Performance

Report

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| Name of service: | Carramar Aged Care |
| Service address: | 186 Cooroy-Noosa Road TEWANTIN QLD 4565 |
| Commission ID: | 5135 |
| Approved provider: | NoosaCare Inc |
| Activity type: | Site Audit |
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| Performance report date: | 01 February 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 Carramar Aged Care (**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 31 January 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 consumers are treated with dignity and respect and staff respect consumers’ identity and culture. Consumer feedback included ‘staff make us feel respected’ and ‘are very kind, caring, polite and helpful’.

Consumers and representatives said they are supported to make decisions about consumer care and the involvement of family, friends and others. They said communications about consumer care are effective, and friendships including intimate relationships are supported and encouraged.

Consumers were satisfied with the level of information provided to them and said it was easy to understand and supported decision making. Consumers said information is provided through newsletter and updates from staff and that they can make their own decisions and are free to do whatever they wish.

Care documentation identified consumers’ backgrounds, history and significant events in their lives have been discussed and recorded, including consumers’ place of birth, culture, diversity, religious affiliation, family members and previous occupations. Preferences about consumers’ preferred gender for care delivery were detailed. There was evidence of the involvement of others in decision making where this was the consumer’s choice including representatives, family, friends and Enduring Power of Attorney.

The organisation has policies and information to guide staff relevant to this standard, that includes staff behaviour, Code of Conduct, elder abuse, supporting decision making and the Charter of Aged Care Rights.

Lifestyle staff said the service celebrates events of cultural significance, including ANZAC day, Christmas, Easter, individual birthdays and consumer anniversaries. Church services are held monthly for consumers who are of the Catholic and Anglican religion and the service supports consumers who have other spiritual practices.

Consumers are supported by staff to take risks to live the best life they can. Staff described areas in which consumers who chose to take risks are supported to understand the benefits and possible harm associated with those risks, and how consumers and their representatives are involved in problem-solving solutions to reduce risk where possible.

Staff described how they respect consumer privacy, including consumer information being held on the electronic care management system which has unique username and password protections for all staff with access. Care staff said when they attend to personal cares of a consumer they knock before entering the consumer’s room and close the door behind them, ensuring their privacy is maintained. They said they seek consent from the consumer prior to assisting with cares. Staff demonstrated a shared understanding of consumers’ individual preferences for male or female staff.

Staff were observed to be patient, kind, caring and respectful in their interactions with consumers. Staff were observed encouraging consumers to move about and enjoy the external activities areas including those within the secured unit. Staff said they ensured consumers used their walking aids and checked if consumers were managing.

Information was displayed throughout the service, including the lifestyle activity calendar and menu options. Information booklets about the service and consumer advocacy and support networks were displayed in the main foyer and in other areas of the service. Consumer meeting minutes and newsletters were observed in consumers’ 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

Consumers and representatives considered assessment and care planning delivered safe and effective care and services. Consumers and representatives reported being involved in planning and provided examples of the involvement of other health professionals including medical officer, psychiatrist and geriatrician.

The organisation has policies and procedures available to guide staff practice in the assessment and care planning process.

Registered staff had a shared understanding and described the assessment, planning and review process. They said the process involved consultation with the consumer and representative, other health professionals and consideration of health related information such as hospital discharge summaries.

Care plans are reviewed every four months by a registered nurse when circumstances change or if there is an incident involving a consumer. The care manager and registered staff advised care plan reviews are scheduled with alerts on the electronic care management system. Staff could describe how, when an incident occurs, this triggers a review of the care plan which includes relevant allied health professionals when necessary.

Staff said they have access to consumer care plans through the electronic care management system and that information is also shared at handover. Staff advised there is discussion about a consumer’s end of life wishes when a consumer enters the service, at care plan review and if a consumer’s condition deteriorates. Staff said that care planning is communicated through case conferences and that copies of care plans are offered to consumers and representatives; consumers confirmed this.

The Assessment Team reviewed care related documentation for consumers including those with chronic diseases and specialised nursing care needs. There was evidence that planning occurred in partnership with the consumer, their representative and other health care providers and organisations. Information was individualised and provided staff with detailed guidance to support the delivery of safe and effective care. Documentation considered potential risks to consumers’ health and wellbeing including falls, diabetes management and skin integrity. A summary page for each consumer was held in the electronic care management system and included information relating to the consumer’s diagnoses, current needs and preferences in relation to risk, communication, mobility and diet, and end of life preferences.

# 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 and representatives expressed high levels of satisfaction with the personal and clinical care they received. Representative feedback included that the care was ‘exemplary’ and could not be faulted.

There are policies and procedures to guide staff that are relevant to this standard and include high impact and high prevalence risks and an outbreak management plan; these are accessible to staff including via the electronic care management system.

The Assessment Team reviewed care planning documentation for consumers including those with complex wounds, falls history, chronic diseases, complex behaviours, pain, specialised nursing care and compromised skin integrity. This included evidence that consumers were receiving individualised care that was safe and right for them and was based on best practice. Care was delivered in accordance with care plans; there was involvement of medical officers and allied health professionals; clinical equipment was available to support care delivery and there were mechanisms to monitor care delivery.

Care documentation for sampled consumers identified that staff recognise, report and respond to changes in a consumer’s condition. Clinical staff advised actions taken include assessment of the consumer, discussion with the consumer and representative, referral to the medical officer or other allied health professional and transfer to hospital if necessary. Care staff advised they notify clinical staff if they have concerns about a consumer’s condition. For consumers approaching end of life, a palliative care plan outlined the consumer’s preferences in relation to their comfort, dignity and pain management; there was evidence that consumers’ wishes were followed.

The service maintained a psychotropic register and those consumers prescribed a psychotropic medication had a corresponding diagnosis to support this. Behaviour support plans were in place, medications were reviewed on a regular basis and signed consents and authorities were in place. The Assessment Team brought forward information that two consumers were subjected to a mechanical restraint as a form of restrictive practice and did not have the appropriate documentation in place to support this. This was immediately addressed by management and clinical staff. Consultation occurred with the medical officer and representatives were contacted and provided consent. The site audit report included information that consumers’ representatives expressed satisfaction with the care these consumers were receiving. Additionally, the service conducted an audit of all consumers and found that there was compliance with the restrictive practices legislation. Staff were provided with additional training in this area and the Assessment Team found that registered staff and care staff had an understanding of restrictive practice.

Effective infection control processes were in place to prevent and control infection, including management of an infectious outbreak and there were practices to promote appropriate use of antibiotics. Clinical staff provided examples of practices to prevent and control infections such as hand hygiene, encouraging fluids, the use of personal protective equipment and obtaining pathology results prior to commencing antibiotics. Infections and outbreaks were reported via the electronic care management system and were analysed and reviewed monthly via the service’s clinical indicators. The service has an infection control and prevention lead and this role is supported by the organisation with infection planning and outbreak management. Consumers who wish to be vaccinated have received vaccinations, and antiviral medication is available and prescribed to consenting consumers who test positive to COVID-19. The Assessment Team observed all staff, contractors and visitors undergoing entry screening which included a questionnaire and health declaration, temperature check and Rapid Antigen Test prior to entry.

Management reported they know care is safe and effective because they monitor the consumer’s condition, refer consumers to other health providers when required, receive feedback from consumers about their care, review care documentation and analyse incidents to identify any emerging concerns or care needs.

Staff could describe the main risks to the consumers and the risk mitigation strategies in place. For consumers who experienced an escalation in complex behaviours there was evidence of referral to dementia advisory services and recommendations and guidance were captured in care plans with positive outcomes noted. For consumers with chronic diseases, care plans outlined specific strategies to monitor the consumer’s condition and charting was completed in line with medical directives. Staff described ways in which they maintain the comfort of consumers at the end of life, including by providing one-on-one support for the consumer and their family.

# 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 lifestyle program supports consumers’ needs and that staff assist consumers to be as independent as possible, and know consumers’ individual preferences. Consumers provided examples of activities they enjoy including bingo, board games, bus trips and watching movies. Consumers said volunteers and staff engage in activities with them.

Care documentation included lifestyle assessments that listed things of interest to the consumer, information about their life history, and people who are important to them. This information guided staff in delivering services that are of interest to the consumer and helped consumers maintain relationships. Care documentation described strategies to support consumer participation and included details about consumers’ dietary needs and preferences.

Staff demonstrated knowledge of consumers’ needs and preferences and the support they required to participate in activities or pursue individual interests. Care documentation reflected strategies to deliver services and supports for daily living that reflected the diverse needs and characteristics of consumers. Staff provided examples of how those consumers with sensory impairment were supported to participate through appropriate seating arrangements, access to audio and large print books and music therapy.

Consumers said they are able to continue cultural and religious practices and are provided the emotional and spiritual support they need. Staff and volunteers could describe how they support consumers when they are feeling low and said they would refer this information on to nursing staff. A volunteer told the Assessment Team that lifestyle staff identify consumers who require emotional support and then assign volunteers to provide one-on-one conversation for support and encouragement.

Consumers and representatives said consumers are supported to take part in community activities outside the service, to visit family, or pursue a previous interest. Staff could describe how they encourage consumers to participate in activities of interest to them and maintain relationships with loved ones.

The service demonstrated timely and appropriate referrals to other individuals, organisations or providers and how they collaborate to meet the diverse needs of consumers. Staff could describe how the consumer and representative is involved in decisions and how referrals are made. Consumers and staff provided examples of referrals that had been made to volunteers, the hairdresser and Older Persons’ Mental Health when a consumer need was identified.

Consumers and representatives expressed satisfaction with the quality and quantity of meals provided. Staff said, and consumers confirmed, consumers can provide input on the menu at food group and consumer meetings. The service’s menus listed a variety of options including the choice of a hot meal, salad or sandwiches for lunch and dinner; and a hot or continental style meal for breakfast. There were also options available for consumers who are vegetarian. A review of the service’s menus confirmed consumers are offered a range of choices, and the kitchen is compliant with relevant health and safety regulations.

The service was able to demonstrate that equipment is safe, suitable, clean and if there are any concerns or issues reported, they are managed by maintenance staff in a timely manner. Care staff said they have adequate equipment and supplies including continence aids, cleaning wipes, and electronic hoists to provide services that optimise the consumer’s health and well-being. Lifestyle staff described how local charity groups and hardware stores donate equipment and supplies for consumers to use, such as supplies for craft and flower arranging activities and gifts for fundraising events.

The Assessment Team observed consumers participating in and enjoying activities including live music. Equipment was observed to be clean, cleaning wipes were accessible throughout the service and resources to support leisure and lifestyle activities such as televisions and boardgames were 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

Consumers spoke positively about the living environment and said it is clean, well maintained, they can easily navigate the environment and that they enjoyed the gardens.

The Assessment Team observed the environment was welcoming, easy to understand and enabled consumers to optimise their independence and interact with others including family and friends. Consumers were observed moving freely within the service, participating in activities and meeting with visitors in both indoor and outdoor common areas. Their rooms were decorated with personal items and photographs.

Cleaning staff said consumers’ rooms and furniture in common areas are cleaned weekly and common areas, including high touch points, are cleaned daily; this was confirmed by review of the service’s cleaning schedule.

Furniture, fittings and equipment were safe, clean and well-maintained. Consumers said staff are competent in the use of equipment and that they feel safe when staff use the equipment to provide care and services. Consumers provided examples of how their requests relating to maintenance were promptly addressed and the Assessment Team observed equipment was clean and well-maintained.

Staff could describe the processes for reporting faulty equipment and hazards to management and provided recent examples of times when faulty equipment has been replaced.

# 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 encouraged, safe and supported to provide feedback and make complaints, and could describe the various methods available to do so, including speaking to management or staff directly, during consumer meetings, and through the use of feedback forms. Consumers said management and staff are attentive and respond to suggestions; some consumers said they had never had a complaint but felt comfortable should the need arise.

The Assessment Team found feedback and complaint forms and suggestion boxes were located in various areas throughout the service and information in relation to making a complaint was included and provided to consumers via the monthly consumer newsletter.

Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues, and advocacy and translation services were available for consumers and representatives. Staff were able to describe how they would assist consumers who have a cognitive impairment or difficulty communicating to raise a complaint or provide feedback.

Staff demonstrated an understanding of open disclosure, including providing an apology when things go wrong. Management provided the Assessment Team with recent examples of open disclosure used as an element of the service’s complaint’s procedure and review of the feedback and complaints register demonstrated open disclosure was consistently practiced.

The service’s complaints and feedback policies and procedures, consumer handbook and consumer meeting minutes demonstrated the service supports and encourages consumers and representatives to provide feedback and make complaints. Consumers and representatives were aware of how to make complaints to the Aged Care Quality and Safety Commission (the Commission) and aware of the ability to access other advocacy services, such as Aged and Disability Advocacy Australia.

Management advised the service trends and analyses complaints, feedback and concerns raised by consumers and representatives and provides monthly reports to the Board. This informs continuous improvement activities across the service which are documented under the plan for continuous improvement. The service provided examples of improvements that had occurred in response to consumer feedback, including improvements to laundry return processes resulting in a reduction in lost clothing and the purchasing of additional equipment and resources to improve consumer comfort.

# 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 Assessment Team brought forward information that the service had not implemented effective processes to support the regular assessment, monitoring and review of staff performance and recommended that Requirement 7(3)(e) was Not Met. Staff generally reported they had not participated in a performance appraisal or received formal feedback and systems to track, monitor and record performance appraisals were not being implemented. Management staff confirmed performance appraisals were not current stating that completion of performance appraisals had been impacted by recent changes in management and by ineffective tracking processes.

Management staff commenced taking action during the site audit to address the deficiencies identified in the performance appraisal process. A performance appraisal register was established, management staff could describe how the tool would be used to support regular performance reviews and the plan for continuous improvement was revised to ensure actions were taken to rectify the situation.

The approved provider’s response received 31 January 2023 includes evidence that actions have been taken to re-establish performance appraisal processes and that these are currently underway. The response included the continuous improvement plan, guides for the performance appraisal process, the tracking register and staff communications.

The service has re-established systems and processes to ensure that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken and is continuing to complete performance appraisals in accordance with its plan. I note too that consumers provided feedback to the Assessment Team that they were satisfied with the performance of staff including with the way their care and services were delivered. Further, consumers and representatives felt that the workforce was competent and had the knowledge and skills required to perform their roles. I have considered the information in the Assessment Team’s report and the actions taken by the approved provider and am confident the service has re-established processes and will continue to review the performance of staff; I find this requirement is Compliant.

The Assessment Team found that consumers and representatives considered there are enough staff at the service to meet consumers’ needs. Management had contingency plans in place to replace staff when required and rosters were reviewed on a regular basis to ensure staff allocations were adequately meeting changing consumer needs and preferences.

Staff said there are adequate staff to provide care and services in accordance with consumers’ needs and preferences and that they generally have sufficient time to undertake their allocated tasks and responsibilities.

There are monitoring mechanisms to monitor staff responsiveness to consumers’ requests for assistance and this includes weekly call bell audits with investigations occurring when excessive response times are identified.

The Assessment Team observed workforce interactions with consumers and found them to be kind, caring and respectful, with staff using respectful language when discussing consumers’ care and preferences. Staff were observed assisting consumers with their meals, exercising patience and speaking to consumers in a kind and caring manner. Consumers and representatives considered consumers are treated kindly and with respect. Management said they use consumer, representative and staff feedback to monitor staff behavior and to ensure interactions between staff and consumers meet the organisation's expectations.

Consumers and representatives said staff have the knowledge and skills to provide safe and quality care and services that meet consumer needs and preferences. Management advised staff competency is determined through initial assessments and is monitored through consumer and representative feedback, audits, surveys and reviews of clinical records and care delivery. Management described the service’s processes for monitoring criminal record checks and cross checks against the Australian Health Practitioner Regulation Agency to ensure staff hold appropriate qualifications; the Assessment Team confirmed these were current.

The service supported staff to transition into the workplace through the provision of a minimum of 4 buddy shifts for all new staff; staff can request additional buddy shifts if needed. Staff were able to describe the training, support, professional development, and supervision they receive during orientation and on an ongoing basis. Staff confirmed they can raise requests for further training and education which is supported by management and the service’s dedicated education coordinators. Training records demonstrated staff had completed both mandatory and non-mandatory online learning modules across a range of topics.

# 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

Consumers and representatives said they have confidence in the way the service is run and are satisfied with their engagement in the development, delivery and evaluation of care and services. Management advised consumers are supported to be engaged in care and service delivery through monthly consumer meetings, which are attended by a Board member/s, through feedback forms/surveys and by providing direct feedback to management staff. Management provided examples of recent changes at a service and organisational level which involved the input of consumers and representatives’ feedback and the Assessment Team confirmed improvements had been initiated and actioned in response to consumer feedback.

The governing body promoted a culture of safe, inclusive, and quality care and holds overall accountability. The Board met on a regular basis and included members with a variety of skills and qualifications to ensure regulatory compliance. The Board also included members who were relatives of consumers, enabling direct feedback about care and services received. The Board was supported by an established organisational structure that monitors and implements changes to policies and procedures to align with legislative requirements.

Effective organisation wide governance systems and processes were demonstrated relating to information management, continuous improvement, financial governance, regulatory compliance, and feedback and complaints. With respect to workforce management the service failed to demonstrate there was regular review of the performance of each staff member. The service implemented strategies to address this deficiency during the site audit and the approved provider’s response to the site audit report included evidence of actions taken to re-establish performance appraisal processes; these are being completed in accordance with a planned schedule. The site audit report demonstrated there were sufficient skilled staff to deliver safe, quality care and that opportunities for training and development were in place; consumers and representatives spoke highly of staff and their knowledge, skills, and kindness. I am satisfied that the service has effective governance processes to support workforce management.

The organisation had policies describing the management of high impact and high prevalence risks; the response to abuse and neglect; how to support consumer choice and decision-making and the reporting and management of incidents. Staff were aware of these policies and were able to describe what they meant for them in a practical way. The Assessment Team reviewed the service’s incident management system which demonstrated how the service effectively manages and acts to prevent future incidents. The service has conducted Serious Incident Response Scheme training for all staff via internal training sessions and staff demonstrated an understanding of incident reporting and escalation processes at the service.

The service has an overarching clinical governance framework to help guide staff on the provision of safe care including outlining core elements of antimicrobial stewardship, restrictive practices, and open disclosure. Each of these categories is governed in further depth by an individual policy and organisational procedure. Management described the framework in place to ensure safe and quality care to consumers, including reporting process, monitoring systems, the analysis of clinical indicators, and training provided to staff. Staff were able to describe the relevance of these policies and provided examples of how they applied to their work.

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-1)