Performance

Report

1800 951 822

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| Name of service: | Performance report date: |
| Burrowa House | 04 August 2022 |
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| 0260 | Site audit |
| Approved provider: | Activity date: |
| Boorowa Hostel Incorporated | 31 May 2022 – 02 June 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 Burrowa House (**the service**) has been considered by Katrina Platt, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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, dated 31 May 2022 to 2 June 2022; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers and consumer representatives and others.
* the provider’s response to the assessment team’s report received 8 July 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 | **Non-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.

* Requirement 2(3)(a) – the approved provider ensures care assessment and planning considers all risks to a consumer’s health and well-being and captures the consumer’s current needs, goals and preferences.
* Requirement 2(3)(e) – the approved provider ensures care and services are reviewed regularly for effectiveness, and particularly when consumer circumstances change or when incidents occur that impact on the needs, goals or preferences of the consumer.
* Requirement 3(3)(a) – the approved provider ensures all consumers are provided personal care, clinical care, or both personal care and clinical care that meets their own individual needs, goals and preferences and that optimises their health and well-being.
* Requirement 3(3)(b) – the approved provider ensures high-risk and high-prevalence risks are managed effectively, with best practice guidance applied whilst supporting the consumer’s independence and self-determination to make their own choices including to take some risks in their life.
* Requirement 6(3)(c) – the approved provider ensures appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* Requirement 6(3)(d) – the approved provider ensures feedback and complaints are reviewed and used to improve the quality of care and services for consumers, including providing feedback to consumers about improvements made as a result of their suggestions.
* Requirement 8(3)(c) – the approved provider ensure effective organisation wide governance systems in place for information management, continuous improvement, workforce governance, regulatory compliance and complaints and feedback.
* Requirement 8(3)(d) – the approved provider implement effective risk management systems and practices, including but not limited to management high-impact or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can.
* Requirement 8(3)(e) – the approved provider implement a clinical governance framework, including but not limited to antimicrobial stewardship, minimising the use of restraint and open disclosure to ensure systems are in place for the delivery of safe, quality clinical care services to consumers.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

All consumers interviewed by the Assessment Team said they were treated with dignity and respect and felt valued as individuals, noting staff have discussions with them about their backgrounds and other things that interest them. Staff were observed to speak to and engage with consumers and consumers representatives in a respectful way and demonstrated an understanding of individual consumer preferences, likes and dislikes. Care documentation captured information about consumer backgrounds, identity and culture including leisure activities and religious preferences.

All consumers interviewed described they felt safe at the service and were able to express their individuality. Staff discussed consumer preferences including personal care needs and described calling consumers by their preferred names. The religious, spiritual and cultural needs of consumers were detailed in care planning documentation and newsletters detailed various cultural festivities such as St Patrick’s Day, Easter, Anzac Day, Earth Day and Mother’s Day were acknowledged by the service.

Consumers and consumer representatives described being supported to exercise choice and independence and maintain relationships important to them. Staff described supporting consumers exercise choice about their personal care needs, meal selection and activity attendance and provided examples including accommodating showers in the afternoon and evenings during the winter months, offering different meal choices and activities, involving family members in consumer care and conducting case conferences. Consumer care documentation detailed important family relationships were maintained and confirmed communication of choices by consumers for meals and activities.

Staff discussed supporting consumers to take risks and this was consistent with advice from consumers who described remaining independent with personal care needs like showering themselves and taking walks outside. Whilst care planning documentation evidenced risk discussions and planning in sampled care plans, some inconsistencies were noted by the Assessment Team in the risk assessment documentation with risk assessments not completed for some consumers with reduced cognition and insight.

Consumers and consumer representatives discussed receiving verbal and written information from staff to support them with their choices about care planning, leisure activities and food and confirmed receiving information from consumer meetings and through regular newsletters, menus and activity schedules. Staff described consumers received hard copies of newsletters, activities schedules and menus and in different formats including larger print.

Feedback from consumers and consumer representatives support personal privacy is respected and information is kept confidential. Consumers described how staff always knock before entering their rooms and wait for an invitation before entering, they also discuss their care with them in private. Staff were observed to knock on consumer’s doors prior to entry and sought permission from consumers before providing personal care. Staff handover occurred in private offices and consumer care documentation was observed to be stored in a password protected care management system.

# Standard 2

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| Ongoing assessment and planning with consumers | | Non-compliant |
| 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. | Non-compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following two requirements are non-compliant:

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.

Requirement 2(3)(e) – Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals and preferences of the consumer.

The Assessment Team found discrepancies in risk assessment and planning, with care planning documentation for some consumers incomplete or missing information related to risks including for skin integrity, communication and cognition, behaviour management, falls management, pain management and medication management. Dignity of risk information was incomplete or missing from some consumer care plans and some palliative care plans were deficient in information relating to consumer needs, goals and risks around choices and risk management.

Staff sampled described assessment of consumers for risk and care planning to deliver safe and effective care to consumers and are guided in care delivery by information for new consumers obtained during the admissions assessment process and regularly monitor consumer well-being, food intake, bowel movements and weight. Staff discussed receiving advice and assistance on care planning and assessment from an external consultant, with new policies and procedures on care assessment and care planning being acquired.

The Assessment Team found care and service records for some sampled consumers showed incidents were occurring and incident reports and investigations were not completed. For example, consumers with unexplained bruising were not reviewed by senior staff, were not monitored for changes in consumer condition, incident reports were not completed, and notifications were not made to consumer representatives. For consumers with increased falls risks, falls assessments and reviews were not completed and pain assessments were not completed for consumers with pain-related behaviours.

The Approved Provider responded to the Assessment Team report and acknowledged the areas of non-compliance in this Standard, noting work had begun to rectify the issues identified.

I am satisfied the remaining three requirements of Standard 2 Ongoing assessment and planning with consumers, are compliant.

Consumers and consumer representatives interviewed confirmed they discussed advanced care directives with staff and their palliative care preferences. Staff interviewed described providing care to consumers consistent with the consumer’s current needs and preferences. The Assessment Team observed most consumer assessment and care plans captured consumer goals and preferences, and for some consumers plans were driven by nursing goals in lieu of consumer needs, goals and preferences.

Consumers and consumer representatives sampled confirmed involvement in care planning and assessment and care and service records detailed involvement with consumer families, doctors and other allied health professionals including podiatrists, audiologists and speech pathologists. Staff interviewed discussed case conferences for consumers were held to discuss assessment and care planning and the clinical documentation system confirmed case conferences were being scheduled.

Consumers and consumer representatives interviewed expressed their satisfaction with communication in relation to their care and services outcomes, with some consumer representatives advising they were confident they could access clinical documentation of their consumer if they requested it. Staff discussed care plans and clinical information were available to consumers and consumer representatives on request and described how care planning outcomes were communicated with consumers and/or the consumer representatives.

# Standard 3

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| Personal care and clinical care | | Non-compliant |
| 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 the following two requirements are non-compliant:

Requirement 3(3)(a) – Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

is best practice; and

is tailored to their needs; and

optimises their health and well-being.

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

The Assessment Team found consumers and consumer representatives interviewed felt they received the care they need and provided examples of receiving pain medication and social supports tailored to their needs. Whilst consumers and consumer representatives indicated satisfaction with pain management support, the Assessment Team found medication charts lacked appropriate use indicators and pain management follow up and review of intervention effectiveness was not demonstrated.

The Assessment Team found behaviour support plans for some consumers were not updated with each behaviour incident and behaviour charts were incomplete. Observations in care plans were inconsistent with behaviour charting and staff feedback and not all behaviours and medical diagnoses were captured. Alternative interventions to manage behaviours and unmet needs, like pain assessments, were not completed to optimise consumer health and well-being. Appropriate informed consent for the use of chemical restraint was not demonstrated for some consumers.

Falls risk assessments were not completed in a timely manner after admission to the service or after falls occurred, particularly for sampled consumers with an increased risk of falls and fracture histories. Care plan documentation noted inconsistencies in post-fall monitoring and observations were not completed in line with policies and procedures. Staff training on new hoist lifting equipment had not been conducted.

The Assessment Team observed care plans for sampled consumers subject to restraint did not identify the type of restraint used and monitoring to be undertaken. Some consumers who required behaviour management were not assessed for additional risks including falls management or pain management and dignity of risk information was not completed in care plans for some consumers.

The Approved Provider responded to the Assessment Team report and acknowledged the areas of non-compliance in this Standard, noting work had begun to rectify the issues identified.

I am satisfied the remaining five requirements of Standard 3 Personal care and clinical care, are compliant.

The generic needs, goals and preferences of consumers were captured in care planning documentation, including for consumers nearing end of life on palliative pathways and advanced care directives were in place when requested. Consumers and consumer representatives interviewed confirmed discussions occurred about advanced care directives and staff were aware of consumer palliation preferences. Staff described care provision to consumers in line with their needs and preferences and clinical documentation confirmed comfort maximisation, dignity preservation and provision of emotional support for consumers requiring end of life care was provided.

The Assessment Team observed clinical documentation for some sampled consumers captured deterioration or changes in mental health, cognitive or physical function, capacity or condition and showed appropriate assessments and referrals to hospital were completed. Staff discussed observing changes or deterioration in consumer conditions and described how they undertook urinalysis for infection monitoring and arranged hospital transfers for post-falls checks.

Care planning and clinical documentation contained information about sampled consumer’s condition, needs and preferences and was readily available for review by others providing care including medical officers, specialists, and allied health professionals. Consumer representatives interviewed confirmed staff communicate with them about changes in care needs and any changes in condition of their consumers. Staff communicate changes in consumer condition through the handover process which was observed by the Assessment Team to be private and effective.

Consumers and consumer representatives interviewed confirmed they have access to doctors and other relevant health professionals when they need it, with care planning documentation confirming referrals to speech pathologists and a palliative health care nurse for some sampled consumers. Staff described the process of referring consumers to other health professionals, including geriatricians, and progress notes confirmed contributions were made by specialists and other allied health professionals to the care of consumers. Clinical staff were noted to document information from hospital discharge summaries, follows up appointments and records medication and other changes.

Consumer representatives interviewed felt the service managed infection control well and kept them informed about infections experienced by their consumers. Staff demonstrated a general understanding of infection control measures including encouraging fluids to prevent consumer infections due to dehydration and minimisation of infection through handwashing. The Assessment Team noted infection control training was mandatory for all staff, with an infection control lead in place and policies for antimicrobial stewardship and infection prevention and control also available.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Overall consumers interviewed provided positive feedback about staff support received to optimise their independence, health, well-being and quality of life. Consumers described engagement in activities aligned with their preferences including listening to music and engaging in exercise. The Assessment Team observed consumers provided input into the activities schedule through consumer meetings and when engaged in activities. Staff interviewed demonstrated an understanding of the needs, goals and preferences of individual consumers and described how they supported consumers engagement in activities and modified activities for consumers with cognitive impairment and dementia.

Consumers interviewed described they felt emotionally supported by staff and the service and provided examples of attendance at church services and being able to talk with staff when required. Staff described supporting consumers with their well-being through talking to them and making referrals to clinical staff if required. The Assessment Team observed most care plans included information about the emotional, spiritual and psychological well-being of sampled consumers and detailed strategies to support consumers maintain their health and well-being.

Consumers and consumer representatives sampled said consumers are supported to engage in activities inside and outside the service and do things of interest to them, and included attending social activities in the community, attending community groups and taking walks. Care planning documentation captured consumer preferences for activities and outings into the community and detailed social and family relationships important to consumers, including details of family visitation and communication strategies like online meetings and telephone calls used to maintain contact with family during COVID-19.

The Assessment Team found consumers and consumer representatives interviewed felt informed about consumer care, services and supports. Staff interviewed were aware of sampled consumer’s conditions, needs and preferences and discussed being advised of changes to a consumer’s condition at handover and through regular review of consumer care plans. Timely and appropriate referrals to community organisations and allied health professionals like physiotherapists and speech pathologists were evidenced in care planning documentation for sampled consumers and religious services and outside entertainment were examples of activities and services available to consumers.

Consumers interviewed said their meals were varied and of suitable quality and quantity. Care planning documentation identified consumer food preferences and dietary requirements included allergies and consumers with modified diets. Kitchen staff discussed meals were prepared fresh onsite and served in accordance with the preferences and dietary needs of the consumer. Additional snacks and alternative dinner options were available, and meals were noted as a standing agenda item for discussion at consumer meetings.

The Assessment Team observed suitable equipment available for consumer use that was safe, clean and well-maintained. Consumers described having access to equipment including mobility aids to assist with their daily activities and felt safe using the equipment. Mobility aids such as four wheeled walkers and wheelchairs appeared clean and well-maintained. Staff described access to adequate resources and suitable equipment and maintenance mechanisms.

# Standard 5

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

## Findings

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Consumers interviewed by the Assessment Team described the service environment was welcoming and discussed being able to personalise their rooms to feel like home. Consumers were observed to access communal areas and engage with each other, and visitors were also observed with consumers in the lounge room. Corridors were spacious, free from clutter and large windows provided natural light into communal areas with views of the outdoor gardens and community. Gardens were well-maintained and easy access for consumers to outdoor spaces was observed.

Consumers interviewed discussed being able to safely mobilise both indoors and outdoors in a clean, well-maintained and comfortable environment. The Assessment Team observed furniture in communal areas was comfortable, stable and well-maintained and the indoor and outdoor environments to be clear of obstructions, steps and trip hazards. Cleaning staff discussed the daily cleaning schedule which included all communal areas and equipment utilised by consumers. Management advised of a planned preventative maintenance schedule.

Furniture, fittings and equipment were observed to be suitable for consumer use and fit for purpose. Consumers and consumer representatives sampled described knowing how to use the call bells and pendant alarms and felt comfortable staff were knowledgeable on the proper use of equipment. The Assessment Team observed the call bell and pendant alarm systems were operational, with staff responding to calls when activated. Consumers said they knew how to report equipment maintenance and felt confident equipment would be fixed in a timely manner.

**Standard 6**

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| Feedback and complaints | | Non-compliant |
| 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. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following two requirements are non-compliant:

Requirement 6(3)(c) – Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.

Requirement 6(3)(d) – Feedback and complaints are reviewed and used to improve the quality of care and services.

The Assessment Team found consumers and consumer representatives did not receive feedback or apologies from the service under an open disclosure process. Staff were generally unaware of the process of open disclosure, had not received any training in open disclosure and were unaware of any open disclosure policy at the service.

The Assessment Team found the service was unable to demonstrate feedback and complaints were reviewed and used to improve the quality of care and services provided to consumers. Consumers interviewed who made suggestions were unaware if reviews had occurred and had not received any feedback about whether improvements to care and services were made due to their suggestions. Staff interviewed were aware of the suggestions raised by consumers and noted no actions were taken including no entries made in the complaints register.

The Approved Provider responded to the Assessment Team report and acknowledged the areas of non-compliance in this Standard, noting work had begun to rectify the issues identified.

I am satisfied the remaining two requirements of Standard 6 Feedback and complaints, are compliant.

Consumers and consumer representatives interviewed described they felt comfortable providing feedback or raising concerns with staff or management and felt confident action would be taken. Staff discussed actively supporting consumers with concerns or complaints, either through resolving the issue directly with the consumer, escalating to management if required or assisting the consumer to make a complaint verbally or in writing. The Assessment Team observed printed material about making complaints was displayed throughout the service.

Consumers and consumer representatives described how to make a complaint and were aware that advocacy and language services were available to support them. Staff demonstrated an awareness of advocacy and language services available to consumers and a consumer handbook which contained information about complaints, consumer rights, advocacy and language services was observed by the Assessment Team.

**Standard 7**

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| Human resources | | Compliant |
| 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Consumers interviewed by the Assessment Team felt staff numbers were adequate, staff were well trained and discussed staff responded to call bell requests in a timely manner. Staff interviewed felt staffing levels were appropriate and management confirmed recent increased staff levels included additional clinical and care staff and kitchen assistance. The Assessment team observed accurate rosters confirmed personnel working across all areas of the service.

All consumers interviewed confirmed staff are kind, caring and respectful and were gentle when providing care, which was consistent with observations made by the Assessment Team. Consumers discussed staff were observant, affectionate and would engage with consumers before the end of their shifts.

Consumers interviewed felt staff were skilled enough to perform their duties and were meeting their care needs. Management discussed mandatory qualifications were required for all clinical and care staff and systems were in place for monitoring and checking staff qualifications and professional registrations. A comprehensive documented induction program was available for completion by all staff joining the service, with associated mentoring with experienced staff also available. Core competency training was noted for staff including hand hygiene, personal protective equipment, outbreak management, fire education and evacuation, manual handling, cardiopulmonary resuscitation (CPR), first aid and Workplace Health and Safety.

Compulsory staff training on the Quality Standards was evident and topics covered included elder abuse, unexplained absence, the Serious Incident Reporting Scheme (SIRS), Work Health and Safety, infection control, guide to safe food handling, safe manual handling and pressure injuries. Staff requested and were provided with dementia-specific training and training was provided to staff from the manufacturer after purchase of a new lifter, its correct usage and maintenance. The Assessment Team observed records detailed staff qualifications, position descriptions, police records, interview and induction documents, competency records, training course completion and confirmed most staff had completed or were undergoing mandatory training.

Performance reviews for staff were evidenced and staff confirmed undertaking performance appraisals with their supervisor. Management advised consumer surveys and feedback was utilised to identify any additional training needs for staff and performance management mechanisms were in place to manage staff performance if required, and in line with the Employee Performance Review Policy.

**Standard 8**

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| Organisational governance | | Non-compliant |
| 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. | Non-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. | Non-compliant |

## Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following three requirements are non-compliant:

Requirement 8(3)(c) – Effective organisation wide governance systems relating to the following:

information management;

continuous improvement;

financial governance;

workforce governance, including the assignment of clear responsibilities and accountabilities;

regulatory compliance;

feedback and complaints.

Requirement 8(3)(d) – Effective risk management systems and practices, including but not limited to the following:

managing high-impact or high-prevalence risks associated with the care of consumers;

identifying and responding to abuse and neglect of consumers;

supporting consumers to live the best life they can;

managing and preventing incidents, including the use of an incident management system.

Requirement 8(3)(e) – Where clinical care is provided – a clinical governance framework, including but not limited to the following:

antimicrobial stewardship;

minimising the use of restraint;

open disclosure.

The Assessment Team found the service was unable to demonstrate effective organisation wide governance systems in place for information management, continuous improvement, workforce governance, regulatory compliance and complaints and feedback. Information provided to the Assessment Team pertinent to information management, continuous improvement and feedback and complaints was significantly outdated.

The Assessment Team were provided with displayed organisational charts and planning and leadership documentation constituted the workforce governance framework of the service, with assignment of clear responsibilities and accountabilities not presented for review by the Assessment Team. Regulatory compliance was also not established, with staff unable to demonstrate a thorough understanding of the Quality Standards and relevance to their work.

Staff were unable to demonstrate a sound understanding of high-impact and high-prevalence risks, management and prevention of risks identification and response to abuse and neglect of consumers and supporting consumers live the best life they can, with limited education provided to staff on the Quality Standards. The Assessment Team observed a hazard and risk assessment form and supporting risk assessment matrix, however a documented risk management framework and associated policies were not demonstrated.

The Assessment Team noted the comprehensive policy and procedure concerning antimicrobial stewardship was still to be implemented at the service. The ‘Minimising use of Restraint’ policy did not comply with contemporary restraint requirements and the ‘Restrictive Practices Prevention and Management Policy and Procedure’ still required implementation. Staff interviewed had limited knowledge about these clinical governance areas and were unable to describe practical application of policies and procedures in performing their duties.

The Approved Provider responded to the Assessment Team report and acknowledged the areas of non-compliance in this Standard, noting work had begun to rectify the issues identified.

I am satisfied the remaining two requirements of Standard 8 Organisational governance, are compliant.

The Assessment Team found consumers and consumer representatives were engaged in the development, delivery and evaluation of care and services and were supported in that engagement. Consumer and consumer representative engagement was demonstrated through consumer meetings and food committee meetings and consumer feedback and complaints, with enhancements in care and services evident in review of meal quality. Management advised continuous improvement plans were discussed regularly, and included review and update of care plans, changes to forms and charts and updating families and consumer representatives of change implementation.

Management explained the role of the Board in providing the strategic direction of the service the Assessment Team observed outcomes from staff meetings, management meetings, risk management issues and safety and care of consumers were reported to the Board. The Board undertakes reviews of clinical quality and safety performance information and facilitates actions for improvement to consumer care and services. Data on the Serious Incident Reporting Scheme (SIRS) was provided to the Board for review, who also have oversight of all COVID-19 activities and expenditure. The Board established the Finance and Governance Sub-Committee (FAGSC) to provide oversight of income and expenditure within the organisation.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)