Performance

Report

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| Name: | CASS Asquith Residential Aged Care Facility |
| Commission ID: | 8264 |
| Address: | 461 – 473 Pacific Highway, ASQUITH, New South Wales, 2077 |
| Activity type: | Site Audit |
| Activity date: | 23 July 2024 to 25 July 2024 |
| Performance report date: | 3 September 2024 |
| Service included in this assessment: | Provider: 1514 Chinese Australian Services Society Limited  Service: 28081 CASS Asquith Residential Aged Care Facility |

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 CASS Asquith Residential Aged Care Facility (**the service**) has been prepared by G Cherry, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* the provider’s response to the assessment team’s report received 16 August 2024.

# 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.

# Other relevant matters:

The service opened in May 2024 and at the time of site audit assessment 33 consumers reside at the service (although 97 allocated places exist). Current consumers have either a Chinese or Korean heritage and staff are employed from a similar background to facilitate effective communication/engagement. The provider operates another service and organisational systems are gradually being implemented. Consumers reside in single rooms (with ensuite) on three levels accessed via an elevator, although at the time of this assessment consumers are accommodated on ground floor and level one. Each floor has a dining room, activities room, and veranda access.

# 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’ express satisfaction Management and staff treat consumers with dignity and respect. Interviewed staff spoke respectfully about consumers, demonstrating recognition/value relating to their cultural diversity. Consumers/representatives gave examples of staff being kind, treating them with respect/dignity and cultural needs/choices being valued. Consumers are predominantly of Chinese and Korean heritage. Cultural backgrounds are identified via initial assessments and consumer’s records are maintained via an electronic care management system (ECMS). Consumers preferred communication language (including specific dialect) is detailed in documents to guide staff in ensuring care/services are aligned with cultural expectations. Consumers express satisfaction staff assist them in facilitating conversations with others. They express satisfaction of support in making decisions regarding care/services and can exercise choice. Management and staff support consumers in decision making/choice. Consumers and representatives are satisfied consumers are supported to engage in activities with an element of risk to enable them to live their best life. A system ensures information provided to consumers is timely, accurate, current, and effectively communicated and consumers/representatives’ express satisfaction with information provision. Examples include representatives receiving frequent contact and updates of consumer’s progress. The assessment team observed information on display in languages relevant to consumers’ needs. Consumers/representatives express satisfaction privacy is respected regarding confidentiality of personal information and methods used by staff to ensure personal privacy in care provision. Processes ensure confidentiality and staff demonstrate awareness of organisational expectations. Personal information is stored via a secure computer application with controlled password access and nurse's stations are secure.

# 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

Requirement 2(3)(a)

The assessment team bought forward evidence five consumers' care planning documents do not demonstrate consideration of risk to inform mitigation/management strategies or reflect comprehensive assessment and planning relating to medication and blood glucose management and refusal of care/behavioural needs. Management acknowledge gaps in documented assessment/strategies to guide care, noting responsive actions and the provider’s response supplied evidence of review/assessment/updating of care plan directives, discussions with consumers/representatives in relation to care, referral to allied health professionals/specialists as required and provision of staff education training. In consideration of compliance, I acknowledge staff record data (as required) however the process to ensure registered nurses review/action data is not evident for all consumers. I accept assessments/updating of care guidance documents occurred for nominated consumers and ongoing education/training to ensure comprehensive assessments occur during admission/entry processes. I note evidence of risk consideration in care provision for sampled consumers (refer to Standard 3), and am swayed by evidence of positive outcomes, plus consumer and representative satisfaction. I find requirement 2(3)(a) is compliant.

I find remaining requirements are met.

Documents contain information relating to preferences/current personal care needs of sampled consumers. Interviewed consumers/representatives gave positive feedback relation to needs, goals/preferences being identified, noting discussions relating to end-of-life care and individual wishes. Staff demonstrate knowledge of consumers’ current needs/preferences. The care manager explained a copy of an advance care directive is given to representatives during admission processes and review of four files demonstrate recording of consumer’s wishes, nominated decision maker and directives relating to complex clinical care. The care manager attributed gaps in documents due to specified time for assessment/care plan completion post admission/entry. In consideration of compliance, I accept a planned process of assessment completion, however, am cognisant of the importance relating to timely assessment of complex clinical care needs and/or risk needs to provide documented guidance for staff to ensure consumers’ needs are met (refer requirement 2(3)(a).

Policies/procedures guide assessment and planning based on consumer partnership and those they wish to be involved in care delivery. Documents detail consumer involvement plus health providers such as dietitians, speech pathologists, and wound consultants. Sampled consumers/representatives’ express satisfaction of involvement. A process ensures outcomes of assessment/planning are communicated to consumers and documents which are readily available to them. Staff demonstrate knowledge of mechanisms to ensure consumers/ representatives remain updated following changes. An ECMS generates care plans which staff advise care available to guide care delivery.

Policies/procedures guide staff in completing a comprehensive review of care/services when circumstances change, or incidents impact consumers' needs. Sampled consumers/representatives express positive feedback, considering they are consistently informed when changes occur. Registered nurses explained processes of reassessment/care plan amendment when consumers return to the service post hospitalisation. A care plan/case discussion/conference schedule directs staff in completion of regular discussion post-admission. The care manager explained planned process of ongoing review, not yet occurred due to recent consumer admission/entry. Document review demonstrate medical officer/allied health review results in updating of assessment/care planning documents and changes in consumer’s condition results in referral where required. Representatives’ express satisfaction with communication when consumer’s condition changes.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission-based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The service demonstrates consumer care is safe, effective, meets their needs optimising well-being. Interviewed staff note consumers receive effective individually tailored clinical/personal and demonstrate knowledge of these. The care manager has responsibility for clinical oversight/management of care systems and registered nurses consider they are supported in providing care. Consumers and representatives gave positive feedback. Documents detail provision of wound care as per best practice with regular review, resulting in healing progression and administration of effective pain medication. Consumer’s pain management programs are tailored to individual needs and documents demonstrate physiotherapy review and effective alternative pain-relieving strategies.

Blood glucose level (BGL) monitoring occurs for consumers living with diabetes mellitus, and parameters and directives for optimum management documented and reflective of appropriate management; BGL’s outside the reportable range are mostly escalated/actioned. Representatives’ express satisfaction with open/transparent communication from Management and staff who they consider are proactive in supporting consumer’s needs. Registered nurses demonstrate an understanding of sampled consumer’s care, advising reporting of concerns to care manager and medical officer, noting physiotherapist support in managing pain. Documents detail administration of pain-relieving medication plus massage and heat therapy. A process ensures appropriate administration of psychotropic medication, documents demonstrate consumers/representatives are consulted to provide informed consent and behaviour support plans direct care delivery. The care manager advised liaising with pharmacy and medical officers to reduce psychotropic medication use. Management advised the Memory Support unit opened as the first area for consumer admission, as consumers residing in that wing are subject to environmental restrictive practices; however, the assessment team note consumers did not have access to the outdoor area and risk assessments to identify individual consumer’s needs not evident. The provider reviewed all consumers residing in this unit to ensure informed consent is current (as per legislative requirements).

An effective system ensures identification of consumers deemed at high-risk based on clinical needs such as pressure injuries, nutritional deficit, unmet/changed behaviours, and risk of falling. A recording method identifies a priority rating and clinical management team have awareness of high impact/prevalence risks noting falls, skin integrity and isolation (due to changes/adapting to an unfamiliar environment). As a strategy to address this, staff are directed to spend one-on-one time with consumers encouraging them to participate in activities. Consumers and representatives gave positive feedback relating to clinical care, and staff knowledge/skills in identifying risk, plus implementation of effective mitigation strategies. Staff demonstrate knowledge of consumer’s individual risks and mitigation/management strategies. Individualised care plans guide staff in care provision for consumers identified with bruising and/or existing chronic wounds. The care manager advised skin integrity a recent focus due to age-related frailty. Representatives’ express satisfaction of appropriate weight loss management. Regular review/monitoring of polypharmacy occurs.

A review of clinical documents of consumers who had died demonstrate their needs, goals and preferences regarding end-of-life care were documented, comfort maximised, and dignity preserved. Consumers and representatives gave positive feedback of consultation relating to advance care directives and palliative care pathways. Registered nurses demonstrate knowledge of appropriate end of life care and care staff describe appropriate care provision. Documents reflect identification and response to changes/deterioration in health. Care staff demonstrate knowledge of reporting to registered/enrolled nurses, for assessment/referral to medical officers where required. Registered nurses described review processes such as physical assessment, delirium screening/conducting vital observation, referral to medical officer, Geriatric Rapid Aged Care Evaluation (GRACE) team and/or hospital transfer. Representatives gave positive feedback in relation to identification of changed condition and timely/responsive actions. Staff training occurs in response to specific consumer’s needs/clinical care provision. Registered nurses demonstrate knowledge of escalation processes, and incidents which require reporting as per legislative requirements.

Processes ensure consumer information is documented and communicated to those providing care. Consumers/representatives gave positive feedback regarding communication and the assessment team observed transfer of information between staff and medical officers. Documents detail transfer of information with those who have responsibility for care such as medical officers, speech pathologists, physiotherapists, dieticians, and specialists. Consumers/representatives’ express satisfaction regarding access to health professionals and staff demonstrate awareness of referral processes, noting recent examples. Interviewed allied health professionals advise receipt of referrals.

Policies/procedures guide staff relating to standard and transmission-based infection control, outbreak management, minimisation of infection related risks plus promotion of antibiotic use. Interviewed consumers/representatives express positive feedback regarding managing infections and preventative practices. Registered nurses explain trialling of non-pharmacological interventions where appropriate before administration of antibiotics. Documents detail pathology and medical officer input prior to antibiotic use and staff demonstrate an understanding of appropriate infection control principles/practices. A registered nurse has responsibility of Infection prevention control (IPC) lead, staff training and personal protective equipment (PPE) competency assessments. A monitoring system ensures currency of influenza and COVID-19 vaccination/clinics, plus administration of antiviral medication when required. Registered nurses demonstrate knowledge of antimicrobial stewardship and interviewed care staff described practices to minimise/prevent spread of infection and avoid need for antibiotics. Appropriate hand hygiene products are available, and staff note receipt of training relating to PPE.

# 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 gave positive feedback regarding receipt of safe and effective services/supports for daily living noting staff support well-being. Consumers express enjoyment of participating in various activities. Documents detail completion of a leisure and recreation assessment, identifying interests, hobbies, and preferences. Interviewed Lifestyle staff explained monitoring of the lifestyle program as consumer numbers increase to seek feedback of suitability/enjoyment of activities to ensure consumers living with varying levels of physical and cognitive ability are satisfied and engaged. Management advised recent purchase of equipment following consumer feedback.

Consumers/representatives spoke positively of emotional and spiritual support. Management and lifestyle staff explained current processes to engage several organisations to provide religious services, presentations and workshops. For example, seeking various religious representatives to support consumers’ varied faith. Staff demonstrate awareness of consumers differing religious affiliations describing how to support these in practice. Documents detail emotional, spiritual, and psychological needs, preferences for celebrations of religious holidays/cultural festivals, plus relevant information to guide staff of strategies to ensure trauma-informed care is delivered where required. Consumers express satisfaction of support to participate in the community, activities of interest and engage in social/personal relationships. Initial assessment processes identify goals and preferences which are documented in care plans to guide staff. The assessment team observed a consumer leading a Tai Chi class in conjunction with lifestyle staff. Established systems enable sharing of information within the organisation/others involved in care responsibilities and policies guide staff relating to information management. Consumers/representatives are satisfied with the quality of care and services. Interviewed staff describe consumers’ needs/preferences noting changes in care/clinical issues impacting lifestyle activities are effectively communicated. Staff gave examples of referrals to other services/organisation.

Consumers/representatives express positive feedback regarding the quality and variety of meals. All food is freshly prepared on site however meals of alternate consistency are sourced from an external supplier to ensure nutritional balance, flavour, and aesthetics. An external provider reviews the menu to ensure nutritional balance/variety and consumers are offered choice. Consumer input is sought regarding menu preferences with options tailored to cater for preferences of both Chinese and Korean. The assessment team observed equipment is clean in appearance, safe and well-maintained. Management noted equipment remains covered by manufacturer’s warranty and a preventative maintenance program is being developed in conjunction with the equipment provider. Staff consider they have access to appropriate/sufficient equipment to support consumers, demonstrating knowledge of cleaning processes and reporting maintenance issues.

# Standard 5

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

Findings

The assessment team observed the environment to be welcoming, with adequate communal spaces for socialisation and seating areas. Consumers reside in single rooms with private ensuites. Clear signage assists in navigation and elevators providing access to each level. Consumers/representatives express satisfaction with the environment. The building is new and purpose-built to meet consumers changing needs. The assessment team observed consumers moving throughout the service to engage in activities on differing levels. Maintenance staff explained the current process for managing maintenance requests and cleaning staff demonstrate knowledge of processes to ensure appropriate cleaning. The assessment team observed consumers on ground and first floor unable to access balconies via automatic doors. Management and maintenance staff explained automatic door sensors were identified as a safety risk which was escalated to the building company and staff manually open doors to enable balcony access for consumers. In addition, access to the outdoor area from memory support unit and exit via front door require coded keypad access. Furniture, fittings, and equipment were observed to be clean and fit for purpose. Maintenance staff demonstrate processes for reporting/responding to maintenance issues and development of a preventive maintenance program.

# 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

Interviewed consumers and representatives consider they are encouraged and supported to provide feedback/complaints, advising they feel safe to provide feedback to Management and staff and have an awareness of various methods to do so. Management and staff describe mechanisms available to support consumers and other stakeholders and policies/procedures guide staff in organisational expectations. Staff receive training relating to complaints management. Upon commencement/entry information is provided to consumers and their representatives including details on internal and external complaints mechanisms. Brochures and information are on display/enable easy access and a secure feedback process affords confidentiality if required. Consumer meetings are being established as a forum to provide information and gather feedback which is sought via survey questionnaires.

Information relating to advocacy and language services is available in several languages however, Management note they are not aware of any consumers/representatives accessing these services as family members generally assist with translation, and staff have ability to communicate in Mandarin, Cantonese, and Korean. The assessment team observed staff interacting/engaging with consumers in their preferred language. Consumers and representatives consider Management are responsive to matters raised. Policies guide organisational expectations regarding management of feedback/complaints including practices of open disclosure. Document relating to feedback/complaints include actions taken as issues are delegated to appropriate department, reviewed by the leadership team, and overseen/evaluated by the administration manager. Documents demonstrate effective management including acknowledgement, action, and resolution in a timely manner.

Staff receive training related to principles of open disclosure, and management provided examples of when this is used. Documents demonstrate appropriate review/investigation of an incident resulted in strategies to reduce/minimise future occurrence. Consumers and representatives’ express satisfaction with responsiveness and achieved outcomes. The organisation has a continuous improvement system, including use of feedback/complaints to improve quality of care and services. Complaints are monitored at an organisational level to ensure effective management aligns with organisational requirements. Management demonstrate use of feedback/complaints to improve quality of care and services including purchase of entertainment equipment, change in menu to suit consumers choice/preference.

# 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 service demonstrates an effective planning process to ensure appropriate staffing level/mix for delivery of safe, quality care. Consumers and representatives’ express satisfaction staff meet consumers’ needs and respond to requests for assistance within an appropriate time. Management explained close monitoring of staff levels/mix to ensure appropriate numbers align with the gradual increase in occupancy. Processes ensure workforce numbers enable provision of safe/quality care by regular review of consumer’s clinical needs. Staffing levels are monitored at an organisational level and regularly reviewed/increased as consumer occupancy increases, plus a process to ensure leave replacement. A nurse call system is linked to mobile phones to alert care staff/registered nurses plus an escalation process identifies unanswered needs. Responses to requests for assistance are monitored with capacity to generate reports. Management advised meeting legislative staffing requirements.

Consumers and representatives consider staff to be kind, caring, treating consumers with respect and the assessment team observed this. Management explained organisational values of promoting kind/caring interactions and respecting identity, culture, and diversity. Staff follow a code of conduct and demonstrate knowledge of consumers needs referring to them in a respectful manner. Management emphasised organisational expectations of a positive staff culture describing methods to ensure interactions are kind and respectful. A staff orientation program includes organisational values, code of conduct, and topics such as respect/dignity. Staff sign Code of Conduct upon commencement. The service has a preferred criteria for staff ability to communicate in Mandarin, Cantonese, or Korean as per the current consumer cohort. Staff who are not able to speak these languages learn greetings, simple words for basic needs to enable engagement with consumers in their preferred language. Management monitor staff interactions with via direct observation, supervision of staff practice and feedback. Consumers/representatives consider staff treat consumers in a kind/caring manner, respecting of their identity/culture and express satisfaction staff are trained/competent to deliver required care and services. Position descriptions detail responsibilities (requiring staff written acknowledgement/acceptance) and necessary qualifications/skills required for each role. Management demonstrates processes to ensure staff ongoing competence/knowledge to effectively perform required roles.

Organisational team’s support local Management to ensure staff have necessary qualifications, fulfil regulatory requirements, and registered nurses have current registration. Staff are required to complete annual competency assessments and interviewed staff demonstrate awareness of processes/practices to effectively perform their role. Consumers/representatives consider consumers receive appropriate care and staff know what they are doing. Management explained methods used to support the workforce to deliver safe and quality care including a comprehensive orientation program, mandatory training, competency assessments, and site induction. An ongoing education program includes training on essential topics related to the Quality Standards and responsive training to address identified needs; records of attendance are maintained/monitored at an organisational level. Staff acknowledge participation in training and consider they have resources, equipment, and organisational support to deliver appropriate care. Policies guides a formal process for regular review however Management note due to recent staff commencement they are yet to undertake this, and performance is monitored through observations/supervision/feedback, incidents and review of clinical data.

# 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 consider the service is well run and they feel comfortable making comments/suggestions/complaints. Consumers are encouraged to participate in the development, delivery and evaluation of care through feedback mechanisms and survey questionnaires. Management gave examples of improvements from consumer/representative feedback/suggestions. Processes ensure feedback is sought to monitor satisfaction. Management notes 100 percent participation in the most recent process to enable data analysis. Board members visit the service to gain personal knowledge of care/service provision and consumer/representative feedback. Management explained due to recent commencement processes are being developed to establish additional mechanisms for participation, including meeting forums, including specific focus groups. A consumer advisory committee (CAC) and quality care advisory body (QCAB) are yet to be established using the existing organisational model, however plans include provision of information/seeking expressions of interest to enable an inaugural consumer meeting in 2024.

Management demonstrates how the organisational governing body promotes a culture of safe, inclusive, quality care and the Board's commitment is captured in the organisation's vision, mission, values, and reflected in policies/procedures, orientation program, and staff training. A corporate governance framework includes Board members and management team’s responsibilities. Board members hold accountability and ensure Quality Standards are being met via organisational reporting structures and policies/procedures guide expectations/consistent delivery of care and services. To support a culture of safe, inclusive, quality care, Board members communicate with consumers, representatives and staff relating to changes. The Board communicates relative changes in legislation, an example includes communicating protocols for the prevention and management of COVID-19 infections. Management demonstrates effective organisational governance systems relating to information transfer, continuous improvement, financial and workforce governance, regulatory compliance, and feedback/complaints management. Consumers receive information upon commencement at the service and ongoing. Staff communication occurs via multiple mechanisms including the ECMS, discussion/transfer of information between shifts and education/training programs and consider receipt of appropriate information to deliver care. Reporting and feedback mechanisms occur for all stakeholders. An effective continuous improvement system identifies opportunities for improvement via a variety of mechanisms and is monitored at service and organisational level via a quality assurance team. Currently, continuous improvement is overseen by the leadership team, and establishment of a service led quality team is planned.

Management explained an operational budget is managed at an organisational level, with service management delegated authority for discretionary spending. Policies/procedures direct workforce governance relating to care minutes, 24 hour registered nurse coverage and recruiting procedures. An organisational team oversee/support workforce management and regularly report to the Board. Due to the service recently commencing and a steady increase in occupancy, staffing levels increase accordingly to meet consumer needs. An organisational quality assurance team monitors aged care regulations and legislation, ensuring alignment with policies/procedures. Relevant communication/staff training occurs in relation to changes/new requirements. Feedback/complaints inform continuous improvement. Trends are monitored and reported to the Board. An organisational risk management plan, underpins risk management strategies/responsibilities, guided by policies and procedures. The risk management system is monitored at a local level through clinical assessment, daily review plus collection/analysis of clinical data. Management of risks is evident. Processes ensure identification/response to abuse/neglect and reporting to the Serious Incident Response Scheme when required. An incident management policy includes roles/responsibilities, and management of incidents. Staff receive training regarding reporting, escalation, and review processes. A report is presented to the Board regarding incidents/actions.

An organisational clinical governance framework includes policies/procedures, key roles/responsibilities, and components to ensure clinical governance. Clinical care is managed/monitored at service level and supported by an organisational clinical governance committee, including Board members who are medical doctors. Infections are monitored, and antibiotic use is communicated to the Board. Registered nurses demonstrate knowledge of antimicrobial stewardship and Management advise planned establishment of a Medication advisory committee to support antimicrobial stewardship. A policy guides minimising restrictive practice. Management explained use of restrictive practices after consideration of alternatives and data is included in Board reports. A register of psychotropic medications includes records of authorisation/consent for medications. The assessment team note use of environmental restraint not tailored to individual consumer needs however, Management advised immediate review to ensure restrictive practices are tailored to individual needs in accordance with legislative requirements. Staff records demonstrate training regarding principles of open disclosure.

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