Performance

Report

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| Name of service: | Calvary Muswellbrook Retirement Community |
| Service address: | 15 Cassidy Avenue MUSWELLBROOK NSW 2333 |
| Commission ID: | 0120 |
| Approved provider: | Calvary Retirement Communities Limited |
| Activity type: | Site Audit |
| Activity date: | 29 November 2022 to 1 December 2022 |
| Performance report date: | 9 January 2023 |

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 Muswellbrook Retirement Community (**the service**) has been prepared by T Solomon, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* the provider’s response to the assessment team’s report received 23 December 2022.

# 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 | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

Requirement 4(3)(d)

* Ensure effective communication of consumer dietary information and preferences is within the organisation, and with others where responsibility for care is shared.

# 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

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

Consumers and/or representatives stated they are treated with respect and their identity, culture and diversity is valued. Most consumer’s care planning documentation, interviews with staff and observations made by the Assessment Team of consumer and staff interactions corroborated this feedback.

Care planning documentation include information about consumers’ individual preferences, identity, and culture. Organisational policies contained information about including diverse consumers, treating them with respect and maintaining their dignity. The organisational diversity and inclusion strategy outlined how it ensures practices and behaviours respect the identity of consumers from diverse backgrounds at the service.

Consumers and/or representatives described how staff respect their culture, values, and diversity. Staff interviewed were able to describe individual consumer’s cultural backgrounds and how this relates to the care they provide. Care planning documentation reviewed reflected consumers cultural needs, interests, and preferences. Organisational policies included information on diverse and culturally appropriate care and services.

Overall consumers and/or representatives stated they can make decisions about how their care is delivered and who is involved in their care. Most care planning documents identified consumer choice around when care is delivered, and staff described how consumers maintain relationships of choice. Organisational policies included information on consumer autonomy, choice and decision making.

Consumers and/or representatives reported they are supported to do the things they want to do. Staff were able to describe how consumers take risks in a safe way. Risk assessment forms follow the organisation’s policies, show documented risk mitigation strategies, and are updated as per organisational policies.

The service provides each consumer with current, accurate and timely information which they can understand enabling them to make choices. Consumers and/or representatives stated they receive information about COVID-19 and related impacts, meals, and activities. Consumers and/or representatives stated they receive activity calendars and newsletters. Various information brochures are available for consumers and representatives throughout the service and the daily menu was displayed in all dining rooms.

Consumers and/or representatives described how their privacy is respected and their information is kept confidential. Staff interviewed stated they do not discuss consumers’ personal information in front of other consumers and described how they lock computers and keep office doors closed. The Assessment Team viewed a privacy framework that underpins how the service manages privacy and confidentiality.

The Assessment Team observed computers to be locked, staff knocking on doors and waiting for a response before entering, nursing staff closing curtains to provide privacy when giving medication in shared rooms.

# 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

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

The service demonstrated that individualised risks for consumer’s health and wellbeing are considered during assessment and care planning activities. Risk assessments include falls, skin integrity, pressure injuries, behaviour, co-morbidities, and previous history with information included in care plans to enable safe, effective care delivery. Care plans are reviewed frequently and if there is a change in the consumer’s condition.

Consumer records shows assessment and planning reflects consumers’ goals, needs and preferences, and includes input from consumers, their representatives and other care providers. Care plan reviews and updating occurs regularly, or when consumer circumstances change. End of life/advanced care planning discussions commence on admission to the service and are reviewed as necessary.

Consumers and/or representatives confirmed they are involved in care planning, regular review of care and that end of life wishes and advanced care preferences have been discussed. Consumer records show evidence of participation from consumers, representatives, and other health care providers.

The service demonstrated that care planning and assessment outcomes are clearly communicated to consumers and/or representatives. Plans of care and services are accessible to consumers and their authorised representatives.

The service has systems and processes in place to review consumer care and services on a scheduled basis, or when changes occur. Review of care planning documentation for consumers demonstrate regular review of consumer status and it is summarised in the nursing progress notes. An annual case conference, and a four monthly review are conducted with each consumer and/or representative. A review of care is also organised following any incident or change in a consumer’s condition.

# 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

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

The service demonstrates care documentation reflects care that is safe, effective, and tailored to consumer needs, and optimises health and well-being. Care documents reviewed show the identification and management of clinical and personal care needs including, wound care, skin and pressure area care, pain management and nutrition.

Overall, consumers and/or representatives consider they receive personal care and clinical care that is safe and right for them and in agreement with their needs and preferences. Care provided is in line with policy guidelines and is tailored to the needs of the consumer.

Consumer records who have restrictive practices in place or psychotropic medications prescribed, have documentation confirming discussion of use, the medication and informed consent and regular reviews with consumers and/or representatives are undertaken.

Restrictive practice reviews are scheduled every three months. Consumers with chemical restraint in place have behaviour support plans documented and they are regularly reviewed for effectiveness during care reviews and where possible medications are reduced or ceased.

The service has policies and procedures to guide staff in care and management of high risks related to consumers care, in addition to falls, skin integrity, pressure injury prevention, and weight loss. The service monitors high incidence, high risk consumers and trends as part of risk and quality management processes.

The service has a palliative care/end-of-life care policy and process in place to guide staff in managing end of life care while maintaining dignity and comfort for consumers. Consumer records show evidence of discussions and recording of wishes for end-of-life care. Staff advised that conversations with consumers and/or representatives regarding preferences around end-of-life planning, is part of the admissions process. The service has access to palliative care services within the local community.

The service demonstrates consumers who experience a deterioration or change of condition have their needs recognised and responded to in a timely manner. Consumer care planning documents and/or progress notes reflect the identification of, and response to deterioration or changes in function/capacity/condition.

The service demonstrated it has effective and detailed processes for information sharing within the organisation and with other providers involved in a consumer’s care. The service maintains communication with others where responsibility is shared through providing access to the electronic documentation system, referrals, case conferences and written and verbal communication. Relevant information is handed over between staff using progress notes, message board, resident of day reviews, shift to shift clinical handovers and regular clinical meetings.

Staff explained how information, including from external providers is accessible in the electronic records and any new information regarding care is shared at handover and incorporated into the care plan when changes are made. Clinical handover is attended by registered staff, and care staff from each area to ensure key information and changes in consumer care is passed on to the incoming staff.

Consumers and/or representatives confirmed the involvement of other health care providers, and referrals to external services if needed by the consumer. Consumer records showed evidence of referral to and input by allied health professionals such as speech pathologist, physiotherapist, dietitian, podiatrist, and specialist services including geriatricians, Dementia Support Australia, and medical officers.

The service demonstrates processes are in place to minimise infection related risks and to support appropriate use of antibiotics to reduce the risk of increasing resistance to antibiotics. Consumers and/or representatives indicated the service kept them informed about COVID-19 and has given them information on how to minimise their risk of contracting infections. Staff demonstrated an understanding of how they minimise the spread of infection and minimise the need for the use of antibiotics.

The Assessment Team observed the service has a single entry with a sign in and out register for all visitors and staff including, rapid antigen testing, vaccination status check and health declaration prior to entry, with masks and hand sanitiser available. Hand washing stations and hand sanitiser is available for use throughout the service, and disinfectant wipes are readily available to staff.

# 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. | Non-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 Non-compliant as one of the seven specific requirements have been assessed as Non-compliant.

Consumer and/or representative feedback, staff interviews, observations and a review of care planning documentation showed that not all information regarding consumers dietary preferences is being communicated effectively within the organisation. Feedback from representatives indicated a breakdown in communication regarding their consumers dietary needs and preferences.

The care manager described the process used for updating and communicating consumer dietary changes, however, the kitchen staff was not able to provide an up-to-date dietary information sheet when interviewed during the site audit and provided a dietary sheet folder last updated in 2021.

Observations and interviews with staff in the serveries in each house showed care and kitchen staff using a daily menu sheet with consumers dietary preferences. This information did not align with the current consumer dietary sheet provided by the care manager which had been printed from the electronic care planning system.

The Approved Provider responded with a detailed plan for continuous improvement.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. Therefore, I am satisfied that requirement 4(3)(d) is non-compliant.

I am satisfied the remaining six requirements of Standard 4 Services and supports for daily living are compliant.

Most consumers and/or representatives provided positive feedback indicating consumers receive safe and effective services and supports for daily living. Consumers and/or representatives stated staff support their independence, wellbeing, and quality of life.

Staff were able to describe individual consumer’s needs and preferences. Documentation review showed staff assess and identify most consumers’ needs, goals and preferences and optimise their health and well-being.

Consumers were observed engaging in bingo, hoi, an interactive computer game for consumers living with dementia, sitting in the sun, and attending a concert during the site audit. A Christmas ‘shop’ was in place in the chapel and consumers were observed purchasing items.

Consumers and/or representatives confirmed consumers receive the support they need for their emotional, spiritual, and psychological wellbeing. Emotional, spiritual, and psychological needs, goals and preferences are assessed upon admission to the service. Care staff, leisure and lifestyle staff, and religious services provide ongoing support for consumers and are available for consumers at times of need such as settling into the service, change of circumstances or end of life. Anglican and Catholic services including communion are conducted regularly at the service.

Consumers and/or representatives indicated staff know them well and are aware of their individual needs, goals, and preferences. The service provides activities at the service and visitors from the outside community such as entertainers, and representatives from local churches and the National Disabilities Insurance Scheme attend the service.

However, the Assessment Team identified that some consumers and/or representatives felt that not all consumers are being supported to participate and do things of interest to them, and staffing levels are impacting on the provision of adequate lifestyle supports.

The activities calendar showed minimal time allotted for one-on-one activities scheduled over a four-month period to support consumers who do not attend group activities. File reviews for some consumers show limited meaningful engagement with lifestyle and leisure activities.

The Approved Provider responded with additional information addressing some of the identified deficits, as well as a plan for continuous improvement, including but not limited to review of lifestyle staff roles and responsibilities, recruitment of additional lifestyle staff, additional outdoor and exercise activities, reinstatement of bus outings.

Based on the information provided by the Assessment Team, as well as the information provided by the Approved Provider, I find Requirement 4(3)(c) Compliant.

Consumers and/or representatives confirmed they are supported by other organisations and providers of other care and services. The leisure and lifestyle coordinator reported there are other organisations and providers which provide services to support the well-being of consumers. These services include lifestyle services, such as hairdressing and a coffee van, spiritual support from local religious services and support from the National Disability Insurance Scheme.

Overall consumers and/or representatives stated the food was of good quality, quantity, and variety. Consumers and/or representatives said they felt they could tell the kitchen staff or management if something was wrong with the food and felt it was addressed promptly.

A review of consumer and representative meeting minutes over a three-month period showed food, including food complaints is discussed in all meetings and consumers and/or representatives provide input into changes in the menu.

The Assessment Team found the service had equipment for the leisure and lifestyle program that was adequate, stored safely, clean, and suitable for consumers. Leisure and lifestyle staff were observed conducting activities with a range of equipment available.

# 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

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

Consumers and/or representatives confirmed the service environment is welcoming and they feel comfortable at the service. The service comprises of one level with four different houses. One house is a designated memory support unit. The service provides private and communal spaces for consumers and representatives to enjoy.

The Assessment Team observed the service to be at a comfortable temperature with air conditioning. The service has handrails to support consumers independence and mobility. Consumers and/or representatives confirmed they have no issues finding their way around the service.

Consumers and/or representatives stated they feel the service is safe, clean, and well maintained and they can move freely with the facility and outdoors. Regular audits and environmental inspections are undertaken. The Assessment Team observed fire and security systems in place. The management team, maintenance team and cleaning staff explained the systems in place for the cleaning and maintenance of the service environment.

Many consumers were observed moving freely around the service, walking independently and using mobility equipment to the dining room, activity room and outdoor areas.

The Assessment Team observed furniture and fittings that were safe, clean, well maintained, and suitable for consumers. Consumers and/or representatives reported they will inform staff if there is anything broken, and it is fixed quickly.

Care staff and nursing staff stated they had enough equipment to do their job properly. Staff explained how they reported any concerns about equipment to the administration team, and the maintenance contractor so that it could be repaired.

The service provided a list of tasks reported by staff that required attention as well as scheduled preventative maintenance that included legionella testing, water temperature checking and carpet cleaning.

# 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

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

Consumers and/or representatives confirmed they are able to provide feedback. Several consumers confirmed they are aware of the resident and representative meetings. The service has a monthly resident meeting as well as periodic resident and representative meeting which enables consumers and their representatives to raise issues and concerns.

The service has feedback forms and a suggestion box located near the reception area for consumers and/or representatives to lodge feedback. Issues raised are logged into an electronic system which can be reviewed at a local and organisational level. Staff advised they would escalate concerns to the registered nurse or management. Registered nurses advised they would log any issues into the electronic register and refer issues to the manager.

Consumers and their representatives are made aware of and have access to advocacy services through written material, such as the resident handbook, as well as information on public display. Consumers sampled advised they can speak to management, staff or their family if they had any issues to raise. Most consumers interviewed did not feel the need for an external advocate as they considered that their family would act on their behalf. Management advised that currently consumers residing at the service do not require interpreting services.

Management stated that a representative from the advocacy service Seniors Rights Service has recently attended the service on two occasions to introduce consumers to the advocacy organisation and to provide an opportunity for consumers to discuss any issues.

The organisation has a complaints management policy, and a policy specially relating to open disclosure. Key components of the complaints policy note the need for an apology; addressing the points the complainant has raised; providing, where possible, information relating to the investigation as well as any action taken as a result of the complaint. A review of the electronic complaints register confirmed that complaints are being acknowledged and actioned and generally feedback is being provided to the complainant.

The organisation has systems in place to monitor feedback and complaints and make use of the information to improve the provision of services. This includes the use of an electronic register in which a variety of information, including accident and incident data as well as complaints, is stored. This enables information on complaints to be categorised to assist with trend analysis as well as enabling senior management to monitor actions being taken to resolve complaints.

Information on a range of topics, including complaints, is provided via a monthly report to the board on the operations of the various services within the group. Key issues are added to the service’s plan for continuous improvement to enable the monitoring of actions being taken.

# 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

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

Consumer and/or representative feedback was predominately positive regarding staff availability. Consumers stated they did not feel they were waiting too long for assistance but noted that they are aware that staff can also be busy attending to other people.

A review of the roster indicated that the service does endeavour to fill vacant shifts or unplanned leave. The administration officer advised that priority is provided to filling care shifts. This may include staff doing double shifts, extending their shift finishing time by a few hours or staff on the next shift coming in earlier.

However, some roles such as cleaning, laundry and lifestyle may on occasions not be backfilled for unplanned leave if staff are required in care roles or to work in the kitchen. The Assessment Team identified through interviews and documentation reviews that some consumers are not being supported to participate and do things of interest to them. Staff working as relief kitchen staff do not know how to access or update the most current dietary information which may result in consumers receiving the wrong type of diet or fluids, this was addressed under Standard 4 requirement 4(3)(d).

The Approved Provider responded with additional information and a detailed plan of continuous improvement, including but not limited to ongoing recruitment of care and lifestyle staff. The Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, therefore, I am satisfied that requirement 7(3)(a) is compliant.

Feedback from consumers and/or representatives indicated that generally staff were kind, caring and respectful. This included knocking on doors prior to entering consumers rooms as well as generally being respectful when speaking with consumers. This was confirmed by the observations of the Assessment Team during the site audit.

Consumers and/or representative considered staff had the knowledge and appropriate skills to perform their roles. Consumers commented that they did not have to regularly remind staff of how to assist them and felt safe when staff were providing care, such as using mechanical lifters.

The clinical nurse educator advised the organisation has a suite of mandatory education topics which staff can complete on-line or through face-to-face learning. Services have the flexibility to make other education topics mandatory for staff to complete if required. Staff members have a twelve-month period in which to complete the required sessions which is linked to the anniversary of their commencement with the organisation. Each site manager can monitor the completion of the mandatory education program.

The clinical nurse educator stated they attend the service on a monthly basis or more frequently if required. Education topics can be tailored based on issues arising from audits, complaints, incidents as well as an organisationally assessed need.

The residential site manager advised the organisation has established systems to manage the recruitment and orientation of new staff members. This includes a suite of on-line education sessions as well as teaming new staff with experienced staff and the provision of position descriptions to guide staff with their duties.

The organisation has a performance management framework to ensure the monitoring, review and assessment of staff performance is undertaken on a regular basis. The residential site manager advised they are currently conducting appraisals with staff members. They have developed a tracking sheet to record these annual reviews. Feedback from staff interviewed indicated they have had staff appraisals at the service.

# 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

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

Consumer and/or representative meetings provide forums in which consumers and/or representatives are consulted and given an opportunity to provide input into the general operations of the service. Consumer case conferences also provide an opportunity for consumers and/or representatives to be involved, if they wish to do so, in the development and evaluation of their care and service plan.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services. Due to the increase in community transmission of COVID-19 the organisation determined in November 2022 to implement use of P2/N95 masks for all visitors and staff to provide improved infection prevention.

The general manager advised the organisation conducts a series of audits on a monthly basis across a range of clinical and management topics. There is also a program of consumer experience interviews conducted with consumers and/or representatives at each service. Issues arising from these audits are monitored at a site and organisational level and issues for the service are included in the service’s plan for continuous improvement.

The organisation has a centralised intranet system which enables management and staff at each service to access the most up to date policies, procedures, and forms. Staff advised they are able to access consumers’ clinical information via the electronic clinical documentation system as well as a handover at each shift change.

The management team advised the organisation has a program of audits which are undertaken on a regular basis. Data from these audits is reported to the regional management team and where needed improvement actions are added to the service’s plan for continuous improvement. Improvements are tracked to monitor performance.

The manager advised that the head of clinical governance receives information on legislative updates from a variety of sources including government departments, and aged care industry organisations. Information is then referred to the relevant teams to manage the process of disseminating the information to the various aged care services within the group.

Senior management undertake reviews and amendments to policies and procedures when required. In each region residential site managers participate in clinical governance meetings via video conferencing as well as weekly meetings with regional managers. The manager advised that it is through these forums that information on legislative matters can be discussed. The organisation’s learning and development department prepare education sessions when needed.

The organisation has a risk management system which utilises data from the incident management system to monitor performance and the provision of quality care and services at a service and organisational level. As part of this framework the organisation has policies which provide guidance on managing risks, including high impart or high prevalence risks, abuse or neglect of consumers and incident management.

The manager advised the national director clinical governance and national safety, and quality managers are involved in monitoring and tracking trends on incident investigations. Reviews may result in recommendations for changes being made across the organisation. At the service level management undertake investigations of incidents to determine what changes may need to be made and to ascertain what actions can be undertaken to reduce the reoccurrence.

The organisation has systems in place as part of the framework for clinical governance to oversee the usage of antibiotics, minimising the use of restraint and the utilisation of the open disclosure process in the management of complaints. This includes the provision of policies and procedures to guide management and staff practices.

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)