Performance

Report

**1800 951 822**

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| Name: | Burswood Care Gwen Hardie Lodge |
| Commission ID: | 7068 |
| Address: | 67 Mermaid Avenue, EMU POINT, ALBANY, Western Australia, 6330 |
| Activity type: | Site Audit |
| Activity date: | 7 May 2024 to 9 May 2024 |
| Performance report date: | 17 June 2024 |
| Service included in this assessment: | Provider: 7020 Burswood Care Pty Ltd  Service: 4596 Burswood Care Gwen Hardie Lodge |

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 Burswood Care Gwen Hardie Lodge (**the service**) has been prepared by Katherine Richards, 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 report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management, and others; and
* the approved provider’s response to the assessment team’s report received 4 June 2024.

# 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 | **Not 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 8(3)(e)**: The approved provider ensures the Clinical Governance Framework includes effective monitoring and oversight practices to ensure staff are following policies, procedures, and work practices, taking corrective action where necessary to ensure consumers receive best practice, safe, and effective care and services.

# 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 6 of the 6 Requirements have been assessed as compliant.

Consumers and representatives said staff treat consumers with dignity and respect, and value them as individuals. Staff spoke respectfully of consumers, demonstrating familiarity with backgrounds and preferences. Care planning documentation reflected consumers’ diversity, background, and preferences.

Staff explained how consumer’s cultural needs and preferences influenced care and services. Consumers said staff recognised and supported cultural needs. The diversity and inclusion policy outlined the service’s commitment to recognising and supporting cultural diversity, inclusion, and safety.

Consumers described opportunities to exercise choices about how and when care is provided, and relationships of importance, and staff respect their decisions. Staff explained actions to support consumer choice making, maintain independence, and engage in relationships of choice. Care planning documentation identified consumer choices and relevant supports.

Consumers provided examples of how they were supported to take risks of choice. Care planning documentation recorded the risk, potential for harm, and strategies, demonstrating engagement of the consumer and/or representative in development. Staff were aware of consumer risks and associated strategies and were informed through policies and procedures reflective of consumer right to make choices and take risks.

Staff explained verbal and written methods of sharing information with consumers in line with their communication needs. The activities schedule was displayed and available in multiple languages, with staff advising they would verbally remind consumers of commencing events. Consumers and representatives said they received sufficient information about meal choices and activities.

Consumers said staff consider their privacy, respecting preferences and ensuring care was provided behind closed doors. Staff described methods for keeping personal information confidential, including securing information in password protected computers. The privacy policy outlined appropriate handling, holding, accessing, and correction of 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. | 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 5 of the 5 Requirements have been assessed as compliant.

Staff described initial and ongoing assessment processes, used to identify risk and develop care and services plans to inform care delivery. Care planning documentation evidenced consideration of individual risks, which were used to develop tailored strategies. Assessments for new consumers were outlined in processes and on a checklist to ensure key areas with potential for risk were identified upon entry. However, assessment and planning processes had not effectively identified all consumers subject to environmental restraint, with only some consumers in the secured memory support unit having necessary consent and behaviour support plans, and the service not effectively assessing all consumers for ability to independently use the front door. Whilst I consider there to be improvements to be made in relation to assessment and planning processes, and staff recognition of environmental restraint, the service was able to recognise some consumers impacted, and I consider my findings within Requirement 8(3)(e) of Standard 8 Organisational governance to effectively address the matter.

Consumers and representatives said current needs, goals, and preferences of consumers were identified and addressed within assessment and planning processes, and they were offered opportunity to discuss advance care and end of life planning. Staff explained the approach to discussing end of life wishes if consumers and/or representatives were comfortable, and this information was revisited for consumers identified to be entering palliative care trajectory. Care planning documentation reflected feedback from staff and representatives relating to needs, preferences, and end of life care.

Consumers and representatives described their participation and feedback in assessment and planning processes. Staff explained the active collaboration with consumers, representatives, and other providers of care to ensure appropriate planning for provision of quality care. Care planning documentation evidenced involvement of consumers, representatives, and other providers including medical officers, specialists, and allied health professionals.

Staff explained communication with consumers and representatives to keep informed of assessment and planning outcomes or changes, ensuring a copy of the care and services plan is available. Representatives said they were involved in regular discussions and reviews and had been given a copy of the care and services plan. The electronic care management system enabled generation of a summary care and services plan with the outcomes of assessment and planning processes.

Consumers and representatives said care and services were regularly reviewed and discussed, and necessary changes made in a timely manner. Staff were familiar with review processes, including following incident. Most care and services plans evidenced review and update or change of strategies every 6 months or following incident, however, one consumer’s mobility assessment had not been re-evaluated following multiple falls. Management advised the allied health review was to be undertaken during the Site Audit, and the care planning documentation reflected person-centred strategies were in place and known by staff.

# 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 7 of the 7 Requirements have been assessed as compliant.

The assessment team recommended Requirement 3(3)(a) Not Met, as the service did not demonstrate clinical monitoring was undertaken in accordance with policies and documented strategies for management of consumer needs. Whilst staff demonstrated awareness of required practices, care planning documentation for consumers with diabetes or experiencing falls did not show monitoring consistent with policies and/or directives. For one consumer experiencing pain, non-pharmacological strategies had not been trialled prior to administering pain relief. Management acknowledged the feedback, however, believed the issue lay with poor documentation rather than lack of care.

One representative reported concern about clinical care management relating to a consumer’s continence care impacting their health and comfort, although acknowledged this had not been previously raised with management. Staff were aware of care strategies, including monitoring of associated risks, however, documentation did not reflect rationale. In response, management coordinated a meeting between the representative and medical officer to discuss the issues raised.

The assessment team also reported the service did not effectively identify use of restrictive practices for some consumers, particularly environmental restraint for consumers within the memory support unit, and documentation for one consumer subject to chemical restraint did not demonstrate use of personalised strategies prior to administration of medication.

The approved provider’s response offers context and additional documentation relevant to the Site Audit report, providing the following evidence and information relevant to my finding:

* Whilst there were some gaps in documentation relating to diabetes monitoring, with two consumers missing a weekly blood glucose reading, there was no demonstrated harm to consumers. To improve this, processes have been adapted to prompt clinical staff of requirement for monitoring blood sugar levels, and auditing undertaken by clinical management.
* There were some gaps in recording the observations of consumers following falls, however, monitoring was still undertaken on a very regular basis with no abnormalities identified. Documentation demonstrated other care actions for consumers was provided at a similar time, such as provision of pain relief, or repositioning, and staff would have identified change of condition during these cares if risks emerged. Furthermore, the guidance material also supports clinical judgement for application of monitoring. Improvement actions have been commenced to include oversight of staff practices and ensuring clinical judgement decisions are documented.
* Signs and symptoms of consumer pain were monitored and managed through regular and ‘as required’ pain relief and non-pharmacological strategies. The named consumer was unable to articulate pain, and staff identifying and responding to symptoms of pain were unable to identify the location of pain, making it difficult to use non-pharmacological strategies. Documentation demonstrates minimal use of the ‘as required’ pain relief, reflective of effective pain management strategies.
* Evidence of outcomes from discussing continence care with the representative, and current trials being undertaken to determine if care can be improved.
* The approved provider acknowledges some consumers had not been correctly identified and assessed as subject to environmental restraint with actions undertaken including a review of all consumers and appropriate consent and behaviour support plans developed where required.
* In relation to the use of chemical restraint for the named consumer, the recommended strategies provided by dementia specialists in 2022 and 2023 were no longer effective due to cognitive and physical deterioration or the consumer’s level of engagement. A review of documentation demonstrated occasions where person centred strategies had been effective, and chemical restraint had not been required. Following identified escalations in changed behaviours, increased monitoring and evaluation was also undertaken in line with best practice.

I acknowledge the approved provider’s response and actions undertaken. I have considered all the evidence before me, and find on balance, the service has demonstrated consumers receive safe and effective clinical care of best practice and tailored to needs. Whilst recognising there are some areas for improvement in documentation practices, I find the approved provider’s explanation and evidence demonstrates monitoring of consumer safety and well-being. Consumers with omission of diabetes monitoring were on weekly or monthly reviews, which I consider reflective of low risk and well managed health. Although neurological observations were not always undertaken as frequently as directed following consumer falls, particularly when due every 15 minutes, there was evidence of regular checks of consumer condition following incidents, and the provided policy does reflect clinical judgement may be used on monitoring pathway/frequency.

In coming to my decision relating to use of chemical restraint, I have placed weight on the evidence from the approved provider showing medication is not always required to support the consumer’s changed behaviours, with non-pharmacological strategies proving effective at times. Furthermore, the service has demonstrated processes to monitor and evaluate the effectiveness of chemical restraint when it is used in line with best practice care. However, I would encourage the service to monitor that staff documentation practices include sufficient detail within the person-centred interventions trialled prior use of medication to support evaluation and updates of behaviour support plans, as ‘providing reassurance’ needs to offer more detail to ensure shared understanding between staff. I also note the approved provider’s response suggested offering meaningful activities or interventions to redirect was ‘difficult to expect’ of staff at night. I would recommend caution on excluding trial of effective non-pharmacological strategies due to the time of day or night if it offered opportunity to minimise use of chemical restraint and optimise consumer well-being.

The approved provider has acknowledged consumers assessments for environmental restraint were not reflective of policies and procedures, however, I do not consider this reflective of care delivery risks, and instead have considered it within my findings for Requirement 2(3)(a) of Standard 2 Ongoing assessment and planning with consumers and Requirement 8(3)(e) of Standard 8 Organisational governance.

I find the service’s demonstration of monitoring and responding to pain, including using validated assessment tools for consumers unable to verbally raise concerns, is reflective of best practice and tailored to consumer needs. I also am satisfied with the use of non-pharmacological strategies as being supportive to medication management rather than a substitute, especially in the described circumstances. I am also satisfied with the information relating to the continence care of the named consumer, including reviews and actions, and would encourage the service and representative to continue together to find the best outcome to optimise the consumer’s well-being.

For these reasons, I find Requirement 3(3)(a) compliant.

Care planning documentation outlined individual risks to consumers and mitigating strategies, and staff demonstrated awareness of these. Consumers and representatives reported risks were understood and well-managed.

Staff explained how they recognised consumers nearing end of life, focusing care on comfort, dignity, and emotional care. Care planning documentation for a late consumer demonstrated timely commencement of an end-of-life pathway, focused on pain management, comfort, and family support. Policies and procedures recognised consumer physical and emotional needs for end-of-life care and informed staff practice.

Consumer sand representatives said changes in consumer health was recognised and actions communicated. Care planning documentation showed deterioration or change of consumer health was promptly recognised and responded to with escalation for medical review where needed. Staff outlined signs and symptoms reflective of change in health status, explaining these were identified promptly through working closely with consumers.

Staff explained how information about consumers was shared through documentation, handover, and meetings. Consumers and representatives described communication processes as effective, with staff aware of needs and preferences without need to repeat information. Care planning documentation contained sufficient information for staff to provide care in line with consumer needs and preferences.

Consumers and representatives verified referrals were timely and appropriate to consumer needs. Clinical staff outlined referral processes to various organisations or providers of care and services, with outcomes of referrals reflective in care planning documentation.

Staff described precautions used to prevent and control infection and ensure appropriate use of antibiotics through consideration of pathology results. Practices were supported through policies, procedures, outbreak management plans, and the Infection prevention control lead. Screening procedures were undertaken for all staff and visitors entering the service, and staff were observed to be practicing effective hand hygiene.

# 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 7 of the 7 Requirements have been assessed as compliant.

Consumers and representatives described how services and supports were used to enable consumers to meet goals and considered needs and preferences. Staff explained working with consumers to understand their needs and preferences, which were captured in care planning documentation.

Staff explained how they supported emotional, spiritual, and psychological well-being through religious services and facilitating social connections. Management advised staff could recognise and respond to consumer’s low mood or escalate for clinical assessment and management. Consumers and representatives gave examples of services and supports provided to support their emotional or spiritual well-being, including volunteer visits and church services.

Consumers outlined how they were supported to maintain social and personal relationships within the service and broader community and connect them with activities of interest. Staff described people of importance to consumers, and explained how interests were considered in development of the activities program. Consumers were observed interacting with visitors and participating in activities with other consumers.

Care planning documentation included sufficient information about consumer condition, needs, and preferences to inform staff, and staff from a range of roles described communication processes, ensuring clinical staff communicate changes of needs to hospitality staff and support services.

Consumers said they received referrals to individuals and other organisations considerate of their needs, and these were timely. Care planning documentation reflected referrals made to volunteers, and staff outlined provision of referrals to other services, including counselling.

Staff explained development of the menu through consumer feedback and consultation with the food focus group. Consumers and representatives provided positive feedback relating to the quality, quantity, and variety of food served, explaining how meals were suitably adapted to meet dietary requirements. Menus reflected the variety of options for meals and alternates available.

Consumers reported having access to safe personal equipment, such as mobility devices, and explained how staff maintained and cleaned it. Staff explained processes to access necessary equipment and received training on cleaning and safe use. Equipment was observed to be clean and well-maintained.

# 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 3 of the 3 Requirements have been assessed as compliant.

Consumers and representatives described the service environment as welcoming and easy to understand and navigate. Management outlined the features of the service to support belonging and independence, such as personalising consumer rooms. Communal areas and hallways had sufficient lighting and handrails, with clear signage to support independent navigation.

Consumers and representatives reported the environment was clean and well-maintained, and they could freely access indoor and outdoor area. Staff explained the cleaning schedule, covering communal areas and consumer rooms, with additional cleaning requirements during infectious outbreaks. Maintenance requests were recorded within the log, demonstrating timely response and resolution.

Furniture, fittings, and equipment were observed to be clean, safe, and regularly maintained. Consumers said furniture and equipment were suitable for their needs. Staff explained processes for monitoring, maintaining, and cleaning equipment.

# 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 4 of the 4 Requirements have been assessed as compliant.

Consumers and representatives described feeling comfortable to provide feedback or make complaints, describing management as approachable. Consumers and staff explained the written and verbal avenues available to raise concerns or offer feedback. Policies, procedures, and systems ensured consumers were encouraged and supported to provide feedback or complaints. Feedback forms and locked boxes were observed throughout the service and permitted anonymous comment.

Staff explained how they promote access to advocacy, language, and complaint services, including through pamphlets, posters, and discussions within consumer meetings. Not all consumers and representatives were aware of supports, however, those unaware stated they had no need as they were happy using the service’s complaint processes. Whilst there was not current need for translating and interpreting services for the consumer cohort, management pointed out there were guidelines on how to access them if required.

Documentation reflected use of open disclosure and actions taken in response to complaint, in line with policies and procedures. Staff demonstrated awareness of the open disclosure process and application in response to complaints and feedback. Consumers and representatives reported actions were taken and matters resolved or improved in response to feedback or complaints made.

Management provided examples of how feedback and complaints had been used to make improvements within the service. Improvement activities were developed in response to consumer and representative input, through feedback and complaints, consumer meetings, and survey results. Consumers and representatives verified they had seen improvements made arising from comments or feedback.

# 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 5 of the 5 Requirements have been assessed as compliant.

Overall consumers and representatives described staff numbers as sufficient to meet consumer needs in a timely manner, and those dissatisfied stated it had not negatively impacted consumer care. Staff advised they had enough time to meet consumer needs, and management explained actions taken to cover unplanned absences. Management explained planning and recruitment processes to ensure consumer needs were addressed and legislative rostering requirements met. Whilst management undertook monitoring of call bell response times, the service did not have guidelines on formal response times, with investigation undertaken for extended wait times, such as over 30 minutes, and acknowledged the provided negative feedback provided relating to consumer dissatisfaction on delays. The approved provider’s response also addresses this, explaining key performance indicators and reporting is being developed to monitor performance.

Consumers and representatives described staff as kind, caring, and respectful. Management explained monitoring of the workforce interactions and feedback to ensure staff meet expectations, with actions taken if required. Policies, position descriptions, and staff handbook outlined organisational values and expectations of staff interactions with consumers.

Documented position descriptions were available for each role, identifying duties and performance outcomes. Management outlined processes to verify staff qualifications and authorisations, with monitoring to ensure these are maintained and processes to manage staff with overdue requirements. Staff described how the onboarding process supported competency through buddy shifts and mandatory training.

Staff said they received sufficient training and support to deliver safe and effective care, and they could request more if required. Management explained how the training program ensured staff had sufficient knowledge to deliver outcomes required by the Quality Standards, including relating to infection prevention and control, elder abuse, and incident reporting through the Serious Incident Response Scheme. Toolbox education sessions were coordinated in response to identified knowledge gaps, including in response to feedback provided during the Site Audit.

Staff performance was assessed and monitored through formal review processes, with management of poor performance undertaken. Management described formal and informal monitoring and review processes. Staff could describe the performance review process, explaining it offered opportunity to provide feedback for development, and documentation evidenced use of a self assessment process within the review with opportunity to request training and education.

# 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. | Not Compliant |

Findings

This Quality Standard is not compliant, as one of the 5 Requirements has been assessed as not compliant.

The assessment team recommended requirement 8(3)(e) Not Met, identifying deficiencies in identifying and monitoring use of restrictive practices, particularly environmental restraint, staff knowledge of restrictive practices was not always sufficient. Whilst 11 consumers had been assessed for restrictive practices due to inability to independently use the front door, not all consumers residing in the secured memory support unit had been identified as environmentally restrained. Furthermore, oversight practices had not identified irregularities in documentation or monitoring of diabetes or undertaking observations following a fall, and audits had not been undertaken for these clinical care areas. Management acknowledged they had not considered the consumers within the memory support unit to be environmentally restrained, and initiated review and remedial actions in response, including reviewing consumer assessments and undertaking staff education. The review was commenced during the Site Audit, and an additional 30 consumers (41 total) were identified as being subject to environmental restraint, 11 of these residing in the memory support unit.

The approved provider’s response acknowledges the findings and recognises the service had not fully applied organisational processes and definitions to support the use of environmental restraint for some of the consumers. The have provided analysis of their review, noting 4 of 10 consumers in the memory support unit were not identified, and a total of 25 of 43 consumers were unable to independently access the front door. Assessments have subsequently been undertaken, and consent obtained from representatives (substitute decision makers). Education sessions for staff have been commenced and remained ongoing at time of the response. Oversight practices have been enhanced through using the electronic care management system to schedule tasks, such as monitoring of diabetes, and audits will be undertaken to ensure correct pathways are followed.

I acknowledge the approved provider’s response. The approved provider has accepted the recommendation, developing actions captured in the include Plan for continuous improvement, which will take time to evaluate for effectiveness. I am satisfied this evidence demonstrates Non-compliance with Requirement 8(3)(e).

I am satisfied the remaining Requirements are compliant.

Consumers and representatives outlined their engagement in the service through feedback, consumer meetings, food focus meetings, surveys, and involvement within the consumer advisory body. Management described mechanisms in place to capture consumer and representative input into the development, delivery, and evaluation of care and services on a service and organisation wide basis including through consumer engagement committees such as the consumer advisory body through which the consumer experience was shared with the governing body. Supporting documentation, such as meeting minutes and survey outcomes, evidenced consumer input.

Management explained the governance structure and supportive systems, including monitoring of reporting, audit outcomes, and consumer feedback. Monthly service reports provided oversight of performance through regional management, national executives, and the governing body including the Board, outlined within the organisational structure and hierarchy. Management explained how information was communicated back to the service and offered examples.

Organisation wide governance systems offered oversight to key areas through policies, procedures, reporting, and reviews, with regular communication between the governing body and the service. Financial governance was demonstrated through provision and management of a budget, with processes to seek approval for additional funding to meet consumer needs. Monitoring of legislative and regulatory changes was undertaken through subscriptions to peak bodies, and necessary changes communicated through senior leadership to all staff. Staff demonstrated awareness with processes, policies, and procedures, along with available training, which they accessed through effective electronic information management systems.

Risk management systems and practices enabled staff recognition and understanding of high impact and high prevalence risks, with monitoring processes such as audits, clinical indicators, and regular reporting ensuring risks were effectively identified and managed. Staff received training on recognising and reporting elder abuse and neglect, and could describe responsibilities in reporting incidents, including through the Serious Incident Response Scheme. Consumers were supported to make choices, including about taking risks, in order to live their best lives, reflected in policies and procedures.

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)