actions to be taken; and providing training to service management on the importance of speaking with the person providing feedback to check satisfaction with actions taken before closing the issue.

In relation to all requirements in this Standard, all consumers and representatives know how to make a complaint and feel confident to raise issues or ask someone to do this on their behalf if required. Regular feedback is actively sought from consumers, including through meeting forums, food focus groups, and regular surveys. Management walk the floor of the service daily and seek feedback directly from consumers, with concerns addressed directly or escalated. Staff described how they support consumers to provide feedback, including completing feedback forms on their behalf or escalating concerns to senior staff.

Consumers and representatives are aware of other methods of raising and resolving complaints, including external avenues. Contact details for external feedback organisations, including in languages other than English, are prominently publicised throughout the service, and documented in admission information and the service’s newsletter. For consumers with cultural or language barriers impacting understanding of information, staff use communication cards, speak in easy-to-understand language, engage interpreters, and seek out a staff member or cultural volunteer who speaks the consumer’s language or contact the consumer’s representative.

Consumers and representative said management apologise when things go wrong and work closely with them to ensure feedback is actioned and service improvements are identified and implemented based on their feedback. Policies and procedures guide staff practice in ensuring feedback provided is identified, captured, actioned, and reviewed, and feedback and complaints documentation shows opportunities for improvement are identified based on complaints data. Staff are aware of open disclosure principles and discussed how open disclosure is relevant to the complaints handling process, describing apologising to consumers when things go wrong or phoning representatives when an incident has occurred, such as a medication or fall incident. Consumers and representatives said they have seen improvements over the last 12 months and are satisfied with how the service listens to them and acts in response feedback.

Based on the assessment team’s report, I find all requirements in Standard 6 Feedback and complaints 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

**Requirements (3)(b) and (3)(d)** were found non-compliant following a site audit undertaken in January/February 2023 as workforce interactions with consumers were not always kind, caring or respectful; and key personnel had not been supported with relevant training to support them to effectively undertake their role. In response, the service implemented a range of actions to address the non-compliance, including, but not limited to, implementing night staff clinical and staff meetings to ensure expectations of staff are clear, and night staff are included in the governance structures; providing education and support to staff on person centred, value driven care and services and a focus on improvements in service culture; and providing education to staff on the new quality management system, including incident management and root cause analysis.

In relation to all requirements in this Standard, consumers and representatives complimented staff on their caring, kind and respectful interactions, and said while staff work hard and are obviously busy, there is no adverse impact to consumers. Consumers do not have to wait too long for help, personal and clinical care needs are met, they can do activities of their choice, and they have appropriate level of meal assistance and service. A master roster is maintained and is continually reviewed to ensure consumer needs are met, and feedback is considered when reviewing staff allocations. Documentation shows shifts are filled predominately with regular staff, and casual and agency staff are utilised when required. The service meets the 200 nursing minutes required, and a clinical nurse is also rostered on the weekend to ensure senior clinical care and support is available. Most staff feel they have sufficient time to undertake their duties, provide a good standard of safe, quality care and can call on other staff for assistance if required.

Recruitment, onboarding and induction processes ensure staff are competent to perform the roles they are engaged for and training and monitoring processes ensure ongoing competency and knowledge. There are processes to ensure staff engaged by the service have the appropriate levels of knowledge and skills, including appropriate qualifications and registrations for clinical staff, certification for care staff and medication competencies completed for staff administering medication. Consumers and representatives expressed improvements in and confidence with the leadership of the clinical manager and clinical nurses and said they have noticed improvements in the competency of staff and quality of care and services provided.

Consumers and representatives consider staff to be qualified, well trained, and equipped to provide safe care and services. Staff are required to complete mandatory training components, and further opportunities for education and training are identified through observation of staff practice, feedback processes, audit results, clinical indicator analyses, incidents, performance appraisals and changes to industry and regulatory requirements. Formal performance assessment of staff is undertaken at regular intervals, including through the probation process, annually and in response to feedback, observations and incidents. The clinical leadership team monitor staff practice on an ongoing basis through having a regular, active presence on the floor to observe staff practice. Performance concerns are addressed through offering additional support and learning opportunities, and through the performance assessment and planning process.

Based on the assessment team’s report, I find all requirements in Standard 7 Human resources 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

**Requirements (3)(b) and (3)(d)** were found non-compliant following a site audit undertaken in January/February 2023 as the governing body was not promoting a culture of safe, inclusive and quality care and services and was accountable for their delivery; and an effective risk management system and practices relating to identifying and responding to abuse and neglect of consumers and managing and preventing incidents, including the use of an incident management system were not used. In response, the service implemented a range of actions to address the non-compliance, including, but not limited to, introducing a quality management system, including improvements to the incident management system; providing staff dedicated clinical support from the central advisor and education; and providing training to staff in relation to root cause analysis and incident management.

In relation to all requirements in this Standard, consumers and representatives were found to be engaged in the development, delivery and evaluation of care and services through various avenues, including meeting forums, focus groups, feedback mechanisms and surveys. A consumer has been invited to become a member of the organisation’s consumer advisory group to ensure consumer voice and engagement at an organisational level.

The organisation is governed by a Board, and there are effective systems, including various meeting forums, to communicate information from the governing body, through the organisation, to service management, service staff, consumers, and representatives. All consumers and representatives interviewed, including several who had previously expressed dissatisfaction with the way the service was run said they can see a change, they are confident in the clinical leadership team, core staff, and management and there have been definite improvements in the standard of clinical care, communication, the culture of the service and the skills, knowledge and attitude of staff.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the governing body is aware and accountable for the delivery of services. Effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. A clinical governance framework, supported by policies and procedures, guides staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

Based on the assessment team’s report, I find all requirements in Standard 8 Organisational governance complaint.

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)