Performance

Report

**1800 951 822**

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| Name of service: | Brightwater Onslow Gardens |
| Service address: | 39 Hamersley Road SUBIACO WA 6008 |
| Commission ID: | 7401 |
| Approved provider: | Brightwater Care Group Limited |
| Activity type: | Site Audit |
| Activity date: | 1 February 2023 to 3 February 2023 |
| Performance report date: | 15 March 2023 |

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 Onslow Gardens (**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.

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 consumers, representatives, staff, management and others; and
* the provider’s response to the Assessment Team’s report received 24 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 | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 4 Requirement (3)(b)**

* Ensure staff have the skills and knowledge to identify, assess, review and monitor each consumer’s emotional and psychological well-being needs and preferences.

**Standard 8 Requirement (3)(d)**

* Review the organisation’s risk management processes in relation to managing and preventing incidents. Specifically, reporting/documenting processes for alleged incidents involving staff, and processes relating to involvement of consumers and/or representatives in the resolution process.
* Ensure policies, procedures and guidelines in relation to managing and preventing incidents are effectively communicated and understood by staff.
* Monitor staff compliance with the service’s policies, procedures and guidelines in relation to managing and preventing incidents.

# 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 sampled said they are treated with dignity and respect and their diversity and culture is valued. Care files sampled were personalised and included information about consumers’ social, cultural, language, religious and other needs. Staff were observed to be respectful in their interactions with consumers and overall, consumers were satisfied with the manner displayed by staff.

Care files identified consumers’ cultural needs and preferences, such as wishes to attend religious services or participate in celebratory days, and this was reflected in the delivery of care. Staff were familiar with consumers’ cultural needs and described how these aspects influence day-to-day care provided to consumers. Consumers and representatives confirmed staff understand consumers’ culture and values, are aware of their needs and preferences and enable them to feel respected, valued and safe.

Consumers’ cultural safety needs are assessed on entry and on an ongoing basis, and management regularly consults with consumers to identify how the service can improve the delivery of culturally safe care and services. The organisation provides ongoing training to enable staff to understand what culturally safe care is and how it can be delivered to meet the individual needs of consumers. All consumers said staff support them to maintain contact with family and community which in turn helps them to maintain links to their culture, beliefs, and practices.

Most consumers sampled felt supported to exercise choice and independence in relation to daily routines, and said staff support them to maintain their independence. Staff described how they engage consumers and representatives in making informed choices about care and services, and care files included information about consumers’ preferences, such as sleep routines, activities and social relationships.

There are processes to support consumers to take risks to enable them to live the best life they can. For consumers who partake in activities which include an element of risk, care files demonstrated risk assessments and/or dignity of risk forms and assessments are completed, in line with the service’s processes. Staff were knowledgeable about consumers who partake in activities which include an element of risk and described how they support them to do so. Consumers said they are supported to undertake risks and do not feel restricted in what they wish to do.

Consumers and representatives were satisfied they are provided information in a timely manner. Information is provided through a range of avenues, including meeting forums, activity calendars and menus. There are processes to ensure consumers’ privacy is respected and personal information is kept confidential.

Based on the Assessment Team’s report, 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

Care files sampled demonstrated a range of assessments which consider personal, clinical and lifestyle aspects of care are completed on entry in line with a 28-day admission checklist and on an ongoing basis. A range of validated risk assessment tools are also used to inform care planning. Information gathered through assessment processes is used to develop a care plan which incorporates each consumer’s needs, preferences, goals and identified risks. Staff described care planning processes and how it informs the delivery of consumers’ care and services. Consumers and representatives were satisfied with the care consumers receive.

Care files identify and address consumers’ current needs, goals and preferences, including in relation to advance care planning and end of life planning. Discussions in relation to advance care planning and end of life planning are undertaken with consumers and/or representatives on entry and on an ongoing basis through family meetings.

Clinical staff described how consumers and representatives participate and contribute to assessment and care planning processes on entry and on an ongoing basis. Care files sampled confirmed consumers and their representatives are involved in assessments and planning of care and services and there was evidence of involvement from General practitioners and Allied health professionals in consumers’ care. Overall, consumers were happy with their own and their family members involvement with assessment and care planning processes.

There are processes to ensure the outcomes of assessment and planning are communicated to consumers, staff and others and documented in a care plan which is readily available to staff to guide provision of care and services and to consumers. Care plans are discussed with consumers and/or representatives on entry, during team family meetings and on an ongoing basis. Consumers and representatives sampled stated they either had seen a copy of the care plan or the service had discussed consumers’ care and services with them.

Care and services were found to have been regularly reviewed and there was regular communication and ongoing reviews by the clinical and allied health team. Where a change in consumers’ health status is identified, assessments are initiated and changes to care and service needs are documented in care plans and communicated to staff through handover processes. Changes to care plans are discussed with the consumer, where applicable, and communicated to the representative. Staff confirmed care plans are reviewed annually, following incidents, and in response to changes in a consumer’s health status.

Based on the Assessment Team’s report, 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

Consumers receive safe and effective personal and clinical care that is best practice, tailored to their needs, and optimises their health and well-being. Consumers and representatives were satisfied consumers receive personal and clinical care that supports their health and well-being, including care provided to manage pain, pressure injuries and specialised nursing care needs. Care files and feedback from staff demonstrated appropriate management of specific aspects of clinical care, including wounds, pain, restrictive practices and specialised nursing care needs. Staff described how they ensure consumers are receiving care that is tailored, safe and effective, referencing sampled consumers’ individual care needs.

High impact or high prevalence risks associated with the care of consumers are identified through assessment processes and management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files demonstrated appropriate assessment and management strategies to mitigate risks relating to falls, diabetes and pressure injuries. Staff demonstrated an awareness of the high impact or high prevalence risks for consumers sampled and described strategies to mitigate the risks. Consumers and representatives indicated consumers feel staff provide care that is safe and right for them.

Care files demonstrated the needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. A care file for a consumer demonstrated a palliative advance care plan conference record and an advance care order was implemented in consultation with the consumer’s representative in response to the consumer’s deteriorating condition. Involvement of palliative care specialists was also evidenced. The consumer was observed by the Assessment Team to appear comfortable and the consumer stated they were satisfied with the way staff were looking after them and managing their pain. Staff were able to describe the care they provide to consumers when they enter the end of life phase, including regular repositioning and pain relief to ensure comfort is maintained.

Where changes to consumers’ health are identified, care files demonstrated prompt recognition and response, including referrals to general practitioners and/or allied health professionals. Where changes to consumers’ care and service needs occur, there are processes to ensure these are communicated to staff and care plans updated to reflect the changes. Staff demonstrated an understanding of their roles and responsibilities where deterioration in a consumers’ condition is identified and consumers and representatives said the service responds well to a change or deterioration in consumers’ condition, health or ability.

The service demonstrated effective processes, policies and procedures to minimise infection related risks and to support appropriate use of antibiotics through best practice. Staff were observed applying appropriate infection control practices and described practical ways to minimise use of antibiotics. An infection prevention and control lead, who has completed relevant infection control training, is in place. Consumers and representatives were satisfied with the current measures in place to minimise the spread of COVID-19 and other infections.

Based on the Assessment Team’s report, I find all Requirements in Standard 3 Personal care and clinical care 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. | Non-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

The Quality Standard is assessed as non-compliant as one of the seven specific Requirements has been assessed as non-compliant. The Assessment Team recommended Requirement (3)(b) in Standard 4 Services and supports for daily living not met.

**Requirement (3)(b)**

The Assessment Team were not satisfied supports for daily living promote each consumer’s emotional, and psychological well-being. The Assessment Team’s report provided the following evidence relevant to my finding:

* Consumer A was not assessed post reporting of an alleged incident in January 2023 to determine whether emotional and/or psychological supports were required to maintain their well-being.
* Consumer A told the Assessment Team they were frightened, did not feel safe, had trouble sleeping and was hesitant to leave their room following the incident.
* Assessments the service had conducted of Consumer A to ascertain their physical, emotional and psychological well-being post the reporting of the incident were unable to be located on the electronic system. There was also no evidence of staff monitoring Consumer A’s well-being in behaviour and well-being charts.
* Management advised behaviour and well-being charts had not been commenced as confidentiality of the investigation process relating to the incident had been compromised and staff were aware of the allegations.
* Management said staff were monitoring Consumer A ‘covertly’ as the family had requested no staff member was to discuss the incident with the consumer without the presence of a family member. Documented evidence to show this had occurred was not provided.
* It was noted the service had made an offer to refer Consumer A to specialist services following the family advising the service the consumer was anxious and frightened, however, it appears the family had not taken up the offer at the time of the Site Audit.
* The family stated they had lost confidence in the service’s management of Consumer A’s emotional and psychological well-being.

The provider’s response included commentary directly relating to the deficits identified in the Assessment Team’s report, as well as email correspondence between the service/organisation and Consumer A’s representative. The provider’s response included, but was not limited to:

* Consumer A’s activity documentation confirms their usual pattern of attendance and meal times have not altered during this period. This was also relayed to the guardian via email in January 2023. Additionally, Consumer A’s behaviours have not raised concern for the service or indicated additional supports may be required.
* The service has made several attempts to contact the guardian in support to offer specialist services. However, these attempts to seek consent for such services were not accepted and no response has been received from the guardian to date.
* The guardian issued the service strict instructions that they were not to discuss the reported incident with the consumer without them being present which has hindered the service’s ability to discuss Consumer A’s needs for support.

I acknowledge the provider’s response. However, this Requirement expects that services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. Based on the Assessment Team’s report and the provider’s response, I find the service did not demonstrate Consumer A was supported and provided with active services and/or supports to promote their psychological or emotional well-being following an alleged incident.

I acknowledge requests from representatives requesting staff not discuss the incident with Consumer A without family present and the service’s offer to the family of referral to specialist services. However, I have considered that this appears to have been to the detriment of Consumer A’s emotional and psychological well-being. Despite the consumer reporting an alleged incident, other than ‘covertly’ monitoring Consumer A, there was no indication the service had implemented processes, either through assessment, observation or one-to-one support, to formally monitor the consumer’s emotional and psychological well-being. I acknowledge the provider’s response indicating there has been no change in Consumer A’s usual pattern relating to activities and meal times. However, I have placed weight on feedback provided to the Assessment Team by Consumer A, approximately 30 days post the consumer informing staff of the alleged incident, indicating they were frightened, did not feel safe, had trouble sleeping and were hesitant to leave their room. As such, I find the service’s approach to promote each consumer’s emotional and psychological well-being has not been effective to ensure related risks are minimised.

As such, I find Requirement (3)(b) in Standard 4 Services and supports for daily living non-compliant.

In relation to all other Requirements in this Standard, the Assessment Team found consumers receive safe and effective services and supports for daily living which meet their needs, goals and preferences, and assists them to maintain their independence and well-being. Consumers are assessed by an occupational therapist on entry to determine supports and equipment requirements which align with consumers’ goals and to assist them to maintain their function, mobility, well-being and independence. Consumers are reassessed regularly and on an as needs basis. Where required, consumers are supported through one-to-one therapy sessions and/or provision of specialised equipment to enable them to maintain their independence and quality of life. Consumers provided examples of where they had been supported to maintain their independence and staff confirmed they aim to maximise consumer independence and well-being and refer consumers to appropriate allied health specialists, where necessary.

Each consumer is assessed on entry by the occupational therapist to ensure supports for daily living are in line with consumers’ needs and preferences. Care files sampled were reflective of consumers’ personal history, interests and relationships of importance, and aligned with feedback provided by consumers. The lifestyle program is developed based on consumers’ needs and interests and is regularly reviewed to ensure it meets the needs of consumers. Dedicated therapy staff provide a group activities program and one-to-one activities for consumers who prefer their own company, are more isolated, or unable to participate in group activities. Staff demonstrated familiarity with sampled consumers, describing what they liked to do and who was important to them. Consumers said staff support them to do activities of interest to them and to maintain relationships of importance.

Information about consumers’ conditions, needs and preferences is documented and communicated within the service and with others where responsibility is shared and, where required, there are processes to ensure appropriate and timely referrals are initiated. Care staff said they are updated on consumers’ changing condition, needs and preferences through handover processes and care plan documents. Overall, consumers said staff know their routines, how they like care provided, what they enjoy doing and know who is important to them.

Meals provided are varied and of suitable quality and quantity. Menus are set by the organisation, reviewed for nutritional adequacy and rotated seasonally. There are processes to identify consumers’ food preferences, allergies and intolerances, which were known by staff. Kitchen staff were knowledgeable about consumers’ food and nutrition preferences and were observed to obtain feedback from consumers about meal satisfaction, offering alternatives, and providing a welcoming dining experience. Customer experience surveys are used to understand consumer meal satisfaction and family group sessions and pilot projects are being used to improve meal satisfaction. Consumers provided mixed feedback in relation to meal quality and variety, however, all said the quantity is sufficient, there is a selection of alternative choices offered and they enjoy sitting with others in dining areas.

There are processes to ensure equipment, required to support delivery of services is clean, safe and suitable for consumer use. Care staff described how they maintain equipment following use and consumers said equipment is well maintained.

Based on the Assessment Team’s report, I find Requirements (3)(a), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) 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

Most consumers and representatives said the service environment makes consumers’ feel welcome and safe and it meets their needs The service is on one level with four houses, each with its own dining and lounge area and single rooms with ensuites. Communal areas in each house are spacious and furnished with neutral colours and seating was observed to be fit for purpose and arranged to facilitate connection with others. Consumers are encouraged to personalise their rooms.

The service environment was safe, clean, and well maintained with consumers able to move freely both indoors and outdoors. Outdoor areas were clean and paths well maintained and free of hazards. Internal corridors were clear of clutter and well-lit and the indoor environment was clean and odour free. Reactive and preventative maintenance, supported by contracted services, are in place and staff described how they report maintenance issues and hazards, in line with the service’s processes.

Furniture, fittings and equipment were observed to be safe, clean, well maintained and suitable for the consumer. Systems are in place to manage equipment maintenance and staff described processes for replacement of equipment. Consumers felt the furniture and equipment was safe.

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

Consumers and representatives said they are aware of how to make complaints and are encouraged to do so. Consumers and representatives are encouraged to provide feedback through a range of different avenues, including meeting forums, surveys, care planning processes and discussions with staff. Staff were aware of feedback processes and were observed asking consumers for feedback during lunch time service. Staff also indicated they escalate feedback to relevant areas, as required.

Consumers are provided with information about internal and external feedback and complaints mechanisms, advocacy and language services on entry and on an ongoing basis, including through meeting forums. Feedback forms and brochures were observed to be located throughout the service. Consumers and representatives said they mostly speak directly with staff in relation to issues, however, were knowledgeable about how to escalate concerns.

Overall, consumers and representatives said appropriate and timely action is taken in response to feedback and complaints. Policy and procedure documents are available to guide staff practice with regard to complaints management processes. Staff were aware of open disclosure principles and feedback and complaints documentation sampled demonstrated an open disclosure approach is applied when things go wrong. The service uses an electronic feedback management system to record and monitor feedback, including actions and remediation. Documentation sampled demonstrated feedback is being actioned and closed in line with the service’s process.

The service demonstrated how feedback and complaints are reviewed and used to identify and drive continuous improvement. Feedback and complaints are reviewed weekly, discussed at staff and management meetings and are used to drive improvements. Staff and management described improvements and ongoing initiatives relating to provision of care and services identified through feedback processes.

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

The service has processes to ensure the workforce is planned and the number and skills mix enables the delivery of quality care and services. Rosters and allocation sheets showed staffing levels and mix are planned and call bell monitoring processes demonstrated the majority of call bells are answered promptly. Most staff considered there were enough staff available to provide a good standard of care to consumers and staff were observed to attend to consumers promptly and in a calm and unrushed manner on most occasions. Consumers and representatives said overall, there are enough staff to care for consumers and their needs are met in a timely manner.

Most consumers and representatives said staff are kind, caring and respectful of consumers’ identity, culture and diversity and provide person-centred care. The organisation has a code of conduct which includes the values expected and the standard of care required to be provided by staff. Staff were observed engaging with consumers in a kind, caring and compassionate manner.

There are processes to ensure the workforce is competent and have the qualifications and knowledge to effectively perform their roles. Staff are recruited with appropriate qualifications to perform their designated role and are supported with ongoing training. New staff are required to complete an induction and orientation process, face-to-face and online training, and buddy shifts with experienced staff and staff are required to complete ongoing mandatory competency assessments, relevant to their roles. Consumers felt confident staff were skilled and able to provide care in a way that meets their needs.

The workforce is recruited, trained, equipped and supported to deliver the outcomes of these Standards. On commencement, staff complete a corporate orientation program which includes mandatory training. Opportunities for further 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. All staff said they attend regular training and feel equipped to perform their roles and consumers and representatives considered staff were qualified, well trained, and equipped to provide safe care and services.

The service has a staff performance framework which ensures staff performance is regularly assessed, monitored and reviewed. Performance appraisals are conducted formally following commencement of employment and annually thereafter. Monitoring and review of staff performance is ongoing, including through feedback processes, audits, incidents and observation of staff practice. Management support staff to improve performance, and where the need for improvement is identified, training takes place. There are processes to manage poor staff performance.

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. | Non-compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

The Quality Standard is assessed as non-compliant as one of the five specific Requirements has been assessed as non-compliant. The Assessment Team recommended Requirement (3)(d) in Standard 8 Organisational governance not met.

**Requirement (3)(d)**

The Assessment Team were not satisfied the service demonstrated effective management and prevention of incidents. The Assessment Team’s report provided the following evidence relevant to my finding:

* Consumer A made a report to staff in January 2023 relating to an alleged incident and requested a staff member not attend to them. A further report and allegations were made by Consumer A’s representative three days later. This incident was reported to in line with legislative requirements on the same day. However, incident forms had not been completed in line with the organisation’s incident policy and procedure documents for either of the alleged incidents.
* The report made to the Serious Incident Response Scheme (SIRS) indicated a care and clinical staff member did not immediately inform management, in line with the organisation’s incident management policy, of information provided to them by Consumer A of an alleged incident. The report indicates the manager was not informed until the following day.
* Consumer A’s progress notes, assessments, charts and forms did not include any mention of the incident, or evidence of assessments to ascertain Consumer A’s well-being or of monitoring of the consumer post the incidents.
* The investigation of the incident did not alert the organisation to review the consumer’s file to ensure assessments related to the consumer’s well-being were undertaken post incident and the consumer’s physical, psychological and emotional well-being were being supported by the service, and to ensure every effort had been made pre and post incident to maintain the consumer’s safety.
* Management advised, and the findings outlined on the investigation summary report confirmed the investigation into the incident had concluded. However, Consumer A and their representatives were not aware the investigation had concluded, nor the outcome.
* Consumer A indicated they were unaware of what had occurred after they had reported the incidents, including the outcome or actions taken by the service to maintain their safety.
* Representatives expressed dissatisfaction with the management of the incidents, including the investigation process, the family’s limited involvement throughout the process, and communication. The representative indicated the family had ‘lost confidence’ in the service’s capacity to manage the matter, and said the incident management process ‘lacked openness and transparency.’ The representatives also expressed concern they had not been made aware of the outcome of the investigation.

The provider’s response included commentary directly relating to the deficits identified in the Assessment Team’s report, as well as email correspondence between the service/organisation and Consumer A’s representative. The provider’s response included, but was not limited to:

* Only one incident occurred. When new information came to light three days after the initial report, additional action was taken (in response to the allegation).
* The gap in reporting of incidents in line with current policy and procedure is known and the decision was made not to include the report on the clinical record due to limitations within the clinical management system to maintain confidentiality.
* Incident management systems are being reviewed to provide a platform for all services to report allegations appropriately while maintaining confidentiality of staff. In the interim, instructions have been given to all sites relating to recording of incident reports.

I acknowledge the provider’s response. However, I find the organisation did not demonstrate effective risk management systems and practices in relation to managing and preventing incidents.

In coming to my finding, I have considered staff have not demonstrated an understanding and application of incident reporting and escalation processes or the organisation’s incident management policies and procedures. An allegation made by Consumer A was not reported immediately to management and an incident form was not completed, and while a SIRS report was initiated in response to further allegations made by Consumer A’s representative three days later, again, an incident form was not completed.

I acknowledge the provider’s response referencing confidentiality of information in relation to incident reporting. However, considering the nature of the allegations, if confidentiality of the reporting system is an issue, the service and organisation should have processes in place to ensure such incidents are captured through an alternative reporting process. This would ensure that all incidents are identified and analysed to assist to identify trends and opportunities for improvement and risks to consumers’ health and well-being are being minimised and/or eliminated.

In coming to my finding, I have also considered the service and/or organisation has not sought to ensure the alleged incident has been resolved in consultation with Consumer A and their representative. I have placed weight on feedback provided to the Assessment Team by Consumer A and their representatives indicating they have not received any communication from the service relating to actions taken in response to the allegations nor the outcome of the investigation process.

As such, I find Requirement (3)(d) in Standard 8 Organisational governance non-compliant.

In relation to all other Requirements in this Standard, the Assessment Team found consumers are engaged in the development, delivery and evaluation of care and services through feedback processes, care and service review processes, surveys and meeting forums. The majority of consumers and representatives said they are provided with opportunities to provide their views relating to care and services.

The governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. The organisation’s structure includes various committees relating to clinical governance, risk, compliance, and executive committees which meet with the Board and provide a wide range of information about the service’s performance. The Board are able to request additional information from the organisation and service to satisfy itself care and services are safe. Most consumers and representatives said consumers feel safe in the service and considered it to be well run.

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 Board is aware and accountable for the delivery of services.

A clinical governance framework is supported by policies and procedures to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Management and staff 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 Requirements (3)(a), (3)(b), (3)(c) and (3)(e) in Standard 8 Organisational governance 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)