Performance

Report

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| Name of service: | Performance report date: |
| Calvary Rye Sands | 19 August 2022 |
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| Calvary Aged Care Services Pty Ltd | 12 July 2022 to 14 July 2022 |

This Performance Report **is** published on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for P M Aged Care (**the service**) has been considered by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the assessment team’s report for the site assessment, the site assessment 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 16 August 2022.
* information and intelligence held by the Commission in relation to the service.

# 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 | **Non-compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

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

* Ensure appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* Ensure feedback and complaints are reviewed and used to improve the quality of care and services.
* Ensure there are effective organisation wide governance systems relating to continuous improvement and feedback and complaints.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

The Site Audit report recommended one requirement as Not Met. After consideration of the evidence, I have found the service has demonstrated consumers were treated with dignity and respect and find this requirement to be Compliant.

* Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.

The Site Audit report stated all consumers/representatives interviewed said staff were very caring, treated them with dignity, respect and made them feel valued with one consumer expressing they were pleased to be back at the service following a hospital stay. Consumers/representatives spoke highly of staff and felt they could maintain their identity, make informed choices about their care and services, and live the life they chose.

The Site Audit report brought forward evidence, under other Requirements, describing episodes of delays in toileting assistance and this was attributed to insufficient staff which may have impacted the dignity of consumer’s, however no consumers provided negative feedback in relation to their continence care or described these delays as impacting on their dignity or staff were being disrespectful.

I have further considered issues related to care delivery under Standard 3, and adequacy of staffing levels under Requirement 7(3)(a).

The Approved Provider’s response included additional and clarifying information on the strategies the service has undertaken to ensure consumers are receiving the care they need through an adequately planned and sufficient workforce.

I note the ongoing care consultations with a named consumer, who confirmed while they found it bothersome they sometimes had to wait for staff to take them to the bathroom, they also stated they were content with the care received and staff were doing a good job. I note this consumer’s toileting schedule had been progressively adjusted in consultation with them and they have a copy of the schedule within their bathroom.

The provider response also included an updated version of their Continuous Quality Improvement Plan with comprehensive actions identified to ensure call bell response times were consistently meeting expectations and consumers requiring assistance with toileting were able to be assisted at the times required.

Overall, I have placed weight on the positive feedback provided by consumers and am satisfied each consumer was treated with dignity and respect, with their identity, culture and diversity valued.

Therefore, I find Requirement 1(3)(a) is compliant.

For the remaining requirements which I have found compliant, consumers gave positive feedback and provided examples of how the service supported them to exercise choice, independence and live the best life they could. Consumers said their backgrounds and individual identities were valued and respected. Consumers from culturally diverse backgrounds said their culture was respected, and care plans included information on their cultural background, religious/spiritual needs and their preferred ways to meet these needs. Staff consistently spoke about consumers in a respectful way and showed an understanding of their personal circumstances and life journey, including their diverse backgrounds.

The service supported consumers to make decisions, exercise choice, make and maintain relationships of their choice. Care planning documentation confirmed consumers could maintain their independence, exercise choice and take informed risks. The service had appropriate policies and processes to identify, assess and mitigate risks associated with consumers’ choices.

Information provided to consumers was current, accurate and timely, and communicated in a clear and easy to understand way. Activity calendars, menus and other information was displayed throughout the service, in most consumers’ rooms and on the noticeboards. Staff advised they tailor their communication methods to the consumer depending on their needs.

Consumers/representatives confirmed their privacy was respected and their dignity maintained when receiving personal care. Staff described closing the bedroom door and curtains when assisting with toileting or showering, holding up a towel to respect consumers’ dignity. Staff were observed knocking on doors and waiting before entering consumers’ rooms. Staff said they conduct shift handovers in a private area and ensure nurses’ stations are locked as electronic and hard copy records are stored there. Consumer information was stored on a password protected electronic system which has individual staff logins.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | 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/representatives considered they were partners in the ongoing assessment and planning of their care and services. They confirmed they were involved in initial and ongoing assessment and planning to develop a plan of care and services to meet their health and well-being needs. Consumers/representatives confirmed they were engaged through regular case conferences and reviews, and they had access to their care and services plan.

Care plans showed the service undertook a comprehensive assessment and planning process in consultation with the consumer/representative and other health practitioners such as; medical officers, physiotherapists, occupational therapists, dentists, speech pathologists, audiologists, and podiatrists. Advance care and end of life planning was discussed with consumers/representatives on entry to the service and at intervals, when circumstances changed, and when consumers/representatives wished. Care plans reflected the consumer’s current assessed needs, goals and preferences, regular review occurred at 3-monthly intervals and were updated when changes in care needs or preferences where identified following a change in circumstance or an incident.

Staff confirmed communication in relation to the consumer’s current, or changed, needs was occurring effectively within the organisation and appropriate and timely referrals were made to other service providers.

# Standard 3

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| Personal care and clinical care | | Compliant |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | 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/representatives considered the personal and clinical care they received was safe and right for them and they positively described their interactions with staff. Policies and procedures were in place to ensure care delivery reflected best practice and was tailored to optimise the health and well-being of consumers.

Care documentation and clinical data showed care was both safe and effective. High impact and high prevalence risks were effectively identified and managed by the service, with individualised strategies documented and implemented. Care plans consistently reflected the consumer’s individual needs, goals and preferences and progress notes recorded any changes. Consumers expressed confidence in the end-of life care at the service and felt they would be supported to be as free as possible from pain and to have those important to them present.

Documentation showed information about the consumer’s current condition, needs and preferences is consistently recorded and communicated within the organisation and to others outside the organisation with responsibility for care. Changes or deterioration in condition were identified and responded to appropriately and the care plan was updated in consultation with the consumer/representative and others responsible for care. Consumers/representatives said they were referred to their medical officer, or other health professionals to meet their changing medical needs.

The service had implemented policies supporting standard and transmission-based precautions to prevent and control infection. Consumers/representatives confirmed staff followed the infection control guidelines such as sanitising their hands and wearing masks. Records of the vaccination status of all consumers and staff were available.

Staff had received training in infection control strategies and were observed adopting infection control measures. Staff correctly described how they managed infection-related risks in their work. Clinical policies promoted appropriate antibiotic prescribing and use, to support optimal care and reduce the risk of increasing resistance to antibiotics. Staff were knowledgeable in good antibiotic stewardship and risks associated with antimicrobial resistance.

# Standard 4

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| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

Consumers/representatives felt the service provided the necessary supports to promote their well-being, independence and quality of life.

Care and lifestyle plans included information about consumers’ relationships, personal goals, preferred activities, as well as their emotional, spiritual, cultural, social and community needs. Staff described how they supported consumers in accordance with their care plans when they were feeling low or experiencing an emotionally difficult event.

Consumers/representatives said the service provided the supports and services needed to assist them participate in the community, have relationships, and do things of interest to them. They described how they could stay in touch with family and friends and could freely meet inside or outside the service or use technology to stay in contact. Staff were observed encouraging and assisting consumers while participating in lifestyle activities.

Consumers felt information about their daily living choices and preferences was effectively communicated and staff who provided daily support understood their needs. Appropriate and timely referrals were made to other individuals, organisations and providers of care and support services. Consumers were satisfied how the service worked with other organisations and support services to supplement the lifestyle program offered within the service.

Meals provided to consumers were varied and of suitable quality and quantity with most consumers providing positive feedback and confirming the service accommodated their individual preferences. Some expressed a desire for more culturally specific meals. Consumers were observed enjoying their meal at lunch time and the meals served appeared to be hot and of appropriate portion size. Documentation and observations showed the service had appropriate food handling practices to ensure safe food storage, preparation, and delivery.

The service provided a wide range of furniture, equipment and lifestyle activity products to support consumers’ lifestyle. All equipment was clean, suitable, and well-maintained. Equipment used to provide laundry, cleaning and catering services was observed to be clean and in working order. Towels, linens and personal protective equipment were well stocked.

Staff had been trained and were knowledgeable in how to use equipment correctly and report faults. The service had systems to monitor and maintain equipment to ensure it was safe and in good order. Maintenance staff confirmed they addressed issues with equipment promptly.

# Standard 5

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

## Findings

Consumers felt they belonged in the service and said they felt safe and comfortable. Consumers/representatives said they always felt welcome, at home and expressed satisfaction with the service environment.

The service environment appeared welcoming and had shared areas for consumers to interact and spaces for quiet activity. Consumers’ rooms were personalised with furniture, photographs, art works and unique bed covers. There were design features to support consumers with sensory loss and cognitive impairment. Signs around the service assisted consumers with directions and the environment was easy to move around and optimised to support independence and mobility.

Staff were observed welcoming visitors to the service, consumers, including those using mobility aides, were moving freely around the service and consumers and their visitors were seen sitting in various communal areas playing cards and doing activities. Consumers could access the gardens easily and utilise the furniture, which was clean and suitable. Paths were clear and well maintained. The service environment was observed to be safe, clean, well maintained and comfortable.

Consumer feedback and observations showed the furniture, fittings, and equipment at the service to be safe, clean, well maintained, and suitable for consumers. Furniture in the lounge areas and equipment used for lifestyle activities was clean and fit for purpose.

Staff confirmed equipment was regularly maintained and cleaned. The service’s audits, maintenance logbooks and meeting minutes evidenced equipment was monitored and serviced regularly and repaired when needed.

# Standard 6

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| Feedback and complaints | | Non-compliant |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

## Findings

The Site Audit report recommended these requirements as Not Met. I have considered the Assessment Team’s findings; the evidence documented in the Site Audit Report and the Approved Provider’s response and find the service non-compliant with these requirements.

* Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
* Feedback and complaints are reviewed and used to improve the quality of care and services.

The Site Audit report found the service practiced open disclosure however, they did not demonstrate they consistently; recorded, responded appropriately to, and resolved feedback and complaints. Consumers sampled gave some examples where action was taken in response to feedback however, in most cases they said no action had yet been taken and they could not describe improvements arising from their feedback.

The assessment team were made aware of complaints from at least 5 consumers which were not documented in the feedback and complaints folder, the electronic complaints management system, or the Continuous Quality Improvement Plan.

Management could not describe the main areas of complaints and what had been done (or was proposed to be done) in these areas. Management and staff did not provide consistent explanations of the processes for initiating and completing continuous improvement actions arising from feedback and complaints.

The Approved Provider responded to the Site Audit report and provided additional information and an updated copy of their Continuous Quality Improvement Plan. The plan included a significant number of issues and actions aimed at improving how the service responds to, and resolves, complaints and how improvement opportunities were identified.

I am satisfied the service practices open disclosure and accept the service has updated their Continuous Quality improvement Plan to address issues identified by the assessment team. However, at the time of the audit the service was not consistently recording, responding appropriately to, and resolving feedback and complaints.

I therefore find the service non-compliant with Requirement 6(3(c).

The Site Audit report found the service failed to demonstrate how feedback and complaints were reviewed and used to drive continuous improvement actions. Management cited examples of improvements made in the service however, these were unrelated to documented feedback or complaints. Consumers gave some examples where no action had been taken in response to their feedback and they could not identify any improvements as a result.

Staff meeting minutes sighted had a section for ‘action plan’, ‘feedback form number’, and ‘person responsible’, but these details were rarely completed and multiple issues identified appeared unresolved.

The Continuous Quality Improvement Plan 2022 had blank columns for ‘date completed’ and ‘outcome and measurement’. Most issues logged had no follow up action recorded and appeared unresolved.

The Approved Provider responded to the Site Audit report and provided additional information and an updated copy of their Continuous Quality Improvement Plan. The plan included actions aimed at improving how the service documents feedback and complaints and identifies improvement opportunities from them.

I note the Continuous Quality Improvement Plan 2022 did not appear to be complete with known issues recorded. I accept the service has updated their Continuous Quality improvement Plan to address issues identified by the assessment team. However, at the time of the audit the service was not consistently recording feedback and complaints and using them to improve the quality of care and services.

I therefore find the service non-compliant with Requirement 6(3(d).

For the remaining requirements I have found compliant, consumer/representatives were aware of the feedback and complaints process and felt safe and supported raising concerns. They said they would usually do this directly with the service manager, but had also filled out feedback forms, or had given feedback in resident and representative meetings.

Consumers/representatives felt encouraged and supported to give feedback and make complaints. ‎They understood how to give feedback or make a complaint and said they felt comfortable doing so. Most consumer/representatives were aware of external complaint avenues and the advocacy supports available to them, if they needed.

The organisation has a Feedback and Complaints Policy to guide management and staff and consumers were made aware of internal and external mechanisms to raise and resolve complaints. Information about how to make a complaint was provided to consumers/representatives when they moved into the service, was also discussed at meetings and displayed throughout the service. The service's feedback form was readily accessible to all consumers. Staff were encouraged to assist consumers access information and complete feedback forms.‎ Staff could explain the advocacy and language services available to them and how they supported consumers from diverse backgrounds, or those having difficulty communicating.

# Standard 7

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| Human resources | | Compliant |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

The Site Audit report recommended one requirement as Not Met. After consideration of the evidence, I have found the service has demonstrated the workforce is planned and adequate and find this requirement to be Compliant.

* 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.

The Site Audit report found the service did not demonstrate the workforce was adequate to meet the care and service needs of consumers.

Consumers/representatives spoke highly of staff and the care they received. They considered they received quality care and services when they needed from people who were knowledgeable, capable and caring. Some consumers/representatives said staffing was an issue. Some consumers said most care needs were met including when mobilising within their room and within the service and when they call for assistance staff are prompt to attend.

Three consumers/representatives considered staffing levels had impacted on their toileting care due to slow call bell responses. However, three other consumers/representatives said call bells were answered quickly. Several consumers said the response time varied but there had been no adverse impacts for them.

Staff said the workforce had been impacted by the COVID-19 pandemic, however the service organised the extra workforce to provide care and services in accordance with the consumers` needs and preferences, and staff have sufficient time to undertake their allocated tasks and responsibilities. Staff and management confirmed, staffing levels were sufficient to respond to calls for assistance within a timely manner, and they endeavoured to respond to calls for assistance as soon as possible, or within ten minutes.

Management advised call bell responses were monitored daily and discussed in the daily huddle for the management team to follow up.

Staff said the registered staff were available to provide additional support when needed and senior clinical personnel were contactable at any time.

Monthly staff meeting records showed the average call bell response time was under 3 minutes. The assessment team reviewed call bell data for 5 consumers for the 14 day period prior to the site audit. The average response time was under ten minutes however, there were a few unexplained long wait times of around 30 minutes and longer.

The Continuous Quality Improvement Plan showed on 3rd May 2022, an anonymous compliant about inadequate staffing at the service was investigated by WorkSafe. WorkSafe officers visited the site on 3rd May 2022 and after reviewing rosters and other initiatives being taken, were satisfied with what was being done by the service.

Rostering documentation confirmed, a staff roster is developed in advance and the majority of vacant shifts were filled with the workforce staff. The service had recently recruited a second clinical care coordinator and is actively recruiting more registered nurses via a sponsorship program to fill recent vacancies.

I note the service added a detailed action plan in the Continuous Quality Improvement Plan to improve call bell response times and has taken all reasonable steps to fill rosters and recruit additional staff. I also note the assessment team found the service compliant with Standard 3 and the overall feedback from consumers/representatives about the delivery of care and services was very positive. There were some instances of excessive call bell response times, however, these were not investigated to establish the explanation. I note the average call bell response time was under 3 minutes and I do not consider the small number of unexplained long call bell response times is evidence the workforce was insufficient overall.

I therefore find Requirement 7(3)(a) to be Compliant.

For the remaining requirements I find compliant, consumers/representatives said staff engage with consumers in a respectful, kind and caring manner, and are gentle when providing care. They confirmed staff were respectful of their identity and preferences, including their wishes relating to independence. Interactions between staff and consumers were observed to be kind, patient and respectful.

Most consumers/representatives said staff perform their duties effectively, and they were confident staff were trained appropriately and were sufficiently skilled to meet their care needs. However, agency staff were not as good as regular staff. Documentation confirmed staff had appropriate qualifications, knowledge, and experience to perform their roles. Staff were satisfied they had sufficient orientation and ongoing training and confirmed they had regular performance appraisals.

Management monitored staff performance through performance appraisals after probation and ongoing basis, dependent on role. The organisation had well documented human resource management policies in its governance framework, including the Performance Planning and Review policy. These policies guide the management of service personnel, the selection and recruitment of new staff, orientation and probationary processes, agency staff orientation, monitoring of staff performance and the performance management of staff.**Standard 8**

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| Organisational governance | | Non-compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | 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 Site Audit report recommended 2 requirements as Not Met. After consideration of the evidence, I have found the service Compliant with one requirement 8(3)(a) and Non-compliant with another requirement - 8(3)(c).

* Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.
* Effective organisation wide governance systems relating to feedback and complaints and continuous improvement.

The Site Audit report found consumers were not supported to be engaged in the development, delivery and evaluation of care and services.

Overall, consumers considered the organisation was well run and they could partner in improving the delivery of care and services. Consumers/representatives felt engaged in developing, implementing and reviewing their care and services. Consumers/representatives were aware of feedback and complaints processes and felt safe and supported raising concerns or making complaints.

Some consumers/representatives were not satisfied the service had resolved their concerns or responded to them a timely way. Feedback and complaints had not always been addressed in a timely manner to the satisfaction of the complainants and the service did not always use input and feedback to inform continuous improvement.

While some consumers were not satisfied with the outcome of their complaints, I consider there is adequate evidence consumers were engaged in the development, delivery and evaluation of care and services. I have further considered the service’s handling of feedback and complaints under Standard 6 where it is more appropriate.

Therefore, I find Requirement 8(3)(a) is compliant.

The Site Audit report found the service did not effectively identify, capture and monitor opportunities for continuous improvement. Feedback and complaints were not always documented, and the service did not consistently use feedback to inform continuous improvement.

The Continuous Quality Improvement Plan identified a wide range of issues however, there was no action and due date for each issue and only a few had ‘outcome and measurement’ comments. There was no indication of the priority of the actions and some items were completed but not closed off. Management advised the continuous improvement process is drawn from a variety of sources, including consumer and representative complaints and feedback mechanisms, an analysis of clinical and incident data, and internal and external reviews and audits.

The organisation wide governance systems, management or Board did not appear to have self-identified there were deficiencies in effectively managing feedback and complaints and continuous improvement opportunities. The Site Audit report also found the service did not have adequate governance arrangements in place to analyse, investigate, reduce and report on, excessive call bell response times.

While the provider has now set out comprehensive remedial actions on their updated Continuous Quality Improvement Plan, at the time of the audit, feedback and complaints were not consistently recorded and used to inform continuous improvement actions. Gaps in process and documentation were not identified by the existing governance arrangements and were unlikely to have come to the attention of the Board through current reporting arrangements given the lack of documenting.

I therefore, find Requirement 8(3)(c) to be Non-compliant.

For the remaining requirements found compliant, most consumers/representatives were confident the service was run well and were satisfied with their level of engagement in the development, delivery and evaluation of care and services. Some consumers/representatives were not satisfied with the service’s responsiveness to feedback about the care and services and I have considered this further under Standard 6.

Consumers/representatives said the service communicates with them regularly to keep them informed and consult them in relation to the care and services provided. Staff described ways consumers were involved in decisions about the development, delivery and evaluation of care and services. Feedback was sought from consumers/representatives about the living environment, delivery of clinical care, lifestyle activities, meal service and staffing through regular; meetings, feedback forms, internal audits, case conferences and consumer experience surveys.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services and was accountable for their delivery. The Board routinely engaged with management through meetings and regular communications. The organisation’s Quality Care Governance Committee acts as an arm of the Board and meets monthly with the Care Governance and Quality Council Board to review the effectiveness of the Quality Management Framework. The Board of Directors uses this information to identify the service’s compliance with the Quality Standards, to initiate improvement actions to enhance performance, and to monitor and take accountability for care and service delivery. The organisation had appropriate, written governance systems for; information management, financial and workforce governance and other aspects of regulatory compliance.

The service had a documented risk management framework, which included policies for managing high impact and high prevalence risks, identifying and responding to abuse and neglect and supporting consumers to live the best life they can. Staff described various risk minimisation strategies to prevent falls, pressure injuries, and reduce the use of restraint. Staff had a shared understanding of what constitutes elder abuse and neglect and were aware of their reporting responsibilities. Staff gave examples of how they supported consumers’ dignity and right to take risks.

The clinical governance framework included policies addressing; antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff were trained and demonstrated practical knowledge of these policies and procedures. Staff described strategies to minimise the risk of infections, which included ensuring strict adherence to hand hygiene, appropriate donning and doffing of personal protective equipment and timely identification of infection-related symptoms. Staff explained the need to discourage unnecessary use of antibiotics and to utilise preventative strategies such as hand hygiene, encouraging fluid intake and testing before prescribing antibiotics.

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