Performance

Report

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| Name of service: | Bupa Traralgon |
| Service address: | 96 Park Lane TRARALGON VIC 3844 |
| Commission ID: | 3977 |
| Approved provider: | Bupa Aged Care Australia Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 27 September 2022 to 29 September 2022 |
| Performance report date: | 14 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 Traralgon (**the service**) has been prepared by S Byers, 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
* infection control checklist completed during the Site Audit
* the provider’s response to the Assessment Team’s report received 21 October 2022

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-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

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.

* Requirement 2(3)(a) – the approved provider ensures assessment and planning is completed comprehensively and accurately and considers risks to the consumer’s health and well-being.
* Requirement 3(3)(a) – the approved provider ensures each consumer gets safe and effective personal and clinical care including pain management.
* Requirement 3(3)(b) – the approved provider ensures effective management of high-impact or high prevenance risks, including the identification, monitoring, management and evaluation of risks for individual consumers who experience diabetes and oedema; and systems are in place to ensure staff adhere to best practice medication management.

# 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

All consumers were satisfied they are treated with dignity and respect and that their identity, culture and diversity is valued as individuals. Staff were observed treating consumers with respect and demonstrated a good understanding of individual choices and preferences. Consumers’ care planning documents included information about their individual preferences and people important to them. Training records demonstrated that staff have completed training in dignity, respect and cultural awareness.

Most consumers described how staff respect their culture, values and diversity and how this informs the daily provision of care and services. Staff described how days of importance are celebrated in line with consumers individual preferences, including birthdays and relevant religious and national holidays. Care planning documents reflected consumers’ cultural needs, interests and preferences. The service supports regular on site multi-denominational church services for consumers who wish to attend and facilitates an individual weekly religious activity via electronic media, for consumers who prefer to participate in one-on-one religious programs.

Most consumers and representatives described how the service supports consumers to exercise choice and make decisions about their care and services, while being supported to maintain relationships that are important to them. Consumers and representatives provided examples of how they are supported to maintain relationships with family and access the local community with external support workers. Staff described how they support consumers to communicate their decisions and achieve their goals.

Most consumers said they were supported by staff to exercise choice and engage in activities that involve risk, to live their best lives. Staff described how they support consumers to understand the risks and benefits when engaging in risk-taking activities. Care planning documents confirmed risks are discussed with consumers and included risks assessments.

Most consumers and representatives confirmed the information they receive is current, accurate, timely, communicated clearly, and is easy to understand. Consumers and representatives were satisfied that information about changes to care or notifications of incidents are communicated in a timely manner. The notice boards in the communal and dining areas were observed to display menu options, an activities program, special events posters, and advocacy services information. Monthly meetings are held with consumers and representatives that involve discussions about service issues, proposed improvements to care and services, and information about upcoming events at the service. This was supported by meeting minutes.

All consumers and representatives expressed satisfaction that consumers’ privacy is respected, and that their information is kept confidential. Consumers described how staff respect their privacy, and staff were observed knocking on consumers’ doors and announcing themselves before entering their rooms. The organisation has policies, procedures and dedicated training for staff in relation to consumer privacy. Electronic records require passwords and paper based records are stored in the nurse’s station. The service is in the process of transitioning from a paper-based document system to an electronic care system to improve security and confidentiality of consumers’ personal information.

# 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. | Non-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

I have assessed this Quality standard as Non-compliant as I am satisfied Requirement 2(3)(a) is Non-compliant:

Assessment and care planning documents did not demonstrate consideration of risk to the consumer’s health and well-being in a timely manner with regard to mental health and well-being, diabetes and dignity of risk. One consumer’s mental health and behaviour support was not assessed on initial admission to the service, or upon return to the service after being transferred to hospital. While assessment and planning processes are in place that require a suite of assessments to be completed in accordance with the services 30-day planner, a full suite of assessments had not been completed for the consumer since admission 7 months earlier. Behaviour charting and a behaviour support plan were not completed in response to displayed changed behaviours to consider risks and inform delivery of care. The service commenced a comprehensive assessment of the consumer’s mental health and well-being during the site audit.

The approved provider responded to the site audit report and acknowledged the Assessment Team’s findings. The approved provider submitted a written response with clarifying information and a Plan for Continuous Improvement (PCI) demonstrating the actions planned and completed since the site audit to address the improvements required. Actions include reviewing and updating consumer assessment and planning documents including risk assessments, transitioning document systems, ongoing consultation with consumers and representatives, staff education and training in diabetes, mental health management and assessment and planning. While I consider the service’s transition from a paper-based document system to an electronic care system will support the timely and accurate completion of documentation, the transition involves the relevant upskilling of staff and will take time to implement and embed into practice.

I have reviewed all of the information submitted and note the approved provider’s acknowledgement of the information compiled in the site audit report. While I acknowledge the actions taken by the service since the site audit, these actions have not been fully implemented, evaluated and embedded into usual practice. I am not satisfied the service has in place effective assessment and planning systems to ensure risks to the consumers health and well-being are considered, I find Requirement 2(3)(a) is Non-compliant.

I am satisfied the remaining four requirements of Standard 2 Ongoing assessment and planning with consumers are Compliant:

Most consumers interviewed for this requirement said the service’s staff understand their needs and preferences in relation to personal hygiene and daily living routines. One consumer said their established care routine from living at home had been transferred seamlessly to the service. Staff said they determine what is important to the consumer through regular discussions, care plan reviews and staff observations. Consumer care files included assessment and care planning documents that identified and addressed the consumer’s current condition including their current needs, goals and preferences. Consumer care files included completed advance care plans with detailed end of life wishes.

Consumers were aware of who was involved in the assessment, planning and review of their care and were confident that their care needs were being met. Care planning documents demonstrated ongoing partnership between consumers and representatives with documented participation in care conferences and the involvement of a range of external providers and other health services such as general practitioner, and allied health specialists. Staff described the importance of partnership in care planning and provided practical examples where they had sought input from other organisations and providers of care.

Most consumers and representatives said they had not been offered a care plan, however, were satisfied with the communication provided by staff about changes in the consumer’s health status. As the service is currently transitioning to an electronic care system, current paper-based care plans were not readily available to be provided to consumers and representatives, however staff have access to paper-based care files and handover sheets for information about each consumers care and services. Progress notes demonstrated the outcomes of assessment and planning are communicated to consumers and representatives through care review and consultation.

Consumers and representatives were satisfied that care and services are regularly reviewed and they are kept informed of health changes or incidents. Staff described care plan review processes and allied health providers confirmed participating in regular review of care and interventions. Care planning documents demonstrated regular review, when circumstances changed, for example, consumer deterioration, or when incidents occurred including infections, wounds, and falls. Assessments and care plans were updated after each review.

# 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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

I have assessed this Quality standard as Non-compliant as I am satisfied Requirements 3(3)(a) and 3(3)(b) are Non-compliant:

While most consumers and representatives expressed satisfaction the consumers’ care needs, and preferences were being met, the service did not demonstrate that each consumer received clinical care that is effective, safe, and optimises their health and well-being. The Assessment Team identified one consumer’s pain was not effectively managed to optimise their health and well-being. Care documentation did not reflect pain charting to monitor the effectiveness of administered pain medication. Conflicting information in documentation and staff feedback did not support medical directives were adhered to in relation to pain relief provision prior to wound and personal care. Documentation gaps were also identified in relation to stoma care, skin integrity and pressure area care.

While most consumers and representatives were satisfied with the management of high impact and high prevalence risks associated with the care of consumers, the Assessment Team identified that not all consumers risks had been assessed or had agreed strategies in place in relation to diabetes, oedema and medication management. While consumers were reviewed by allied health specialists, the recommendations were not always actioned by staff. Deficits were identified in repositioning charting that demonstrated repositioning was not documented in a timely manner or in accordance with medical directives. The Assessment Team observed a medication administration incident resulting from a failure to follow best practice medication management processes.

The approved provider responded to the site audit report and acknowledged the Assessment Team’s findings. The approved provider submitted a written response with clarifying information and a Plan for Continuous Improvement (PCI) demonstrating the actions planned and completed since the site audit to address the improvements required. Actions include reviewing and updating consumer care planning documents for all consumers, transitioning document systems, ongoing consultation with consumers and representatives, staff education and training in the management of diabetes, pain, oedema and medication. While I consider the service’s transition from a paper-based document system to an electronic care system will support the timely and accurate completion of documentation, the transition involves the relevant upskilling of staff and will take time to implement and embed into practice. I have reviewed all of the information provided and note the approved provider’s acknowledgement of the information compiled in the site audit report. While I acknowledge the actions taken by the service since the site audit, these actions have not been fully implemented, evaluated and embedded into usual practice. I am not satisfied the service has in place effective systems to ensure each consumer gets care that is best practice, tailored to their needs or optimises their health and well-being and the effective management of high impact and high prevalence risks including medication, diabetes and oedema. I find Requirements 3(3)(a) and 3(3)(b) are Non-compliant.

I am satisfied the remaining five requirements of Standard 3 Personal and clinical care are Compliant:

The service demonstrated consumers are supported to make decisions about end of life care, care is provided in accordance with consumer’s wishes and dignity is preserved. I have considered the deficits in pain management for one consumer on a comfort care pathway under Requirement 3(3)(a) in relation to optimising their health and well-being, where I consider it more relevant. Staff feedback and care documents demonstrated the implementation of comfort care measures and the consumer’s representative expressed satisfaction with the care and support delivered. Access to external palliative support services were available for consumers and representatives.

Consumers and representatives were satisfied changes to the consumer’s condition were promptly recognised and appropriately responded to. Care planning documents and progress notes recorded the identification of, and response to, deterioration or changes in the consumer’s condition. Staff demonstrated understanding and practical application of recognising the signs of deterioration, communicating and escalating concerns.

Consumer care files contained progress notes for medical practitioners and staff, active care plans and completed assessments. Changes to a consumer’s condition and care needs are reflected on the handover sheet and discussed at handover. Processes are in place to guide communication within the organisation and where responsibility for care is shared. The service is taking steps to streamline documentation through the transition from a paper-based document system to an electronic care system. While the Assessment Team identified some deficits in care documentation being readily available, I note that staff demonstrated understanding and knowledge of consumers individual circumstances, needs and preferences and how to access and locate information from other sources to keep informed of changes to care and circumstances while the transition in document systems is completed. On balance, I find Requirement 3(3)(e) is Compliant.

Consumers and representatives said referrals are timely, appropriate and occur when needed. Consumers have access to a range of allied health providers and medical specialists. Care planning documents and progress notes confirmed referrals to and, input and review from dieticians, speech pathologists and physiotherapists. Staff demonstrated understanding of referral processes and processes are in place to ensure referrals are monitored and followed up to ensure prompt action.

The service demonstrated policies and procedures are in place to guide staff practice in relation to infection prevention and control, outbreak management and antimicrobial stewardship. Standard and transmission-based precautions have been implemented to support the service to prevent and control infection. While the Assessment Team observed some instances of poor PPE practice, this was raised with and immediately rectified by Management during the site audit. Staff demonstrated understanding of infection prevention and control measures and antimicrobial stewardship principles. Infections are identified and managed appropriately with antibiotic use minimised. The service has an infection prevention and control (IPC) lead, who has completed the relevant training.

# 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

All consumers and representatives interviewed indicated that the consumer is provided with support to optimise their independence, health, well-being and quality of life. Consumers social and lifestyle care plans demonstrated the consumer’s individual goals, needs and preferences are identified, documented and communicated to staff. Lifestyle staff explained how the monthly calendar of group activities are informed by the preferences of the consumers living at the service. One on one support is available for consumers who do not wish to participate in group activities. Staff provided examples of how consumers are supported to engage in activities, maintain their independence and have a good quality of life.

Consumers and representatives are satisfied consumers’ emotional, spiritual and psychological well-being is supported with access to religious services. Staff said a range of in-house religious services are offered, and consumers are assisted to attend the service of their choice.

Consumers felt supported to maintain important social relationships and participate in the lifestyle program or independent activities inside and outside the service. Care planning documents contained information on activities of interest, evidence of participation and relationships of importance. Staff described how they support consumers to keep in touch with family and friends and do the things that interest them within the service and in the wider community.

The service has processes to in pace to ensure information about the consumers condition, needs and preferences are communicated within the organisation and with others involved in care. Consumers and representatives expressed satisfaction with how information about the consumer’s daily living supports and choices are shared. Staff said they are informed of changes to consumer needs and this is communicated through written notes, handover sheets and handover meetings.

Consumers and representatives confirmed that referrals occur promptly. Care documents demonstrated the service makes appropriate and timely referrals and staff have access to a range of services and organisations. Staff demonstrated understanding and practical application of referral processes.

The service demonstrated variety of meals are provided to consumers on a rotating menu with dietician oversight. Processes are in place to gather consumer feedback on meals, and this is incorporated into the menu. Most consumers and representatives were satisfied with the quality and quantity of meals, those consumers who did not like a specific meal were satisfied they are offered alternatives. Staff described individual consumers dietary requirements. Care planning documents included information relating to dietary requirements, dislikes, allergies, and preferences, with any changes to the care plan being communicated and updated on dietary information sheets stored in the kitchen. Consumers were observed sitting at their preferred tables or places in the service at mealtimes, being assisted by staff in a dignified manner with their meal choices being confirmed.

# Standard 5

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

Findings

Consumers said they feel welcome and comfortable at the service and are encouraged to personalise their rooms. The service was observed to be welcoming and provide comfortable furnished communal areas to optimise consumer interaction and engagement. The communal living areas appeared readily accessible with clear signage to assist consumers to navigate through the service. Consumer rooms were personalised with items of importance on display.

Consumers and representatives were satisfied the service environment is comfortable, clean and well-maintained. Consumers described having free access to the gardens and feeling safe at the service. Maintenance and cleaning staff described the service’s preventative and reactive systems and schedules that ensure the service is safe, clean and suitable. Consumers were observed moving through the service accessing the internal and external areas.

Consumers and representatives were satisfied the furniture and equipment was safe and suitable. Staff demonstrated an understanding of maintenance request processes and procedures. Maintenance documents demonstrated ongoing monitoring and timely response to maintenance requests. Furniture, fittings and equipment were observed to be in good working order. Consumers were observed using a range of mobility aids, wheelchairs and handrails to independently move throughout the service. Call bells were accessible to consumers.

# 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

All consumers said that they were comfortable making complaints and providing feedback about their care and services. Consumers provided examples of when they have made complaints. Staff understood their role to support consumers to raise any concerns about their care and services. Complaint documents demonstrated the service is generally pro-active in addressing complaints and uses consumer feedback to improve care and service delivery. Feedback and complaint information is readily accessible in the reception area at the service. Locked feedback boxes are processed daily by management.

While the consumers sampled said that they did not require language services they were aware of how to access external advocacy services, if required. Representatives said they were aware of the internal and external consumer feedback processes, and provided examples of how they advocate for their consumer. Staff described how they support consumers to access advocates and other methods for raising and resolving complaints. Advocacy and language service information was readily available on the communal area noticeboard for consumers and representatives to access.

Consumers and representatives were generally satisfied with the actions taken by management to resolve complaints. Management and staff described using open disclosure principles when handling complaints, including working collaboratively with consumers and representatives and apologising when things go wrong. Consumers confirmed staff follow an open disclosure process when they raise concerns including apologising and offering assistance to lodge a complaint. Staff said they have completed ‘open disclosure’ training as part of their mandatory induction training.

The service has clear processes for managing feedback and complaints and using them to inform continuous improvement. Most consumers and representatives were satisfied the service reviews their feedback and complaints to ensure the satisfactory and timely resolution of issues experienced by consumers, and to improve the overall quality of care and services. Staff demonstrated understanding of the complaints process. Consumer and representative meeting minutes, feedback and complaint documents reflected appropriate action is taken to resolve complaints, resulting in systemic improvements to care and services.

# 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

Most consumers and representatives said there are sufficient and skilled staff available to meet their needs. Some consumers and representatives said staff are busy which can lead to delays in staff responding to call bells in a timely manner, however, were overall satisfied and commented on recent improvements to staffing. Staff said not all vacant shifts are covered. Management explained how they manage a flexible roster to respond to consumer needs. For example, rostering staff to enable one on one time to monitor and support consumers. Management described current roster vacancies and the actions taken to fill positions including ongoing recruitment. In the past three months, the service has recruited three key management positions and additional clinical support. Roster and allocation documentation demonstrated that shifts are filled through the use of casual and agency staff and there is an appropriate skills mix rostered including registered nurses and care staff. Call bell reports demonstrated an improvement in call bell response times from the previous month and that overall, staff respond to call bells in a timely manner.

Consumers and representatives discussed positively how staff engage with them, are kind, caring and provide respectful interactions. Staff were observed engaging with consumers and their representatives in a kind and respectful manner. Care documentation included the consumer’s preferred name, title and reflected the individual’s culture. The service has policies and procedures relating to respect, dignity and diversity and a code of conduct to guide staff practice.

Consumers and representatives were satisfied staff are competent and know how to deliver care in line with their needs. Management explained the recruitment screening processes in place to ensure staff are appropriately qualified for their role and the orientation and education programs in place to provide initial and ongoing training and support. Staff qualifications are identified at recruitment and monitored at the service level and through the organisation’s human resources department. Position descriptions are used to identify required qualifications, skills and knowledge for each role at the service.

Consumers and representatives said they feel staff are provided with training to ensure safe care provision. Staff confirmed completing education on a range of topics including role specific training. Education had been delivered to staff in relation to legislative and regulatory changes such as SIRS, restrictive practices, infection control and specialised care topics. Management described the recruitment processes in place to identify and employ appropriately skilled staff, ongoing annual training is provided and includes face to face and online training modules. Management discussed how additional training is provided in response to incidents, observations and feedback from consumers and representatives. Education records demonstrated that staff are completing their mandatory topics for 2022 and completion of training is monitored.

The service demonstrated performance monitoring and annual reviews are conducted for permanent and casual staff. Initial reviews are conducted within three months of recruitment with annual appraisals thereafter. Management described formal and informal monitoring systems for staff performance. A performance management framework is in place support by policies and procedures in performance management and disciplinary procedures.

# Standard 8

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

Findings

Consumers and representatives said they are engaged through a range of forums to provide feedback on the services they receive including participating in regular care reviews and resident and representative meetings. The service demonstrated it is engaging consumers in the development, delivery and evaluation of care and services at an organisational level through the ‘resident experience and community engagement committee’ meetings. Meeting minutes showed consumers and representatives have input into organisation training topics.

The organisation has in place policies and procedures that promote a positive culture of safe, inclusive care and quality services. The governing body is accountable for the delivery of safe, inclusive and quality care and services through established committees and reporting structures that include hierarchy of oversight, accountability, monitoring and review of key performance indicators.

The organisation demonstrated it has effective organisation wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff demonstrated understanding of the policies and processes that supported each of the governance systems. The service is currently transitioning care documentation from a paper-based system to an electronic care system. Management demonstrated awareness and understanding of the risks associated with the transfer of information and described the systems in place to ensure consumer information is readily available to staff and is secured. Management described the overarching policies and procedures relating to security of information and how information is communicated to all stakeholders. Staff and management confirmed access to electronic data and systems are password protected and access is role specific.

The organisation has a risk management framework in place supported by clinical governance frameworks, policies and procedures and reporting systems. Management confirmed and documentation demonstrated the service identifies, manages and reports high prevalence risks. Management and staff demonstrated knowledge and understanding of incident reporting systems including SIRS incidents and elder abuse. Incidents logged within the organisation’s risk register are monitored. Staff described how they support consumers to live the best life they can, through maintaining contact with those people important to the consumer, being engaged in activities, supporting consumers to make their own decisions and to choose to take risks.

The organisation provided a clinical governance framework which includes antimicrobial stewardship, minimising the use of restraint and an open disclosure policies and procedures. Management described how the framework is implemented at the service and staff are supported to understand the policies and procedures. Staff demonstrated understanding of open disclosure requirements, restrictive practices and the minimisation of antibiotics. Documentation including meeting minutes and registers demonstrated antimicrobial use is monitored and discussed and psychotropic medication and chemical restraint is identified and monitored. Incident reporting mechanisms include documentation of explanation of incidents and apology in line with open disclosure requirements.

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