Performance

Report

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| Name of service: | Bupa Mt Sheridan |
| Service address: | 40-48 Progress Road WHITE ROCK QLD 4870 |
| Commission ID: | 5721 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 1 November 2022 to 3 November 2022 |
| Performance report date: | 29 November 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 Bupa Mt Sheridan (**the service**) has been prepared by S Turner, 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
* the provider’s response to the assessment team’s report received 21 November 2022, accepting the Assessment Team’s findings.
* the service’s plan for continuous improvement dated 5 May 2021.

# 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

This Quality Standard is compliant as six of six requirements have been found compliant.

Consumers and representatives said consumers are treated with dignity and respect, are encouraged to maintain their identity and are supported to make informed decisions about their care and services. Consumers and representatives could provide examples of how staff deliver care that is consistent with their cultural traditions. Consumers said that the service regularly provides them with information on events that are occurring and that they receive regular updates for example COVID-19 information. They said that the information is easy to read and to understand and if clarification is required that staff will provide them with assistance.

Consumers were satisfied that their personal information is secured and described the way staff protect their privacy when delivering care. Staff were mindful of closing doors and pulling curtains and blinds to ensure the consumer feels comfortable prior to commencing any care related activity. When not in use, computers were observed to be closed with no consumer information visible. Staff were observed by the Assessment Team knocking on consumers’ doors and gaining consent prior to entering.

The organisation has a suite of policies and procedures, and educational resources that outline the organisation’s expectations and staff responsibilities in relation to the treatment of consumers including how to deliver care that is culturally and spiritually safe.

The service produces a monthly newsletter that provides information about upcoming events, includes photographs of past events and other information that is relevant and timely. Noticeboards were observed throughout the service advertising a variety of information, some of which was printed in a larger font. The Assessment Team noted that the current month’s activities calendar was displayed in consumers’ rooms, the menu was available in communal areas and COVID-19 information was present on noticeboards. The consumer information book which is provided to consumers on entry to the service provides consumers with information to support decision making including information about meals, activities, involvement of family and care and service provision.

Management and staff described the strategies they use to promote cultural safety including ensuring the activities calendar reflects days of significance and that there are posters and communication aids available to support consumers for whom English is a second language.

Management said that when a consumer enters the service they are asked who they would like to be involved in their care. Case conferences are held with consumers and their nominated representatives to ensure that there are appropriate levels of consultation and that consumers are afforded opportunities to have their decisions communicated. Care planning documentation confirmed the involvement of consumers and representatives in care planning.

Staff described the areas where consumers chose to take risks and said the consumer is supported to understand the benefits and possible harm when making decisions about risks. Staff said consumers are involved in problem-solving activities to reduce risk where possible.

Staff were observed treating consumers in a dignified manner and were able to describe the ways they promote consumers’ identity, culture and diversity. Staff spoke about consumers in a way that indicated respect and demonstrated an understanding of their personal circumstances. Staff could explain how the consumer’s culture influenced care delivery and how they supported consumers with communication barriers including by speaking slowly, using cue cards and seeking the assistance of family members.

Consumers’ care planning documentation detailed important aspects of the consumer’s life and what they needed to maintain their identity.

# 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

This Quality Standard is compliant as five of five requirements have been found compliant.

Consumers expressed satisfaction with assessment and care planning processes and representatives provided examples of how the service accessed specialist support when planning consumers’ care. One representative said the consumer had been referred to a dementia advisory service to review their care needs and activity requirements; another representative said the consumer had been referred to a dietitian following a change in their weight.

Consumers and representatives said staff had discussed their care needs and the information in their care plan with them; they were aware they were able to access their care plans.

The organisation has policies and procedures to guide staff practice that include assessment and care planning processes.

The service monitors clinical incidents including pressure injuries, medication incidents, infections, behaviours, weight loss and falls. The service has implemented a new monthly review process which focusses on consumers’ care needs and a review of documentation confirmed that assessments and care plans are reviewed in a timely manner. Senior clinical management said the analysis of clinical indicators supports the service in monitoring consumers, particularly following an incident. They said the service has a daily meeting with other senior clinical staff to identify and discuss care and service issues for consumers.

The service demonstrated assessment and care planning is undertaken in partnership with consumers and includes consideration of risks to consumers’ health and well-being. Identified risks included falls, skin integrity, weight loss and behaviour management. For consumers with chronic and complex health conditions assessments had been completed, management plans were in place and there was evidence of the involvement of medical officer and allied health professionals including dementia specialists, speech pathologist, dietitian, physiotherapist and podiatrist.

Registered staff demonstrated an understanding of assessment and care plan review processes and staff said consumers are referred to the medical officer, medical specialist or allied health professionals if a need is identified. Senior clinical staff advised that end of life care planning is discussed with consumers when they enter the service and during the care plan review process.

Staff demonstrated an understanding of consumers’ needs and preferences and said that they have access to care plans, handover, the electronic care management system and can refer to a registered nurse if they require additional information about how to deliver care.

# 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

This Quality Standard is compliant as seven of seven requirements have been found compliant.

The performance report dated 13 April 2021 found the service non-compliant in requirement 3(3)(a) as consumers were not receiving care that optimised their health and well-being. Monitoring processes were not effective and did not identify deficiencies relating to skin care and wound management.

The Assessment Team found the service has taken action to improve its performance under this requirement with consumers now receiving care that optimises their health and well-being; actions included:

* Skin assessments and review of consumers with pressure injuries and wounds has occurred and is ongoing. The service reported the ongoing monitoring has resulted in staff identifying early stage pressure injuries.
* Four skin care champions have been appointed and have received specific training in skin care. Their role includes providing leadership in skin care, monitoring consumers who are identified as being at high risk of impaired skin integrity and completing ‘spot checks’ for consumers.
* In July 2022, the service presented information on skin integrity and wound care to consumers at their regular meeting.
* Care staff and nursing staff have received training on skin care, wound care and pressure injury in the previous 12 months and demonstrated a sound understanding and knowledge when interviewed by the Assessment Team.
* In June 2022, the service purchased additional pressure relieving mattresses, bariatric mattresses and bed cradles for consumer use.
* The service has contracted an external wound care consultant who visits the service each month and assesses wounds, consults with staff and medical officers, and provides education and training for staff. Telehealth appointments are also available when consumers require assessment and review outside the regular monthly visit.
* The Assessment Team reviewed the clinical indicator data provided by the service and identified there has been a downward trend in pressure injuries.

The service is delivering safe and effective personal and clinical care in accordance with consumers’ needs and preferences and is effectively managing high impact and high prevalence risks such as falls, skin integrity, behaviours, restrictive practices and weight loss.

Consumers and representatives were satisfied with their personal and clinical care and said consumers receive the care and support they require.

Policies and procedures guide clinical practice and include deterioration management guidelines and infection control.

A review of care documentation demonstrated the timely identification, effective assessment and management of the consumers’ personal and clinical care. Documentation identified risk factors associated with the care of consumers including falls, skin integrity, weight loss and behavioural changes. Wound care was conducted in accordance with management plans and pressure area care was provided as prescribed. For consumers with chronic pain, pain assessments had been completed, pharmacological and non-pharmacological interventions are utilised and evaluations of pain management interventions occurred. Where appropriate, allied health and other health specialists were involved in care delivery including for example Older Persons Mental Health, physiotherapist, dietitian and podiatrist .

Senior clinical staff have responsibility for monitoring the use of restrictive practice and have overall responsibility for the implementation of the organisational restrictive practice policy and framework. The service promotes a restraint free environment and the Assessment Team identified a number of occasions where the use of psychotropic medication had been ceased or reduced.

Registered nursing staff are available 24 hours per day, seven days per week. Senior clinical staff said nursing staff review consumers’ progress notes daily to identify any deterioration or change in the consumers’ health and well-being. They said this information is also communicated at handover and is documented in care plans with information and messaging to staff supported by the electronic care management system.

Staff demonstrated an understanding of consumers’ needs and preferences including how to support those consumers approaching end of life. Staff could describe that way they recognise and respond to a deterioration or change in the consumer’s condition with care staff stating they report any concerns to nursing staff. Nursing staff said that they are able to access a medical officer or transfer the consumer to hospital if there is an identified need.

The service has an effective infection control program. Documented policies, procedures and an outbreak management plan guide staff in relation to antimicrobial stewardship, infection control and the management of COVID-19. The service has an influenza and COVID-19 vaccination program for staff and consumers and has an appointed infection prevention and control lead. Staff provided examples of practices to prevent and control infection such as hand hygiene, encouraging fluids, the use of personal protective equipment and obtaining pathology results prior to commencing antibiotics. Consumers are monitored daily for signs and symptoms of infection, including urinary tract infections and acute respiratory illness. The Assessment Team observed nursing staff and care staff using face masks and washing their hands when providing consumer care.

# 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

This Quality Standard is compliant as seven of seven requirements have been found compliant.

Consumers and representatives said consumers are engaged in a variety of leisure and lifestyle activities based on consumers’ individual needs and interests. Services and supports for daily living cater for consumers’ emotional, spiritual and psychological well-being. Consumers and representatives said the service’s lifestyle program was supporting their lifestyle needs and that staff assist them to be as independent as possible. Consumers said they are able to maintain significant relationships and that they felt connected and engaged in meaningful activities including sacred, cultural and religious practices.

Consumers expressed satisfaction with meals saying they were varied and of suitable quality and quantity. A range of alternatives is available and consumers said they can provide feedback on the meals provided through monthly consumer meetings, feedback forms, conversations with the chef and the completion of annual surveys. Staff described the assessment process to identify consumers’ nutrition and hydration needs which then informs care planning.

Consumers said they had access to equipment that is fit for purpose, well-maintained and clean. They said they are aware of how to log a maintenance request if required. Staff advised the service has sufficient equipment and that it is monitored by staff and taken out of service if it becomes faulty or requires maintenance. Varied equipment is available to support consumers’ needs including, music and documentaries, headphones, art materials, table games and various types of mobility aids.

Staff said they are provided with up to date information about consumers and demonstrated knowledge of consumers’ needs, goals and preferences. Staff were aware of the support consumers require to participate in activities and pursue individual interests and could describe how they support consumers’ emotional, spiritual and psychological well-being.

Care planning documentation included strategies to deliver services and supports for daily living that reflected the diverse needs and characteristics of the consumers. Strategies also addressed consumers’ psychological, emotional and spiritual well-being. Care planning documentation evidenced referral to other providers of care and services where a need was identified.

# 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

This Quality Standard is compliant as three of three requirements have been found compliant.

The performance report dated 13 April 2021 found the service non-compliant in requirement 5(3)(b) as some consumers were smoking cigarettes in non-designated smoking areas and strategies to minimise the risks associated with smoking cigarettes were not consistently implemented.

The Assessment Team found the service has taken action to improve its performance under this requirement particularly in relation to managing risks associated with cigarette smoking and is now providing a safe, well-maintained and comfortable environment; actions included:

* The service has redesigned the designated smoking area to ensure it is more inviting and accessible to consumers.
* The service communicated with consumers and representatives via a letter and through discussions at consumer meetings about the legislative responsibilities relating to cigarette smoking.
* Risk assessments for consumers who choose to smoke cigarettes have been completed.
* Consumers have been advised that smoking is to occur in the designated smoking area.
* Automatic doors have been installed to assist consumers in accessing the designated smoking area.
* As part of the pre-entry meetings for prospective consumers, the service has included discussions related to smoking and the responsibilities of both the service and the person who smokes cigarettes.
* Cigarette smoking has been included as a standing agenda item at consumer monthly meetings and is included in the service’s monthly newsletter.
* The designated smoking area is monitored by senior management and all staff as they work.

Consumers reported that the service no longer smells of cigarette smoke and the Assessment Team observed consumers complying with strategies implemented by the service.

Consumers and representatives were satisfied with the living environment and the cleanliness of the service. Consumers said they can decorate their rooms as they choose and can bring in items of their own furniture. They described how they enjoy the private and communal areas for social interaction and said their family and friends are always made to feel welcome.

The service environment was observed to be safe, clean and well-maintained enabling free access both indoors and outdoors. Furniture, fittings and equipment were observed to be suitable to consumers’ needs and in working order. Corridors were uncluttered and there were storage areas for equipment.

Consumers had access to their call bells and could move freely throughout the service including outdoor areas. Some external areas were covered, providing consumers with shade and the ability to access the area in all types of weather. Firefighting equipment was available and fire evacuation diagrams and illuminated emergency exit signage was in place.

Cleaning and maintenance were scheduled and monitored daily. Where appropriate, items for repair or maintenance were prioritised to minimise disruption to consumers.

The Assessment Team observed staff sanitising shared equipment prior to and after use. Shared equipment was observed to be in good working order and was clean. Furniture and fittings, including outdoor furnishings were found to be clean and in good condition. The Assessment Team reviewed maintenance and cleaning logs and identified issues raised by consumers, representatives and staff were addressed promptly.

# 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

This Quality Standard is compliant as four of four requirements have been found compliant.

The performance report dated 13 April 2021 found the service non-compliant in requirement 6(3)(c) as in some instances, inconsistencies were identified in the way management responded to complaints.

The Assessment Team found the service has improved its performance under this requirement and can demonstrate that appropriate action is taken in response to complaints and that open disclosure principles are applied; actions included:

* All staff are current with complaints education.
* Feedback, complaints and suggestions are being logged in the electronic incident management system and actioned in accordance with organisational requirements. A first response is required in 24 hours and a resolution is required within 28 days where practicable. The Assessment Team found that management had responded to complaints in a timely manner and open disclosure was practiced.
* Feedback is being trended and analysed monthly and communicated to staff and consumers at their regular meetings. The Assessment Team were provided with monthly reporting that included trending and evaluation of complaints. They found staff and consumer meeting minutes evidenced the discussion of feedback and complaints.
* Surveys and audits have been completed by management to verify consumers and staff understand complaints and feedback processes.
* Senior management staff meet monthly to confirm that action is taken in response to feedback received.

Consumers and representatives are encouraged and supported to give feedback and make complaints and said appropriate actions are taken by the service in response to feedback and concerns that have been raised. Consumers and representatives could describe the various mechanisms that can be used to make a complaint including speaking to management or staff directly, raising concerns at consumer meetings, using feedback forms or contacting the service directly by telephone or email. Consumers were aware of processes to lodge complaints with external bodies including the Aged Care Quality and Safety Commission and how to access advocacy through the Older Persons’ Advocacy Network.

A representative provided examples of a number of complaints they had raised and said the service had been responsive, an apology provided and their issues had been resolved.

Management advised the service captures all feedback (verbal and written) in an electronic incident management system. Staff document consumers’ verbal feedback and concerns and escalate to management as required. Management said consumer feedback is sought one on one, through surveys and consumer meetings. Management described how consumer feedback informs continuous improvement activities and examples of improved outcomes for consumers following feedback were provided.

Staff demonstrated a shared understanding of the processes for internal and external complaints, feedback, advocacy and language services. Staff could describe the open disclosure process and when its use is appropriate.

The Assessment Team observed posters promoting external complaints mechanisms, advocacy services and language services. Feedback forms and locked boxes were situated throughout the service in various locations. The consumer handbook included information about internal and external complaints mechanisms.

# 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

This Quality Standard is compliant as five of five requirements have been found compliant.

The performance report dated 13 April 2021 found the service non-compliant in requirement 7(3)(c) as some staff did not have a shared understanding of the responsibilities associated with their role and had not completed required training and competencies.

The Assessment Team found the service has improved its performance under this requirement and can demonstrate that staff are competent and have the knowledge they need to perform their roles; actions included:

* The education calendar has been reviewed and training has been scheduled that addresses the training needs analysis. Staff are provided with opportunities to attend, including weekend sessions.
* As of January 2022, staff are rostered consistently to the same area to provide continuity of care for consumers. Staff confirmed they are rostered on duty in the same wing other than in exceptional circumstances.
* The service has improved the onboarding process with a focus on registered staff. This involves ongoing review with the Care Manager and 10 ‘buddy shifts’ as an element of the induction process. Management provided an example whereby a staff member received additional ‘buddy shifts’ when the need for additional support was identified. Staff confirmed they received ‘buddy shifts’ on commencement of employment and additionally as required.
* The service has a weekly monitoring system in place that records completion of mandatory training which was found by the Assessment Team to be at 99% compliance. The electronic system monitors mandatory training, professional registrations and criminal history checks.
* Education is evaluated through feedback from consumers and staff and trending of clinical data and incidents.

Consumers and representatives said staff are available when needed and promptly respond to consumers’ requests for assistance. They said they felt staff had the knowledge and skills to deliver care in accordance with their needs and preferences. A representative said they had confidence in staff after observing their practice.

Staff said there are adequate staff to provide care and services in accordance with consumers’ needs and preferences and that staff generally have sufficient time to undertake their allocated tasks and responsibilities.

Staff said they are provided with the training they need to perform their tasks and that management are approachable and responsive. The Assessment Team found staff demonstrated knowledge and skills that were consistent with their role. Staff said they had completed regular performance reviews that involved feedback from supervisors on their performance and provided them with opportunities to identify areas for further improvement or training.

Management said that staff competency is determined through skills assessments and is monitored through the performance review process, consumers’ and representatives’ feedback, audits, surveys and reviews of clinical care delivery and clinical records. Management and staff said that training in dignity and respect is provided to staff and has been completed. Management said they seek feedback from consumers and representatives about staff behaviour through quarterly audits/surveys. The consumer survey conducted in September 2022 found 100% of consumers surveyed felt they are treated with respect and 99% of consumers believed staff are kind and caring.

There are processes for monitoring staff criminal history checks and qualifications registered with the Australian Health Practitioner Regulation Agency. The Assessment Team reviewed the service’s registers and found criminal history checks and professional registrations were current.

The service demonstrated effective policies, processes and systems to support recruitment, training and performance management. The service demonstrated that staffing levels are adjusted in response to changes in consumers’ needs and provided an example of a recent increase in staffing in response to an identified need.

New staff receive induction and training on specific mandatory topics and staff were able to describe the training, support, professional development and supervision they receive during orientation to the service and on an ongoing basis. Management said new staff complete performance reviews regularly during their probationary period and annually thereafter; this was confirmed by the Assessment Team.

Staff interactions with consumers were observed to be kind, caring and respectful and this was confirmed by consumers and representatives. Staff were observed responding to consumers’ call bells in a timely manner.

# 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

This Quality Standard is compliant as five of five requirements have been found compliant.

The performance report dated 13 April 2021 found the service non-compliant in requirement 8(3)(c) as the service did not consistently demonstrate compliance with its compulsory reporting requirements and some staff did not have a shared understanding of the legislative responsibilities associated with their role in relation to compulsory reporting.

The Assessment Team found the service has improved its performance under this requirement and can demonstrate that it complies with its legislative responsibilities including in relation to incident management and compulsory reporting. Additionally, staff are competent and have the knowledge they need to perform their roles; actions included:

* Training in the Serious Incident Response Scheme is completed as an element of the onboarding process and is included in the ongoing education program.
* Management staff review incidents daily to ensure they are captured in the electronic incident management system and that reporting obligations are met as required. The Assessment Team reviewed the incidents reported to the Serious Incident Response Scheme and identified the service had met its reporting obligations.
* An additional senior clinician was recruited to focus on registered nurse development and training that included regulatory requirements relating to incidents. Further, management have interviewed staff to assess their understanding of incident reporting and the Serious Incident Response Scheme to determine if/when additional training is required.
* Staff have been provided with resources and posters about incident reporting and incident management and these were observed by the Assessment Team to be displayed in the nurses’ stations.

The Assessment Team found the service involves consumers in the development and evaluation of care and services. There is involvement of consumers in Consumer Experience meetings which are held quarterly and in addition to this the service engages consumers through monthly consumer meetings, by conducting surveys and encouraging the use of feedback forms. Consumers were able to provide examples of how they have influenced care and service delivery.

The organisation’s governing body promotes a culture of safe, inclusive quality care through its leadership structure. Management meetings are held, regular reporting occurs, there are policies and procedures to guide staff, staff training occurs, a plan for continuous improvement tracks improvement initiatives and a program of audits and surveys occurs.

The service demonstrated effective governance systems and processes. For example:

* Consumers, representatives and staff were satisfied with their ability to access the information they needed.
* Management explained how opportunities for continuous improvement are identified and actioned.
* The organisation has a finance team who prepare and oversee the annual budget and forecasting. Financial delegations are in place to support routine purchasing.
* A workforce governance framework ensures staff are skilled and qualified to provide safe, quality care.
* Subscriptions to various legislative services and peak bodies ensure the organisation has access to new/updated legislation and can provide guidance to the service. Regulatory updates, information and staff training ensure the service’s practices are in line with current requirements.
* There are established processes for managing and responding to feedback and complaints. Senior management staff monitor complaints management processes to ensure appropriate action is taken and resolution has occurred.

The organisation has a clinical governance framework and policy which directs the service on how to manage high impact and high prevalence risks; respond to abuse and neglect; support consumers and report and manage incidents. The service provided examples of how incident management processes had informed improvements in care and service delivery.

A documented clinical governance framework outlines the core elements of effective clinical governance and includes policies relating to antimicrobial stewardship, minimising restrictive practice and open disclosure. The framework includes reporting mechanisms and management oversight to ensure safe, quality clinical care.

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)