Performance

Report

**1800 951 822**

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| Name: | Calvary Haydon Retirement Community |
| Commission ID: | 2930 |
| Address: | 2 Jaeger Circuit, BRUCE, Australian Capital Territory, 2617 |
| Activity type: | Site Audit |
| Activity date: | 6 March 2024 to 8 March 2024 |
| Performance report date: | 16 April 2024 |
| Service included in this assessment: | Provider: 2496 Calvary Retirement Communities Limited  Service: 5649 Calvary Haydon Retirement Community |

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 Calvary Haydon Retirement Community (**the service**) has been prepared by P. Wallner, 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 staff, Consumers and representatives and others.
* The provider’s response to the assessment team’s report received 8 April 2024.
* Other information held by the Commission.

# 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 | **Not 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 5(3)(b) - Ensure the service environment is safe and well maintained, and consumers can move freely, both indoors and outdoors.
* Requirement 5(3)(c) - Ensure the furniture, fittings and equipment are safe, well maintained and suitable for the consumer.

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

Consumers and representatives said consumers felt accepted and valued, whatever their needs, ability, gender, religion, spirituality, ethnicity, or background. Staff and management described how they treated consumers with dignity and respect, and what they would do if a consumer’s dignity was not being respected. The consumer handbook, Charter of Aged Care Rights and other documents confirmed the service supported consumers’ identity, culture, and diversity and upheld their right to be treated with dignity and respect.

Consumers and representatives confirmed the service recognised and respected their cultural background and provided culturally sensitive care and services. Staff and management demonstrated an in-depth understanding of each consumer’s identity and cultural background and explained how they delivered care and services to in line with their cultural beliefs. The service had written policies, procedures, and training programs designed to enhance staff comprehension of cultural safety, including a Diversity and Inclusivity Policy.

Consumers and representatives said consumers were supported to exercise choice in relation to their care and services and maintain their chosen relationships. Staff and management provided examples of how they helped consumers to make independent choices and maintain relationships inside or outside the service. Consumers were observed receiving visitors and going out of the service for social activities.

Consumers and representatives felt supported to exercise independent choices involving taking risks to live the life they chose. Management and staff explained various ways they supported consumers in taking informed risks, while also minimising the risks. Care planning documents confirmed consumers’ choices which involved risks and the agreed mitigation strategies put in place.

Consumers and representatives confirmed the service provided timely, clear, easy to understand information to help them make informed choices. Staff described various means of communication they used such as cue cards, notice boards, activities calendars, newsletters announcements, phone calls and emails. Consumers’ care documents recorded their preferred methods of communication to assist staff provide consumer centred care.

Consumers and representatives described how staff always respected consumers’ privacy such as by closing doors to provide care. Staff describe ways they respected consumers’ privacy and kept their information is kept confidential. Staff described keeping computers locked in the nurses’ stations and using passwords to access consumers’ personal information. The service had written policies on privacy and staff received privacy training during induction and then annually.

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

Consumers and representatives said they were involved in assessment and care planning processes and were satisfied with the identification and management of risks. Staff and management described the initial and ongoing assessment and care planning processes and how risks were identified and agreed management interventions put in place. Care planning documents evidenced a range of assessments being completed upon entry and on an ongoing basis including risk assessments using validated risk assessment tools.

Consumers and representatives said they were consulted about consumers’ current needs, goals and preferences and advance care and end of life plans. Staff and management knew consumers’ individual needs and preferences, and described how they approached conversations about advance care and end of life planning. The service maintained an electronic copy of the consumer’s advance care directive and end of life plans which staff could access.

Consumers and representatives confirmed their ongoing involvement in assessment and care planning along with other people and organisations they chose to involve. Care planning documents showed the involvement of a diverse range of external providers and services. Clinical staff described the importance of consumer-centred care planning and explained how they engage with consumers and representatives.

Consumers and representatives confirmed receiving regular updates and communications from staff when care needs changed and confirmed receiving a copy of the care plan. Staff and management advised the outcomes of assessments were documented in care plans on the electronic care management system and consumers and representatives were regularly updated.

Consumers and representatives said consumers’ care was reviewed regularly and reviewed when incidents occurred. Care planning documents confirmed care was reviewed on a regular basis and when circumstances change, or when incidents occurred. Staff and management confirmed care plans were reviewed 4 monthly or when health status or care needs changed.

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

Consumers and representatives said consumers received safe and effective personal and clinical care, which was tailored to their needs and optimised their health and well-being. Care planning documents reflected safe and effective personal and clinical care, tailored to the specific needs and preferences of each consumer and consistent with best practice. The service had documented policies, procedures, guidelines and flowcharts to guide staff in the delivery of best practice personal and clinical care.

Consumers and representatives said the service effectively managed high impact and high prevalence risks to consumers’ health. Management and staff identified the risks to individual consumers and detailed the management strategies in place. Care planning documents confirmed high impact and high prevalence risks had been identified and effective mitigation measures were in place.

Consumers and representatives confirmed consumers’ current needs, goals, and preferences and their end of life wishes, had been discussed with them. Staff and management described the way they maximised the comfort and preserved the dignity of consumers nearing the end of life. Care planning documents confirmed advance care and end of life care was in accordance with the needs, goals, and preferences of consumers.

Consumers and representatives said the service responded promptly and appropriately to a deterioration or change in consumers’ condition, health, or ability. Staff and management explained the effective processes for identifying and responding to changes or deterioration in consumers’ condition. The service had a documented policy and procedures to guide staff in identifying and responding to deterioration in condition.

Consumers and representatives were satisfied with the communication between staff and others involved in providing care and services. Staff described how information about consumers’ current needs and condition was documented in the electronic care management system and shared effectively within the organisation, and with others involved in their care. Care planning documents showed staff, and others involved in providing care, had access to current information about consumers’ condition, needs and preferences. Staff were observed at shift handover sharing information about consumers’ condition, needs and preferences.

Consumers and representatives said consumers had access to other relevant health professionals and referrals to these services were timely and appropriate. Staff described effective processes for referring consumers to other health providers and how this informed their ongoing care. Care plans confirmed the timely input of other health professionals such medical officers and allied health professionals.

Consumers and representatives confirmed staff took appropriate infection prevention and control measures and managed COVID-19 well. Staff described how they were trained and prepared in infection prevention and control practices and promoted antimicrobial stewardship. The service has 2 trained infection prevention and control leads (IPCL) and documented policies and procedures to guide staff in preventing and controlling infections and promoting antimicrobial stewardship. Staff were observed to be following appropriate infection control practices.

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

Consumers and representatives said the services and supports for daily living met their needs, goals, and preferences, and promoted their independence and quality of life. Staff knew what was important to specific consumers, what they liked to do, and the supports needed to optimise their quality of life. Care planning documents included information about the services and supports required for consumers to optimise their quality of life, health, wellbeing, and independence. Consumers were observed participating in various activities during the Site Audit.

Consumers and representatives said the service supported their emotional, spiritual, and psychological well-being. Management and staff described various ways they supported consumers’ emotional, psychological and spiritual well-being such providing church services, pastoral visits and one on one support. Consumers’ care planning documents contained information about their emotional, spiritual or psychological well-being and how staff were to support them.

Consumers and representatives confirmed consumers could participate in activities and events inside and outside the service and maintain important social and personal relationships. Staff identified consumers’ lifestyle interests and described how they supported them to maintain relationships. Care planning documents detailed how consumers participated in their community, did things of interest, and stayed connected with their family and friends. The weekly activity calendar was displayed in communal areas and consumers were observed

Consumers and representatives described how current information about consumers’ needs, preferences and condition was effectively communicated within the service, and with others responsible for providing care. Staff explained how the handover process and care plans kept them informed about consumers’ daily living needs and preferences. Care planning documents provided adequate information to support the delivery of effective and safe care.

Consumers and representatives confirmed the service provided timely and appropriate referrals to other organisations providing care and services. Staff and management described how they collaborated with external individuals and organisations to provide additional services and supports to consumers. Care planning documents showed consumers had been referred to external services with their consent, and the service had documented policies and procedures to guide the referral process.

Consumers and representatives said meals were of good quality, varied and there was plenty of food provided at mealtimes and in between meals. Staff were aware of consumers’ nutrition and hydration needs and preferences, including meal size, dietary or cultural needs and any support they needed. Staff said could provide consumers with food or beverages at any time outside of the standard mealtimes. Care planning documents reflected consumers stated dietary needs and preferences and any recommendations made by allied health professionals. The meal service was observed to be calm with consumers receiving appropriate assistance from staff in a dignified and timely manner.

Consumers and representatives said the meals were ample and varied. Staff knew individual consumer’s dietary needs and preferences and consumer feedback on meals was incorporated into the menu development. Care planning documents recorded consumers’ dietary needs, dislikes, allergies and preferences which were communicated to the kitchen. Staff were observed assisting, encouraging, and offering meal choices to consumers.

Consumers and representatives said there was an adequate number of equipment which was safe, clean, and well maintained. Staff confirmed having sufficient equipment and were aware of the system for reporting maintenance issues however, it was not always repaired or replaced in a timely manner. Refer to Requirements 5(3)(b) and 5(3)(c) below for further details pertaining to maintenance.

# 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. | Not Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not Compliant |

Findings

This Quality Standard is assessed as Not Compliant as 2 of the 3 Requirements have been assessed as Not Compliant.

The Assessment Team recommended Requirement 5(3)(b) was Not Met. While most areas of the service appeared to be safe, clean, and well serviced, the Site Audit found the service environment was not always safe and well maintained. Evidence brought forward included:

* Consumers and representatives mostly said the service was clean, safe and well maintained however, some consumers and representatives said the service environment was not safe and well maintained, and did not always enable them to move around safely.
* The Assessment Team observed a number of slip, trip and electrical hazards in the memory support areas accessible to consumers.
* Staff and management described the procedures for reporting hazards and repairs and had received relevant training however, hazards and maintenance issues were observed which had not been identified, recorded or actioned.
* Management acknowledged some of the issues raised and undertook actions during the Site Audit to address them.

The provider’s response received 8 April 2024, provided additional clarifying information and evidence in relation to the recording and actioning of maintenance requests. The provider’s advice included:

* The service acknowledges the deficiencies identified and committed to implementing a number of continuous improvement actions to reinforce their maintenance systems and processes.
* Additional staff education will be provided on reporting and documenting maintenance requests including training staff to log requests into the system and maintenance staff to validate and close off work orders within the stipulated time frames.
* Additional staff education will be provided on identifying and recording hazards including securing hazards such as by placing warning signs, cordoning off areas, removing equipment from service.
* Relevant staff and workplace health and safety representatives will conduct an environmental audit to identify any hazards/risks within the service and escalate to management for immediate action.
* The service will increase oversight and regularly audit reactive maintenance requests to ensure they are actioned appropriately.
* Management to review the scope of the gardening contract to ensure garden maintenance is adequate to ensure outdoor environment is safe.

I note the service acknowledged gaps in recording and actioning some maintenance issues and identifying potential hazards on site. I accept the service moved quickly, during and since the site audit, to initiate various improvement actions which included additional staff education and oversight. However, the service had not self-identified the deficits and appeared to lack the appropriate urgency in actioning safety related maintenance issues. While the service has initiated improvement actions, it is too early to determine whether these actions are sustainably embedded in their culture and processes and prove effective in ensuring the service environment is safe and well maintained on an ongoing basis. Therefore, on the balance of the evidence before me, I find Requirement 5(3)(b) Not Compliant.

The Assessment Team recommended Requirement 5(3)(c) was Not Met. The Site Audit found some furniture, fittings and equipment was not safe and well maintained. Evidence brought forward included:

* Consumers, representatives and staff said there were extensive delays with actioning some maintenance requests on items which were potentially unsafe to use.
* The service was unable to demonstrate the logs for both reactive and preventative maintenance were accurate or that maintenance issues were completed in a timely manner. Maintenance logs showed some maintenance requests had not been recorded, some had been actioned but not closed off, and other requests had not been actioned.
* Management acknowledged there were gaps in both recording and actioning of reactive and preventative maintenance requests. Management explained there had been no regular maintenance officer for 6 months and the part time maintenance officer had been on personal leave. The service was in the process of recruiting a new maintenance officer.
* Management advised that all maintenance issues that could adversely impact consumers had been actioned during the Site Audit however, the Assessment Team noted maintenance issues such as beds, call bells and the hot water temperature regulator valve were still outstanding.

The provider’s response received 8 April 2024, provided additional clarifying information and evidence in relation to the timely maintenance of furniture, fittings and equipment. The provider’s advice included:

* The service acknowledged not all maintenance requests had been actioned in a timely manner and there were deficiencies in the documentation of maintenance requests and items.
* Additional management and staff training is being provided on reporting and documenting maintenance issues on the system, and completing work orders within the stipulated time frames.
* All outstanding maintenance issues have been reviewed to confirm those still outstanding. Key overdue maintenance issues have been completed and closed off and the remaining maintenance requests have been triaged and prioritised according to risk/urgency.
* A maintenance contractor has been engaged two days a week while recruiting for a permanent maintenance officer.
* The service has increased oversight and will regularly audit reactive maintenance requests to ensure they are actioned promptly and appropriately.

I note the service acknowledged gaps in the recording and timely actioning of some maintenance issues, including safety related issues. I accept the service moved quickly, during and since the site audit, to initiate various improvement actions which included staff education and addressing outstanding maintenance items. I am concerned the service had not self-identified some maintenance deficits and appeared to lack urgency in actioning maintenance issues. While the service has taken improvement actions, it is too early to determine whether these actions are sustainably embedded in their culture and processes, and are effective in ensuring the furniture, fittings and equipment are safe and well maintained on an ongoing basis. Therefore, on the balance of the evidence before me, I find Requirement 5(3)(c) Not Compliant.

I am satisfied the remaining Requirement in Standard 5 is Compliant.

Consumers and representatives said they felt at home in the service environment which was welcoming and optimised their sense of independence, interaction, and function. Representatives said staff made them feel welcome and they could utilise common areas such as the café to spend time with their loved ones. Management and staff described features of the service that optimised consumers’ independence, interaction and function.

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

Consumers and representatives felt supported to raise concerns and make complaints and said they preferred to speak to staff or management directly or complete feedback forms. Staff and management described the processes in place to encourage and support feedback and complaints. Suggestion boxes and feedback forms were observed throughout the service. The consumer handbook and complaints policy detailed the internal and external feedback and complaints processes for consumers and staff.

Consumers and representatives were aware of alternative ways to raise a complaint such as contacting the Commission and external advocacy services. Management and staff were aware how to access interpreter and advocacy services, and described how they supported consumers to access these services, including those with disabilities. Information regarding advocacy and other services was displayed around the service and in the Resident Handbook.

Consumers and representatives said the service responded appropriately to complaints, acknowledged their concerns and apologised. Management and staff explained the procedures for responding to complaints, and the use of open disclosure. Records confirmed complaints were investigated, and acted upon promptly using open disclosure, in accordance with the services’ complaint and open disclosure policies.

Consumers and representatives said feedback and complaints are reviewed and used to improve the quality of care and services. Management said feedback and complaints were reviewed daily to ensure prompt responses and capture improvement opportunities on the Continuous Improvement Plan. Management and staff described how feedback and complaints had resulted in improvements and gave examples. described how improvements had resulted from feedback and complaints informing actions on the Continuous Improvement Plan. Records confirmed feedback and complaints were used to improve the quality of 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said there was generally enough staff and consumers received the care and support they needed in a timely manner. Staff said there was enough staff, and they felt well supported. Management said the number and mix of staff on the roster was working well with vacant shifts always backfilled. Rosters confirmed sufficient staff and registered nurses each shift. Management acknowledged a lack of maintenance staff had impacted on the timely resolution of maintenance issues for consumers.

Consumers and representatives said staff were kind, respectful and caring when providing care. Staff showed they knew consumers personally and understood their background, identity, needs and preferences. Staff were observed treating consumers and representatives with kindness and respect and addressing them by their preferred names. The service had written policies, procedures and mandatory training to guide staff in supporting consumers’ identity, culture and diversity.

Consumers and representatives said staff were capable and had the knowledge to provide the care and support they required. Management described the recruitment and induction process and how they ensured all staff had the required competencies, qualifications, registrations and security checks for their roles. Management demonstrated includes a suite of staff are required to complete. Position descriptions specified the core competencies and capabilities for each role and procedures provided guidance to staff undertaking specific tasks.

Consumers and representatives considered staff had the appropriate training and support to meet their care needs and preferences in line with the Quality Standards. Management described how staff were recruited, trained, equipped, and supported to deliver safe and quality care and services. Staff felt well supported and confirmed receiving initial and ongoing training and completing core competencies.

Consumers said they were encouraged to provide feedback on staff performance. Management described how the performance of the workforce was regularly monitored, assessed and reviewed. Management said performance reviews were conducted following the 6-month probation period, and annually thereafter. Staff said they received feedback immediately after any incidents, observations, complaints, or compliments, and any further training was undertaken. The service had documented policies to manage staff performance.

# Standard 8

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

Findings

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said the service was well-run and they had input into the design, delivery, and evaluation of care and services through various meetings, surveys and feedback forms. Consumers confirmed their engagement and feedback resulted in changes being made. Staff and management stated consumers and representatives were encouraged to have input into the service which led to changes being made. Records confirmed consumers and representatives were engaged in the development, delivery and evaluation of care and services.

Consumers and representatives said the service communicated effectively and provided a safe, inclusive environment providing quality care and services.

Consumers said they felt safe and had access to quality care and services in an inclusive environment. Management described how the organisation’s Board promoted a culture of safe, inclusive and quality care and services. The Board received reports on all aspects of the performance of the service and was accountable for the delivery of quality care and services and compliance with the Quality Standards.

The organisation had an effective governance framework which included policies and procedures related to continuous improvement, information management, financial and workforce governance, regulatory compliance and feedback and complaints. Management and the Board ensured the systems and processes were effective in providing care and services in accordance with the Quality Standards.

The service had effective risk management systems and practices to manage high impact or high prevalence risks associated with care of consumers, identifying and responding to abuse and neglect, supporting consumers to live the best life they can, and managing and preventing incidents. Risks and incidents were identified, managed and reported on regularly.

The service had an effective clinical governance framework which included policies promoting antimicrobial stewardship, the minimisation of restraint and the use of open disclosure. Consumers and representatives were satisfied with the clinical care and the handling of complaints. Management and staff were aware of the clinical governance framework and the range of policies, procedures and training including those related to antimicrobial stewardship, restrictive practices and open disclosure.

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)