Performance

Report

**1800 951 822**

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| Name of service: | Calvary Noosa |
| Service address: | 119-123 Moorindil Street TEWANTIN QLD 4565 |
| Commission ID: | 5972 |
| Approved provider: | Calvary Aged Care Services Pty Ltd |
| Activity type: | Site Audit |
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| Performance report date: | 9 March 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 Noosa (**the service**) has been prepared by S Turner, 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 02 March 2023

# 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 | **Compliant** |

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# 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

Consumers and representatives spoke highly of staff and said that consumers are treated with dignity and respect, are supported to maintain their identity, make informed decisions about consumers’ care and services, and enabled to live the best life they can. Consumers were satisfied with the way staff respected their privacy and felt their personal information was kept confidential. Consumers provided feedback including ‘staff are lovely and kind, and always respectful’, ‘staff are always friendly, smiling and make them feel respected’ and staff are like ‘extended family’. Staff demonstrated an understanding of what is important to each consumer and could provide examples of how they treat consumers with respect.

Consumers said that staff recognise and respect their cultural background and provide cares in accordance with their specific needs and preferences. Staff demonstrated an understanding of those consumers from diverse backgrounds and were aware of those matters that are important to the consumer. The organisation has resources and provides training to promote staff knowledge of cultural awareness and inclusion. The Assessment Team observed staff interacting respectfully with consumers and demonstrating patience as they assisted consumers in aspects of care and service delivery.

Consumers said they receive information about care and services in a timely manner and that this supports them to make informed decisions. Consumers said they are provided with a menu, activities calendar, and regular newsletters and this helps them to stay abreast of what is happening at the service. They said the service supports them to maintain relationships with family and friends and where appropriate, their representatives are involved in decisions relating to care and service delivery. This was confirmed by representatives who provided examples of how staff assist the consumer in their efforts to maintain communication with family, for example though the use of a mobile phone. Care planning documentation included information that was specific to the individual, reflected consumer choice and identified who is involved in the consumer’s care and how the service supports them to maintain relationships of importance.

Consumers said they are supported to take risks to enable them to live the best life they can with those consumers who choose to smoke tobacco saying staff had discussed risks with them. The service has a dignity of risk policy that identifies a commitment to consumer directed care which is characterised by high levels of choice and flexibility including on those occasions where consumers’ choice involves an element of risk. Care planning documentation included dignity of risk forms outlining discussions with consumers about risks associated with their choices.

Staff were familiar with consumers’ needs and preferences and had an understanding of those people who are important to the consumer. Staff were aware of consumers’ privacy needs and could describe the actions that are taken to maintain consumers’ confidentiality and privacy including having a personal login for the electronic care management system.

# 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

Consumers and representatives spoke positively about assessment and care planning processes and said they had been engaged in the process, that staff had discussed the care plan with them, and that they had been offered a copy of the care plan and knew how to access the information if required. Consumers and representatives said they had confidence in the workforce.

The organisation has policies and procedures relating to assessment and care planning that guide staff practice. Management and staff could describe the comprehensive assessment process at entry to the service that included a consideration of risk. Identified risks included pain, diabetes management, wounds, cognitive decline and falls. Registered staff described the importance of consumer-centred care planning and said they discussed care with consumers and representatives either face to face or over the telephone. Staff said consumers are referred to a medical officer, allied health professionals and medical specialists if required.

The Assessment Team reviewed a large sample of consumers’ files which demonstrated effective and comprehensive assessment and care planning processes that identified consumers’ needs, goals and preferences. Care planning documentation demonstrated engagement with the consumer and their representative, consideration of risks to consumers’ health and well-being, and included sufficient information to guide the delivery of safe and effective care and services. There was evidence of the involvement of a range of external providers and services including speech pathologist, physiotherapist, podiatrist, and dietitian. Staff confirmed they have access to information about consumers through care plans and handover reports.

Management advised end of life care planning is discussed with consumers and representatives on entry to the service and at care reviews. Care planning documentation included information about consumers’ preferences relating to cardiopulmonary resuscitation, life prolonging treatments and spiritual requests, such as the presence of a priest. Staff were aware of consumers’ end of life wishes and could explain where to find this information.

Consumers said their care needs were reviewed on a regular basis and care planning documentation demonstrated case conferences were held. Management and staff said care plans are updated every three months and that a care evaluation checklist is used to ensure a comprehensive review is conducted. Care planning documentation demonstrated care was reviewed routinely and when circumstances changed for example following an incident such as an infection, fall or a wound.

# 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

Consumers expressed satisfaction with the care and services they receive and felt their care was safe, individualised and supported their overall health and well-being. The Assessment Team interviewed consumers and representatives, including consumers with complex and specialised nursing care needs and they provided feedback that staff know them well and provide good care. Consumers and representatives said referrals are timely, appropriate and occur when needed; they confirmed that consumers have access to the health professionals they need.

Consumers felt confident that staff would provide end of life care and maximise their comfort and dignity in accordance with their preferences. Registered staff discuss end of life preferences during case conferences and as consumers move into the palliative phase and evidence of this was found in care planning documentation. Staff said they monitor consumers’ comfort and follow the care plan for guidance relating to consumers’ individualised preferences.

The service has policies and procedures to guide personal care and clinical practice including end of life care and pain management; a risk management framework guides staff in how to identify, manage and record risk.

Staff were familiar with consumers’ care needs and said that if they identified a change in the consumer’s condition they would refer the situation to a clinical staff member who can make contact with a medical officer or transfer the consumer to hospital. Clinical records demonstrated that consumers are regularly monitored by clinical staff and if deterioration occurs in the consumer’s mental, cognitive, or physical function, this is recognised and responded to in a timely manner, and representatives are notified. Registered staff are available 24 hours per day, seven days per week.

Clinical and care staff described how changes in consumers’ needs are communicated; they said this information is shared through meetings, handover and through consumers’ progress notes. Management said that referrals are managed through the electronic care management system. Consumers felt staff communicated consumers’ care needs effectively as they receive the care they require; staff said they receive current information about consumers’ care needs.

Those consumers who were subject to restrictive practice had a behaviour support plan in place and the required authorisations and consents. The behaviour support plan included non-pharmacological interventions for managing changed behaviours. A representative for a consumer with authorised restrictive practice confirmed that staff had discussed the situation with them.

Care planning documentation included risks associated with the care of consumers, such as falls, wounds and complex behaviours and demonstrated that consumers received care that was aligned with their care plans. There was evidence of the involvement of nursing staff, allied health professionals, other health service providers such as a dementia advisory service and medical officers. A review of care was completed following an incident or change in the consumer’s condition.

The service has policies and procedures and an outbreak management plan that guide staff in relation to antimicrobial stewardship, infection control and the management of a COVID-19 outbreak. The service has an influenza and COVID-19 vaccination program for consumers and an appointed Infection Prevention and Control Lead. Staff provided examples of the practices they use to minimise infection including hand hygiene, encouraging fluids, using personal protective equipment, and obtaining pathology results prior to commencing antibiotics. The Assessment Team observed visitors being screened prior to entering the service; the process included rapid antigen testing, temperature checks, a questionnaire, and a health declaration. Consumers said the service is clean and they observe staff washing their hands.

# 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

Consumers and representatives said the services and supports provided met the consumers’ needs; they said staff assist consumers to be as independent as possible. Consumers provided the Assessment Team with examples of those activities they enjoy, including gardening, knitting for charities, and spending time with animals. Staff provided examples of the ways some consumers contributed and remained independent by assisting with the folding of clothing and table linen. The Assessment Team observed consumers participating in indoor and outdoor individual and group activities. Staff were observed assisting consumers to and from group activities and the dining areas.

Consumers said they are supported to participate in community activities outside the service and have social and personal relationships and do things of interest to them. Consumers described how they attend service clubs and leave the service to visit family and friends; one consumer described how staff assist them so they are ready when family come to collect them. One consumer with sensory impairment said staff come to their room each day and provide information about the activities that are being held. Staff could describe those consumers who have personal relationships and close friendships and knew to access the electronic care management system to access contact details so they could support consumers to stay in touch.

Care related documentation included information about consumers’ needs and preferences, spiritual and emotional requirements, their interests, personal histories, and detailed what is important to consumers to maintain their identity. Lifestyle and leisure assessments were completed and these identified consumers’ interests and people of importance to the consumer.

Consumers said they are able to participate in religious and cultural practices at the service and are provided emotional and spiritual support when needed. Consumers provided examples of how they are visited by ministers of religion, how their prayer life is supported and how their interests are fostered. Lifestyle staff said they visit consumers, spend one on one time with them and make referrals to pastoral care for a visit if a need is identified. Care staff and pastoral carers described how consumers’ psychological needs are supported; one consumer described how staff supported them through a particularly difficult time.

Consumers said that staff knew their individual preferences and communicated with other service providers in relation to the consumers’ needs. Staff said they receive information about changes to consumers care and service needs through the electronic care management system and via handover. Lifestyle staff said they access care related documentation to guide them and the volunteer workforce in delivering care and services that are tailored to the individual. Hospitality staff said they have access to current information about consumers’ dietary requirements and that documentation is updated promptly and an alert produced when there is a change in the consumer’s diet.

Lifestyle staff described how the service works in conjunction with external individuals and organisations to supplement the services and supports for daily living offered to consumers and consumers were satisfied that appropriate referrals occur as required.

The service provides meals that are varied and are of suitable quality and quantity and the majority of consumers and representatives spoke positively about food services. The menu changes regularly and there are effective information processes to ensure consumers’ likes and preferences are communicated effectively. A small number of consumers expressed some dissatisfaction with the menu. Management were aware of the feedback and provided evidence the service had previously documented the consumers’ concerns through food focus groups and was continuing to work with those consumers who were dissatisfied. The approved provider in its response to the Assessment Team’s report, received 02 March 2023 outlined actions the service is taking, and has taken, to continually improve food services, including:

* Food focus groups commenced in October 2022 and remain ongoing.
* The menu has been reviewed by a dietitian to ensure food and beverages are nutritious and varied.
* Monthly consumer and representative meetings are held and provide consumers a forum where they can raise concerns and suggestions about the menu.
* The range of alternate snacks and meals have been reviewed and expanded to provide more choice to consumers should they prefer to eat outside the planned menu.
* Consumer satisfaction surveys are conducted and include an opportunity for consumers to provide feedback in relation to meals and the dining experience.
* The service has changed the process for meal deliveries to consumers’ rooms to minimise the risk of meals being served cold. This is currently being trialled in various areas within the service. The service will evaluate the effectiveness of this change in process and plans to include consumers in the evaluation process.
* The service has commenced using food moulds for modified foods to enhance presentation.

Management said consumers have the option of choosing another meal should they not wish to have the meal they have ordered and provided evidence that this was occurring. One consumer confirmed that staff are happy to provide an alternative if requested. I am satisfied that the service provides meals of suitable quality and quantity and has mechanisms in place to improve consumers’ dining experience.

Requirement 4(3)(g) was recommended as being Not Met and the Assessment Team brought forward information in the site audit report that on the first day of the site audit some equipment was found to be unclean. Affected equipment included a weigh machine, hoists, wheelchairs, and consumer smoking aprons. The approved provider’s response acknowledged that some equipment did require cleaning and that this was completed immediately during the site audit. Additionally, the service installed hooks so that smoking aprons could be stored appropriately and a weekly cleaning process was introduced for smoking aprons. The cleaning schedule was submitted as an element of the approved provider’s response and demonstrated smoking aprons are being cleaned regularly. Care staff were sent a memorandum to reinforce the importance of cleaning equipment after each use and the service plans to reinforce and monitor the ongoing cleaning of equipment through staff meetings, staff training, purposeful rounding, and ad hoc checks.

The site audit report includes information that the Assessment Team generally found equipment to be safe, suitable and clean with maintenance attended to in a timely manner. Consumers reported feeling safe using equipment provided by the service and provided examples of how their individual equipment had been promptly attended when maintenance issues emerged. Lifestyle staff said that equipment was replaced as required and cleaning staff described how the cleaning schedule guides their work. After careful consideration of the site audit report and the approved provider’s response, I am satisfied that equipment is being maintained and cleaned and is safe for consumer use.

# Standard 5

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

Findings

Consumers and representatives expressed satisfaction with the service and said they felt safe and comfortable. All consumers were satisfied with the level of cleaning and the provision of maintenance. Consumers were supported to individualise their room and decorate it with personal items, photographs and other items meaningful to the consumer. Consumers provided the Assessment Team with examples of how they had individualised their room and how the service had provided furniture to support them to pursue activities of interest including for example computer use.

While consumers were satisfied with the cleaning of furniture and fittings the Assessment Team observed some stained cushions in common areas of the service. This was discussed with management who completed an audit of all cushioned couches and chairs and either had the item shampooed or removed it from service if this was required. Additionally, changes were made to the cleaning schedule to include these cleaning duties. These actions were completed during the site audit and I am satisfied the service provides consumers with safe and clean furnishings.

The Assessment Team observed the service environment and found it easy to navigate, with clear access instructions, a welcoming reception area and directional signage displayed. Consumers were observed moving freely both indoors and outdoors, using mobility aids and receiving assistance from staff as required. The kitchen, serveries, laundry and storage trolleys were clean, and well maintained, with materials stored appropriately. Consumers were observed to have their call bells within reach and the call bell system was found to be operational.

Cleaning staff said they work to a cleaning schedule which includes the cleaning of each consumer’s room, internal communal areas and thoroughfares. Kitchen and laundry staff described how they clean their work areas. Staff said they document the completion of their cleaning duties in a logbook and that this is then monitored by a supervisor. The service was clean and well maintained.

Maintenance and cleaning staff demonstrated effective processes to ensure the environment is safe. They advised maintenance requests are documented in a log located in each nursing station, with maintenance staff checking the log regularly and prioritising work that needs to be completed. A preventative maintenance schedule was in place and maintenance staff demonstrated that preventative maintenance including fire equipment and pest control had been completed.

# 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

Consumers and representatives said they feel safe, encouraged, and supported to provide feedback and make complaints and could describe the various avenues to do so including consumer meetings and completion of feedback forms. Management said consumers generally provide feedback directly to staff however advised that feedback forms are available throughout the service and monthly consumer meetings are held. Staff could explain their process for supporting consumers and described how they would notify management for issues requiring immediate attention. The Assessment Team observed complaints information, posters and feedback forms located throughout the service, including posters in languages other than English. Additionally, the consumer handbook included information on complaints processes.

Consumers and representatives were aware of internal and external complaints processes, advocacy services and translation services. Staff demonstrated a sound understanding of how to support linguistically diverse consumers or those who experience barriers to communication, including cognitive impairment. Staff said they support consumers to complete feedback forms, access multi-lingual staff, use communication aids and contact the consumer’s representative for further assistance.

There are policies and procedures relating to complaints management and open disclosure. Training records demonstrated staff receive training in complaints, incident management, open disclosure, and continuous improvement. Consumers provided examples of complaints raised and said that management had been responsive and the issues were resolved promptly. Staff could describe the service’s feedback and complaints process including the principles of open disclosure and how this was important in the complaints process.

Management have processes to document, action and finalise identified issues or complaints received. The Assessment Team reviewed the complaints management system and found that it detailed actions taken in addressing consumers’ complaints and included explanations and apologies.

Management said the service trends and analyses complaints data and feedback from consumers and that this information is used to inform continuous improvement activities and is documented in the Continuous Quality Improvement Plan. The Assessment Team reviewed consumer meeting minutes and complaints data and confirmed that issues and concerns raised at consumer meetings are actioned, with management and staff taking steps to resolve the concern to the satisfaction of the consumer.

# 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

Consumers and representatives said staff are available to support them and that staff respond promptly when they use their call bells. Staff said there are sufficient staff to provide care and services in accordance with consumers’ needs and preferences and that they have sufficient time to complete their tasks. Staff said they provide support to each other to ensure care is delivered, for example when undertaking manual handling or providing hygiene cares. Management said there are processes for monitoring staff response times and that this occurs through meetings, feedback from consumers and review of clinical indicators; management said they have the capacity to monitor call bells. The Assessment Team observed staff responding to consumers’ requests for assistance in a timely manner.

The service employs a variety of staff including registered staff and care staff and said there are strategies to replace planned and unplanned leave including by extending shifts, offering additional shifts and through ongoing recruitment. The service has a number of senior clinicians to support staff and provide guidance. Registered staff and care staff expressed confidence in the clinical management team and said they felt supported in their roles.

Consumers and representatives spoke highly of staff and provided feedback that they were ‘fantastic’ and treat them well. Care planning documentation, meeting minutes and feedback logs identified that staff use respectful language when describing consumers’ care and service needs. The Assessment Team observed staff interacting with consumers respectfully and in a kind and caring manner demonstrating a non-rushed purposeful interaction with each consumer.

Consumers felt staff had the knowledge and skills to provide safe, quality care and said that staff knew what they were doing. Management said competency is determined through skills assessments and is monitored through the performance review process, consumer feedback, observational audits, surveys and reviews of clinical records and care delivery. The service has position descriptions and guidelines that establish responsibilities, knowledge, skills, and qualifications for each role. Staff described the education and training that is provided during onboarding and on an ongoing basis. Management described the processes for probity checking and the monitoring of qualifications and the completion of mandatory training. Management and staff demonstrated knowledge and skills relevant to their role and in relation to the delivery of care and services that meets the Aged Care Quality Standards.

On commencement of employment the new staff commence a probationary period and following this staff have an annual performance appraisal. If a performance issues are identified this triggers a performance review and possible counselling processes. Staff said they have had regular performance appraisals that involved feedback from management on their performance and identified further areas for improvement and training. The service has tracking mechanisms in place to ensure performance appraisals are completed in a timely manner.

# 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

Management described the ways consumers are supported to be engaged in the delivery of their care and services and this included through consumers’ meetings, forums, surveys, case conferences, conversations, and feedback avenues.

Consumers and representatives felt the service was well run and said they can provide feedback, make suggestions, and have input into consumers’ care and service requirements. The site audit report includes evidence the Board receives consumer feedback, complaints and survey results as part of reporting processes and in addition, has access to live updates through the data hub, which monitors all aspects of the service’s performance in real time. The monthly newsletter provides information from the Chief executive officer encouraging feedback from consumers and representatives; consumers said they read the newsletter and had provided feedback.

The governing body promotes a culture that is based on the organisation’s Mission, Vision and Values and this influences the way staff behave. The organisation promotes a culture of safe quality care and services through delivering staff education and training and the provision of policies and legislative updates. Care and service delivery is monitored through audits, surveys, incidents, and mandatory reporting. Management staff described the various ways in which the organisation communicates with consumers, representatives and staff about changes in legislation, policies and procedures and said this occurs through staff meetings, memoranda, emails, newsletters and staff training.

The organisation has a risk management framework that includes procedures to guide staff including in relation to assessment and care planning, incident management, serious incident reporting and collections of clinical incident data such as unplanned weight loss, wound healing, and infectious outbreaks. The Assessment Team confirmed that staff are provided with tools and training to respond, record and report incidents. The organisation monitors and analyses clinical incidents and implements actions to minimise risks. Reporting mechanisms are established with the Board receiving regular reports and data identifying risks and trends.

There is a clinical governance framework that includes the Board, management, clinicians, and other staff who are responsible and share accountability for the delivery of safe quality care that is person-centred. Policies and procedures provide staff with guidance in relation to antimicrobial stewardship, minimisation of the use of restraint and open disclosure, and staff were familiar with how these were applied to their work. Clinical indicators are monitored with trends identified and benchmarking completed.

Information in the site audit report under this and other standards, included information that there were effective governance processes relating to information management, continuous improvement, financial governance, workforce governance and feedback and complaints. For example:

* Staff had access to the information they required to undertake their roles and consumers could access information to support their decision making.
* Continuous improvement systems and processes were in place and informed care and service delivery.
* Management staff demonstrated an understanding of how finances are managed including the preparation of the annual budget and how to access discretionary funds if additional expenditure is needed to address consumers’ needs.
* The organisation supports and develops the workforce and there are mechanisms in place to ensure there are sufficient skilled and qualified staff to deliver care and services.
* Feedback and complaints processes are effective and result in improvements to consumers’ care and service delivery.

However, the site audit report found requirement 8(3)(c) was Not Met and included information that there were discrepancies identified in governance processes concerning regulatory compliance, including in relation to:

* incident reporting mechanisms
* notification of care recipients and nominated representatives that the site audit had commenced, and
* the management of restrictive practices.

With respect to incident reporting the Assessment Team found that two incidents that had occurred in late 2022, were reportable under the Serious Incident Response Scheme and had not been reported. Management staff advised that this occurred under a previous management team and that those staff are no longer with the organisation. The service addressed the situation and reported both incidents during the site audit; the Assessment Team confirmed both consumers were satisfied with the outcomes. The site audit report includes information that staff receive education and resources relating to incident reporting and demonstrated a shared understanding of their responsibilities. A review of incidents that had occurred in 2023, demonstrated these had been reported appropriately as required. The approved provider’s response to the site audit report received 2 March 2023 acknowledges that two incidents were not reported in 2022 and states that oversight of the reporting process has improved significantly and the service is complying with its reporting responsibilities. Additionally, the service has updated the Continuous Quality Improvement Plan. Actions included:

* A review of all incidents recorded since January 2022 has been completed and did not find any further reporting omissions.
* Staff have received training in privacy, dignity and respect. Training is ongoing and evidence of completed training was submitted as an element of the approved provider’s response.
* Staff are to receive training to reinforce their knowledge on incident reporting and Serious Incident Response Scheme; this will commence March 2023.
* Staff are to receive training on Code of Conduct; this will commence in March 2023.

The site audit report included information that the service failed to advise consumers and their nominated representatives in a timely manner that a site audit had commenced. The service advised that posters informing consumers of the site audit were displayed and that a consumer and representative meeting was conducted on Day two of the site audit, where attendees were advised of the site audit. While the service had emailed consumers and representatives on Day one of the site audit, the service experienced internet connectivity issues which delayed the process; the emails were successfully sent on the second day of the site audit. The approved provider’s response includes evidence of the difficulties the service was experiencing with the internet and states that staff actively advised consumers that the Aged Care Quality and Safety Commission were on site and encouraged them and their representatives to meet with the Assessment Team. I note the Assessment Team interviewed 34 consumers and seven representatives during the site audit.

The site audit report states that the service’s processes relating to the documentation and review of restrictive practices was inconsistent. The psychotropic register used to monitor consumers subject to restrictive practice included incorrect or incomplete information and the Assessment Team found two consumers had not been reviewed by the medical officer in accordance with the three monthly review process. The service acted promptly to address this and committed to updating the psychotropic register and using it as the sole source of information to monitor and review consumers. The medical officer has now completed a review of the two consumers who required this. Additionally, the service has implemented processes to alert medical officers two weeks prior to any pending reviews.

I am satisfied that requirement 8(3)(c) is Compliant as management and staff were aware of their responsibilities relating to regulatory compliance, education and training is provided to staff to ensure their ongoing knowledge and skills, there has been increased compliance with legislative responsibilities in recent months, and the service had taken action to enhance existing systems and processes.

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)