Performance

Report

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| Name of service: | Catholic Healthcare St James Villa |
| Service address: | 60 Lawson Street MATRAVILLE NSW 2036 |
| Commission ID: | 0111 |
| Approved provider: | Catholic Healthcare Limited |
| Activity type: | Site Audit |
| Activity date: | 12 October 2022 to 14 October 2022 |
| Performance report date: | 23 November 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 Catholic Healthcare St James Villa (**the service**) has been prepared by T Solomon, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
* the provider’s response to the assessment team’s report received 10 November 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-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

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

Requirement 2(3)(b)

* Ensure each consumer’s current needs, goals and preferences are identified and addressed through a comprehensive assessment and planning process that records accurate and complete information.
* Ensure consumer care plans and documentation are current and updated when changes occur to reflect consumer needs, goals and preferences.

# Standard 1

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

Findings

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

Consumers and/or representatives provided feedback that consumers are treated with respect, and they shared information about the consumer’s identity, culture and diversity being valued.

Organisational documents such as policies, procedures, strategic plans, handbooks, and newsletters consistently convey respect for consumers, and refer to consumers with dignity and value for the diversity of consumers.

Care planning documents reflect diversity and respect and included consumers’ preferences and respectful language was consistently used when referring to consumers.

Staff were interviewed to understand if they know what is important to consumers and how they respect and support consumers in that regard. The information gathered was in alignment with consumer feedback and care plans reviewed.

Consumers and/or representatives provided information indicating that culturally safe care and services are provided to consumers. Management and staff provided information about how culturally safe care and services are delivered to consumers.

The organisation has policies and procedures that support consumer cultural diversity and ensure cultural preferences are included in the care provided to consumers.

Consumers and/or representatives provided feedback about consumers being supported to exercise choice, make and communicate decisions, and make and maintain connections and relationships with others of their choice. Consumers and/or representatives spoke of having a choice of meals, deciding what they do with their time each day, and making friends with other consumers at the service.

Consumers’ care and service records include information about consumer contacts, including person/s responsible and, where relevant, formal alternative decision-makers such as enduring guardian. The service was able to demonstrate that it consults the consumer as to whom their information should be shared with.

The service was able to demonstrate they support consumers to take risks to enable them to live their best life. Consumers and/or their representatives were able to articulate some risks consumers were being supported to take, and The Assessment Team observed dignity of risk assessments in place for those consumers and activities.

Consumers and/or representatives provided feedback indicating they are given information, which is current, accurate, timely, and enables them to exercise choice.

The organisation provides consumers with information which allows them to make informed choices and understand their rights and the services available to them. Consumers and/or representatives stated they are satisfied with information they receive to enable them to exercise choice.

Management and staff working in various departments explained how they provide information to consumers and/or representatives to enable choice. A review of documentation such as information packs, newsletters and resident meeting minutes shows consumers are given information to enable choice.

The organisation has a privacy and confidentiality policy and procedure which includes some practical guidance in relation to consumer personal privacy and encompasses privacy obligations and how they are met. The service was able to demonstrate through documentation and interviews that this was effective.

Staff spoke of ways they maintain consumer personal and information privacy. The Assessment Team observed consumer personal and information privacy was being maintained. Consumers and/or representatives provided feedback about consumer privacy being respected and they thought consumer information privacy was being maintained.

# 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. | Non-compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

The Assessment Team identified that consumers’ assessments and care plan documents are not always reflective of the consumer’s current care needs, goals, and preferences.

The Approved Provider responded with additional documentation and a plan for continuous improvement that includes providing education to staff to ensure care plans and assessments are developed in consultation with consumers and/or representatives, ongoing regular monitoring of care plans by the care manager to identify any gaps and rectify them.

Although the Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team, I feel that it will take time to embed these improvements into their usual practice resulting in positive outcomes for consumers. Therefore, I am satisfied that requirement 2(3)(b) is non-compliant

I would encourage the Approved Provider to evaluate their documentation review process to ensure that care plans are reviewed in an ongoing manner to ensure they are current and contain up to date information to ensure safe and quality care delivery to consumers.

I am satisfied the remaining four requirements of Standard 2 Ongoing assessment and planning with consumers are compliant.

The service demonstrated assessment and planning considers risks to consumers health and well-being such as falls, skin integrity, pressure injuries, co-morbidities, and previous history to facilitate safe and effective care delivery.

The Assessment Team found that consumers had their advance care plans and end-of-life planning appropriately managed.

The service demonstrated that assessment and planning is based on ongoing partnership with consumers and/or their representatives and includes other health care providers.

Consumers and/or their representatives confirmed they are involved in the planning and review of the care plans. A review of care plans demonstrated that other individuals or providers of other care and services are able to be involved in the care of the consumer.

Information within the care plans and progress notes reflected the involvement of other services such as physiotherapy, dietician, palliative care, older persons mental health, dentist and speech pathology in assessment and planning.

Care planning documentation reviewed identified evidence of review of documentation on both a regular basis and when circumstances changed, such as consumer deterioration or incidents such as infections, falls and wounds.

Clinical management could describe how and when consumer care plans are reviewed. Most consumers and/or representatives interviewed stated that clinical staff regularly discuss their care needs with them, and any changes requested are addressed in a timely manner.

The care manager reported any changes to consumers’ care, or any incidents are communicated to consumer and/or representatives as soon as possible and care plans are updated accordingly.

# Standard 3

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

Findings

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

The Assessment Team identified through a review of documentation, feedback from consumers, representatives and staff, and observations, deficits regarding consumer care in the management of skin integrity, catheter management, and falls management.

The Approved Provider responded with additional documentation and a plan for continuous improvement that includes providing education to staff on continence management, falls prevention, restrictive practices, and responsive behaviours.

The Approved Provider demonstrated a commitment to address the deficiencies identified by the Assessment Team. I would encourage the Approved Provider to review their documentation process to ensure all relevant information is captured and documented in a readily available manner to ensure the delivery of safe and quality care and services to consumers. Therefore, I am satisfied that requirement 3(3)(a) is compliant.

The service was able to demonstrate that they have policies and procedures in place for the management of skin integrity with no pressure injuries.

The service identified falls, unplanned weight loss and skin tears as their high impact, high prevalence risks. The service was able to demonstrate effective management of high impact or high prevalence risks associated with the care of each consumer.

For most consumers, care documentation reflects high impact or high prevalence risks are identified and interventions have been implemented to effectively manage the risks. Most consumers and/or representatives stated they feel their care is safe and right for them.

The service has a system in place to ensure the comfort and dignity of palliating consumers are maintained.

Consumers and/or representatives are invited to participate in an initial and then ongoing case conferences and discussions, to assist with identifying the consumer’s end-of-life wishes as desired/required including the level of clinical intervention preferred.

The results inform the development and ongoing review of an advanced care plan for the consumer.

Regular liaison occurs with doctors, staff, consumer and/or representatives, and palliative care specialists are accessed as desired/required. Staff described a range of interventions they employ when caring for palliating consumers to ensure their pain is managed and their comfort and dignity maintained.

The service demonstrates deterioration or change of consumers’ mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.

A review of care documents reflects the identification of and response to deterioration or changes in condition. Consumers and/or their representatives were satisfied with the service’s effectiveness in responding to deterioration.

Consumers and/or representatives indicated staff know them and their care needs well, and the service shares information about their care with other organisation where responsibility of care is shared.

Staff were able to describe how information is shared when changes occur through staff meetings and staff handovers, and how changes are documented in progress notes and the handover sheet.

Correspondence from health professionals, test results and referral documents are kept within the consumer’s online file which is accessible to all staff, medical officers and other health professionals.

The service was able to demonstrate referrals to other providers or organisations is timely and appropriate. Care planning documentation reviewed confirmed the input of others and referrals where needed.

Consumers and/or representatives interviewed stated referrals are timely, appropriate and occur when needed and that consumers have access to a range of health professionals, including allied health and medical specialists.

The service has an effective infection prevention and control program in place that minimises the risk infections. The infection surveillance program includes monitoring, appropriate treatment, and follow-up review of any infections to reduce the likelihood of further infections.

Infection control training and hand washing education are provided for staff during orientation, during mandatory annual education and as needed for all staff. Outbreak management plans and equipment are in place. The home has a food safety program and a pest control program.

Personal protective equipment, spill kits and hand sanitising stations were observed throughout the building. Waste is disposed of safely and correctly, and all staff interviewed had a good understanding of the importance of infection control and anti-microbial stewardship.

# 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

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

Consumers and/or representatives were satisfied consumers receive safe and effective services that enhance and maintain their independence, well-being, and quality of life.

Care planning documentation reflected a lifestyle profile which includes individual preferences, past interests and current interests, social, cultural, and spiritual needs and traditions that are important to the consumer.

Staff demonstrated a sound knowledge of consumers individual needs and preferred activities and how they support consumers to meet their needs, goals, and preferences.

Consumers and/or representatives reported they feel well supported by the service to observe their religious practices and feel supported by staff to celebrate days that are meaningful to them. Consumers and/or representatives are satisfied the services and supports promote their spiritual, emotional, and psychological wellbeing.

The service has a pastoral support person who visits the consumers twice a week, and Anglicare Emotional Wellbeing for Older People is also engaged by the service to visit identified consumers.

The service demonstrated they support consumers to maintain social and personal connections that are important to them. Care planning documentation identified the people important to individual consumers and the activities of interest to the consumer

Consumers and/or representatives reported they felt supported to participate in their community within the service environment, have social and personal relationships and do the things of interest to them.

Whilst some consumers expressed disappointment that bus outings were not currently occurring, consumers who were able to access community activities outside the service environment independently were supported to do so.

The service conducts a lifestyle enrichment survey to capture consumer preferences for lifestyle activities, and the service is currently reengaging with their outside entertainers to visit the service again as well as art therapy and pet therapy services.

Consumers and/or representatives stated they are satisfied their condition, needs and preferences are effectively communicated within the service and with others who are responsible for care.

Staff interviewed were able to describe ways in which they share information and are kept informed of the changing condition, needs and preferences for each consumer. Care planning documentation provided adequate information to support safe and effective care as it relates to services and supports for daily living.

Staff stated they are made aware of any changes of consumers needs and preferences through verbal and documented handover processes, information available in the electronic care management system and communication books.

The service’s electronic care documentation system encompasses all care planning documentation. The system is available for staff, and external organisations where services for daily living is shared, including allied health professionals.

The Assessment Team observed notes in the electronic care management system made by physiotherapist, speech therapist and Anglicare Emotional Wellbeing for Older People services.

There is evidence to support that the service has made links with organisations and individuals in the wider community to provide support and services to consumers.

The service was able to demonstrate that where meals are provided, they are varied and of suitable quality and quantity. An independent menu review is completed by a contracted dietitian, and annual food focus audits are conducted by the hospitality team.

Although some consumers and/or representatives were critical of the meals at the service and indicated that they were lacking in flavour and were not presented in an appetising manner, the service was able to demonstrate that they are actively working in collaboration with consumers and/or representatives to address the concerns raised by consumers.

The Approved Provider provided evidence to support actions taken prior to the Site Audit, including implementing a resident food committee to provide feedback on menus, sourcing an alternate meat supplier, surveying residents at the home about their food related concerns and providing the hospitality staff with additional training.

The Assessment Team did not observe any fresh fruit readily available for consumers. When raised with management, they stated consumers can ask for additional fruit and the catering team will provide it to them. The following day a bowl of fruit was available in the dining room for consumers to access.

Management reported the service is in the process of organising a snack fridge to be available in the dining room for consumers to access throughout the day and night. By the end of the third day of the site audit a snack fridge was observed in the corner of the dining room with snacks such as cheese and crackers and banana bread. A letter was observed to be given to all the consumers and/or representatives informing them of the new snack fridge.

The Approved Provider also responded with a Plan for Continuous Improvement highlighting ongoing and new actions taken by the Approved Provider to address concerns raised by the Assessment Team, including but not limited to education for staff on understanding malnutrition, food safety essentials, meal service experience and menu reviews. Therefore, I am satisfied that requirement 4(3)(f) is compliant.

Consumers and/or representatives confirmed they felt safe when using the service’s equipment and stated it was easily accessible and suitable for their needs.

Consumers and/or representatives stated they were comfortable raising issues if equipment needed repair, knew the process for reporting an issue and said items were replaced when necessary. Equipment used for activities of daily living were observed to be safe, suitable, clean and well-maintained.

Maintenance staff described the preventative maintenance schedule and how they ensure equipment is safe, clean, and well maintained. Maintenance said the organisation is very responsive to any requests for servicing, maintaining, and replacing equipment and approves any reasonable requests to ensure the equipment at the service is fit for purpose.

# Standard 5

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

Findings

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

The Assessment Team observed the service environment to be welcoming and comfortable. Consumers and or representatives stated there is adequate private areas, both indoors and outdoors for consumers and visitors to utilise when socialising.

All consumers have their own bedroom with an ensuite and the Assessment Team observed consumers were able to furnish their bedrooms with their own personal items.

There is a spacious courtyard with garden beds and a smoking area for consumers. Consumers were observed to take pride and ownership of the gardens and felt supported in maintaining these spaces by the service.

The Assessment Team observed some fundamental signage to assist consumers to navigate their way around the service; and all consumers interviewed stated they can find their way around the service easily and get to key locations such as their bedroom, bathroom, and dining areas.

Consumers and/or representatives felt the service is well presented and maintained. The common areas, and consumers rooms were observed to be clean, clutter free and comfortable.

The maintenance officer demonstrated effective preventative and responsive maintenance systems in place to ensure all areas of the service are safe and well maintained and attended to within an appropriate timeframe.

The Assessment Team observed the furniture, fittings, and equipment to be safe, clean, well maintained, and suitable for consumers.

Consumers and/or representatives interviewed were satisfied with the furniture, fittings, and equipment. Management and staff demonstrated effective systems in place for the cleaning and regular maintenance of the furniture, fittings, and equipment.

Furniture in communal areas were observed to be clean, in good condition and in plentiful supply. Cleaners were observed cleaning consumers’ rooms, common areas and regularly sanitising high touch surfaces. The kitchen, laundry and cleaning trolleys were observed to have appropriate infection control measures in place.

# Standard 6

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

Findings

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

Consumers and/or representatives reported that they are encouraged to provide feedback and make complaints. Consumers and/or representatives stated they felt safe to raise any concerns and were able to describe several avenues open to them to provide feedback or complaints.

Management acknowledged that there were a group of consumers who were not satisfied with the service’s quality of food. Actions taken have been incorporated into the service’s continuous improvement plan, including creating a resident committee with five consumers identified as representatives.

Management and staff could describe the avenues available to consumers and/or representatives and others to provide feedback. These included, submitting a feedback form in person, by email, organising to speak with management or staff, and raising issues at resident meetings.

The service was able to demonstrate that consumers and/or representatives are provided with information and the ability on how to provide feedback to the service. Information about advocacy services and how to access them is provided to consumers and/or representatives in a welcome pack. Advocacy service material is displayed at the reception counter and on noticeboards throughout the service.

The Assessment Team found that appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong at the service. Consumers and/or representatives confirmed they were satisfied in relation to complaints handling. A review of documentation in relation to complaints demonstrated an open disclosure process is applied.

Staff interviewed demonstrated an understanding of open disclosure and how it is relevant to complaints. Staff stated they would be open and honest, apologise if anything went wrong, recognise the issue, and explain how they plan to rectify the issue.

Feedback and complaints are reviewed and used to improve the quality of care and services. Consumers and/or representatives stated management at the service are very responsive to any feedback provided and this information is used to improve the way care is provided to consumers.

Feedback and complaints are recorded electronically at the service and is reviewed by the service manager. Feedback is also received through consumer experience surveys and contributes to continuous improvement activities.

Consumers and/or representatives stated that during meals staff will ask if they are happy with the meal they received. If unhappy, the consumers are always offered and provided with an alternative meal. The service also established a food focus group to provide feedback in relation to the meals provided at the service.

# Standard 7

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

Findings

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

The service demonstrated the workforce is planned to enable the delivery and management of safe, quality care and services. Management have increased the number and mix of staff to better meet consumer needs and preferences.

Staff stated they are supported to perform their roles well and they have enough time to provide quality care to consumers. Consumers and/or representatives expressed a high level of satisfaction with care and services which supported them to live the best life they can.

The service demonstrated workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity.

Consumers’ identity, culture and diversity are assessed when they enter the service and reflected in their care planning. Consumers and/or representatives stated staff know what things are important to them and provide care and services accordingly.

The Assessment Team observed staff interactions with consumers were respectful of consumers’ diversity and were kind and caring.

The service demonstrated the workforce are competent and supported by a regional manager and an executive team. Personnel and service records evidenced staff are appropriately qualified and professional registrations are kept current.

The Assessment Team observed staff to be competent in their roles and consumers and/or representatives expressed satisfaction with care and services provided.

The service demonstrated the workforce is recruited, trained, equipped, and supported to deliver the outcomes required by the Quality Standards.

Induction training focuses on best practice person-centred care, and there are systems in place to ensure all staff receive mandatory and ongoing training as required.

There is an electronic system which generates reports when staff have not completed mandatory education and competencies within required time frames. The Assessment Team observed that no staff were overdue in completing required education.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

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

The service demonstrated consumers are supported and engaged in the development and improvement of care and services. The quality and compliance systems are effective to ensure care and services are evaluated and developed in consultation with consumers and representatives.

Management and staff are trained to support consumers with feedback processes. Consumers interviewed confirmed they are involved in the evaluation and development of care and services.

The service has feedback forms, regular consumer surveys, complaints information, care planning consultations and improvement processes to obtain information from consumers and inform continuous improvements activities at the service.

There are consumer meetings and regular interactions between management, staff, and consumers to ensure consumer and/or representative feedback is received.

The service demonstrates its governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The executive team and board are accountable for and oversee service operations.

The quality and compliance systems and processes ensure risk management is effective. Consumers’ feedback concerning issues of a serious nature are managed by the residential manager and staff at the service level and escalated to the executive and governing body for due consideration.

Information management systems include an electronic care planning system and risk management system with automated reporting capabilities for service and executive staff to monitor and evaluate.

Improvements identified by consumers, staff, surveys, meetings, incidents, complaints and audits are logged onto the service’s plan for continuous improvement. The plan has a mandatory field for each action item logged which records the Quality Standards and requirements each action item is aligned to.

There are financial delegations assigned to ensure expenditures are within budget and there are processes in place to purchase out of budget items when required. Management advised the Assessment Team of many examples where expenditures have been made to meet increased consumers’ needs including more staffing, a hot trolley servery and technology/electronic devices to allow consumers to communicate face to face with family and friends.

The governing body oversees staffing at the service and monitors call bell reports. There have been multiple increases to staffing resources to ensure consumers receive high quality care and services.

The residential manager is responsible addressing complaints and reporting to the executive and board for their consideration and support as required. The residential manager advised the Assessment Team that she is actively involved in addressing all complaints immediately, applying open disclosure principles and recording results to prevent further similar incidents occurring again and to use as educational opportunities.

The service has formal risk management systems and processes in place and is currently implementing an organisation risk management framework to strengthen and streamline risk practices across the organisation and to support management at the service level.

There is staff orientation and other education about serious incidents including identifying and responding to the abuse and neglect of consumers. All staff have received at least one session of formal training in serious incident responses and supporting resources and documentation were observed throughout the facility including pamphlets, posters and flipcharts.

The service has an electronic incident management system to streamline record keeping and reporting. Serious incidents have a specific reporting field within the electronic system to trigger and ensure serious incident responses are completed within required time frames.

Professionally printed organisation incident management flip charts are displayed throughout the service to ensure staff have access to readily available information when required, when improving their own skills and knowledge or when referring to new or other staff for their reference.

The service demonstrated its clinical governance framework was effective including having policies and procedures for antimicrobial stewardship, minimising the use of restrictive practices and open disclosure.

All staff receive training to understand the clinical governance framework, antimicrobial stewardship, minimising the use of restrictive practices and open disclosure policies and procedures and to implement effective practices relevant to their work roles accordingly.

Clinical staff were able to describe what antimicrobial stewardship meant to them, whilst care staff could articulate the ways in which other strategies could be employed to minimise the use of antibiotics such as increasing fluids for consumers with a history of urinary tract infection.

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)