Performance

Report

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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 Churches of Christ Buckingham Gardens Aged Care Service (**the service**) has been considered by James Howard, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the Assessment Team’s report for the site audit, dated 17 May 2022 to 19 May 2022; 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 17 June 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **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 | | Compliant |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant |
| Requirement 1(3)(c) | Each consumer is supported to exercise choice and independence, including to:   1. make decisions about their own care and the way care and services are delivered; and 2. make decisions about when family, friends, carers or others should be involved in their care; and 3. communicate their decisions; and 4. make connections with others and maintain relationships of choice, including intimate relationships. | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant |
| Requirement 1(3)(e) | Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice. | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

## Findings

Most consumers said their identity, culture and diversity was respected. Staff described the service’s consumer-directed model of care, which supported dignity and choice. Care planning documents included advanced care directives that were sensitive to consumers’ cultural needs.

Staff described consumers’ cultural, religious and personal preferences and how they accessed information about consumers’ cultural needs and preferences. The service supported consumers’ religious and cultural needs through, amongst other things, a weekly prayer group and bilingual community visitors for some consumers where English is not their first language.

Consumers were involved in making decisions about their care, including when others were involved in their care. Consumers were supported to make and maintain connections with others, including intimate relationships. Consumers and their representatives were supported to exercise choice and independence. Staff said they supported consumer choice by confirming their meal preferences for the following day. The service used ‘food choice’ forms which enabled staff to record consumers’ meal preferences and which were shared with kitchen staff.

Consumers wishing to take risks discussed those risks with staff and staff explained how they respected consumers’ wishes in cases where consumers were aware of the risks but wished to continue with particular activities.

Consumers and their representatives said they received timely and accurate information; for example, consumers were given an activity schedule for the following day and newsletters were observed throughout the service and in consumers’ rooms.

Consumers said their privacy was respected and staff were aware of when consumers preferred to spend time alone. Staff were observed knocking on consumers’ doors before entering and respecting residents who did not want to be disturbed.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

## Findings

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

Consumers gave positive feedback about the service’s care planning process and confirmed they were involved in their own care. Care plans were available to consumers and/or their representatives, in both hard copy and electronic formats. Assessment and planning processes were led by registered nurses who considered clinical needs, pain management, mobility, risks to consumers’ safety and personal goals and preferences. Additional assessment occurred when medical intervention, wound care, allied health services and the management of weight or behaviour was needed. A review of consumers’ care plans showed assessments were thorough and identified risks to consumers.

Care plans included end-of-life preferences when consumers wished. Consumer representatives expressed confidence their loved ones would be well cared for if palliative care was needed. Management advised end-of-life planning was discussed on entry to the service, with involvement from specialist palliative care providers. The service had policies which guided end-of-life care. The Assessment Team observed staff were kind, gentle and considerate towards consumers receiving palliative care.

Care plan reviews occurred quarterly or following cognitive and medical decline, hospital admissions, or when consumer needs and preferences changed. Following reviews, care plans were signed by the care manager and tracked through the service’s electronic care management system.

# Standard 3

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

## Findings

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

Overall, consumers received personal and clinical care that was safe, effective and tailored to their individual needs and preferences. Staff were familiar with consumers’ needs and preferences, evidenced by their recall of information contained in consumers’ care plans. Consumer files included care plans, progress notes, treatment regimes, medication charts, monitoring records and relevant correspondence.

The service demonstrated effective management of high-impact and high-prevalence risks, such as falls, behaviours of concern, skin care, wound care, weight fluctuations, pain, choking hazards, infections and skin injuries. On entry to the service, consumers received a clinical risk assessment and care plans included non-pharmacological interventions. Management described risks to consumers, staff were familiar with consumers’ care plans and strategies used to minimise risk. The service had a risk management framework and risks to consumers were discussed between staff during shift handovers. The service had an incident reporting system, with serious risks recorded in the Serious Incident Response Scheme register.

A consumer representative whose loved one was receiving end of life care said the service had engaged the family throughout the process. A local palliative care team was engaged by the service to provide specialist services to the consumer. The service recorded pain management strategies and reviewed them for effectiveness. The care manager said advanced health directives were discussed upon admission to the service and during care plan reviews. Staff providing end-of-life care were guided by policies and procedures, which included 24-hour support from registered nurses.

Consumers and their representatives were satisfied that the service identified and met consumers’ complex, changing needs. The Assessment Team viewed care plans which accurately reflected deterioration of, or changes in, consumers’ physical and mental health. Staff described how they recognised changes to consumers’ conditions, documented their observations and appropriately shared information with others who shared responsibility for care delivery. For example, consumers at risk of falls were seen by a physiotherapist, who contributed to care plans.

Consumers were referred to other providers of care and services when their needs could not solely be met within the service. One consumer discussed how they were referred to an allied health professional for investigation of a new condition. Another consumer said all their needs were met and they received physiotherapy treatments for pain. Staff described the process for referring consumers to external health professionals and how referrals were recorded in progress notes.

The service had a documented infection prevention and control process in place. Staff were aware of, and trained in, infection prevention and control and anti-microbial stewardship. Documented policies and procedures supported the minimisation of infection-related risks. One consumer said staff always wore personal protective equipment. The Assessment Team observed staff practising infection control techniques and cleaning shared equipment in-between assisting consumers.

# Standard 4

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

## Findings

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

The Assessment Team recommended Requirements 4(3)(e) and 4(3)(f) as non-compliant. However, having considered the evidence in the site audit report and the evidence provided by the service in its response, I decided the service is compliant with Requirements 4(3)(e) and 4(3)(f), as detailed below.

Regarding Requirement 4(3)(e), the Assessment Team considered referrals to individuals, other organisations and providers of other care and services were not always timely and appropriate. The finding was based on consumers’ feedback and care documentation.

One consumer’s feedback suggested they were not receiving sufficient fluids. The service’s response showed the consumer’s fluids were restricted to manage their overall health. The service discussed the consumer’s desire for increased fluids with both the consumer and their representative, both of whom understood that to do so would be an immediate risk to the person’s overall health, which neither desired.

Regarding consumers for whom the Assessment Team could not identify timely and appropriate referrals to other providers of care, the service’s response showed one consumer had recently been assessed by a dietician for weight loss and one had been assessed by a speech pathologist while in hospital.

In addition to the service’s response, I placed significant weight on the Assessment Team’s finding of ‘Met’ for Requirement 3(3)(f), which also requires timely and appropriate referrals of consumers to other providers of care. The Assessment Team presented evidence that showed the service was compliant with its responsibilities under Requirement 3(3)(f) at the time of the audit.

Regarding Requirement 4(3)(e), the Assessment Team considered most consumers were happy with the quality and quantity of food given to them. All interviewed consumers with specific dietary requirements said they had never been given food they were unable to eat. However, some consumers expressed a desire for food more aligned to their culture of origin, which was confirmed in their care plans. The Assessment Team noted staff were generally aware of consumer’s food preferences and needs, including for those who need textured and/or modified food and fluids.

The Assessment Team noted one consumer had a food allergy, though their care plan showed the consumer could eat a small amount of that food daily. The service’s response showed consultation occurred between the consumer’s representative, the service and the consumer’s medical officer regarding the food allergy. The consumer’s representative advised the consumer had historically eaten the specific food without adverse reactions. The service respected the consumer’s choice and dignity of risk.

The service’s response recognised that meals play a significant role in maintaining consumers’ health, positive wellbeing and quality of life. The service provided a varied, seasonal 4-week rotating menu which was reviewed by a dietician and prepared onsite. Consumers also reviewed the menu to ensure food options were to their liking. A selection of dishes was available at mealtime and if a consumer did not like the options, a different meal of their preference was prepared for them. The service’s response was corroborated by the dietary needs and preferences plan provided for one consumer, as well as the Assessment Team’s observation that alternate food options were available in consumers’ shared kitchen areas. The Assessment Team observed a ‘master diet list/resident food choices form’ which showed specific consumer requests on the form.

Regarding consumers who would like to eat food aligned to their culture of origin, the service’s response showed their preferences were noted in care plans. When consumers’ favourite foods were offered on the menu, they chose them accordingly. The service’s response stated that prior to consumers providing feedback to the Assessment Team, consumer representatives had not always requested food from a country of origin be made available to their loved ones.

However, the service considered the feedback was valuable and implemented an ‘Armchair Travel’ activity which introduced consumers to the multicultural backgrounds of those living at the service. The activity used documentaries, cultural food and music, games and celebrating days of importance to better meet the needs of multicultural consumers, including to provide foods of their heritage.

I am satisfied that the remaining five requirements of Quality Standard 4 are compliant.

Overall, consumers considered they received services and supports for daily living that were important for their health and well-being and that enabled them to do the things they wanted to do. Consumers said the lifestyle program met their needs and staff assisted them to participate in other activities which contributed to their sense of independence, such as meeting with family and friends within the service and in the community. Some sampled care plans did not include information about what was important to the consumers; however, progress notes showed consumers participated in activities of interest to them. Staff were aware of what was important to consumers, including their needs, goals and preferences that promoted independence and quality of life.

The service showed it provided services and supports that promoted consumers’ emotional, spiritual and psychological well-being. Consumers said they were supported to maintain connections with family and friends and to participate in spiritual activities. Care plans showed strategies which supported consumers’ emotional, spiritual and psychological well-being. The service’s lifestyle coordinator said consumers new to the service received a welcome certificate and quilt cover sewn for them by a volunteer.

Overall, consumers said their needs and preferences were well communicated within the organisation, and with others who shared responsibility for care. A consumer representative said staff knew her loved one’s preferences and respected their wishes. Care staff accurately described consumers’ conditions, needs and preferences. Care documentation showed consultation between consumers and/or their representatives when medical practitioners and other healthcare providers became involved in caring for the consumer.

Where equipment was used, it was observed to be safe, suitable, clean and well maintained. One consumer said equipment provided to them assisted their independence. The Assessment Team observed equipment was safe, suitable, clean and well maintained. Staff monitored equipment to ensure it was fit-for-purpose. A review of the preventative maintenance schedule showed regular equipment maintenance. An external contractor maintained medical equipment. Corrective maintenance occurred when equipment was identified as needing attention.

# Standard 5

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

## Findings

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

Overall, consumers and representatives felt safe, comfortable and welcome in the service. Consumers felt independent and could access shared and private areas to spend time with others. Consumers decorated their rooms with personal belongings and family photographs. The Assessment Team observed some consumers participating in outdoor activities and others enjoyed interests within their own rooms. Staff described how the service was designed with consumers’ independence in mind, as evidenced by handrails, directional signs, home-like décor and free movement within the building. The service environment was safe, clean, well-maintained and comfortable, which helped consumers move freely indoors and outdoors.

During the site audit, the service was issued its annual occupier’s statement from the Queensland Fire and Emergency Services (QFES). The Assessment Team noted that a maintenance supervisor and fire safety advisor were unaware that obtaining an occupier’s statement, along with completing an evacuation exercise form, were annual requirements. The maintenance supervisor contacted QFES during the site audit and is now aware of the approved provider’s statutory obligations to QFES.

Indoor furniture, fittings and equipment were clean and well-maintained. Outdoor furniture was not on the maintenance or cleaning schedule and therefore, the Assessment Team noted it was not always clean. The maintenance officer said outdoor furniture was maintained when time permitted. Otherwise, the preventative maintenance schedule aimed to ensure the service environment was kept safe for consumers. Kitchen and laundry equipment appeared clean and well-maintained.

Consumers said furniture, fittings and equipment were clean and suitable for their needs. The Assessment Team observed the maintenance officer attending to minor repairs and gardening. A review of the preventative maintenance schedule showed regular upkeep of equipment. A review of maintenance request forms showed reactive maintenance occurred in a timely manner. Clinical equipment was safely stored, and consumers could easily access call bells.

**Standard 6**

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

Consumers and their representatives said they were encouraged to raise concerns, provide feedback or make complaints. Consumers said they were confident in raising concerns with staff and at resident/representative meetings. The service’s electronic management system showed consumers and representatives lodge feedback and complaints both verbally and in writing.

Consumers were familiar with the service’s internal complaints process. The Assessment Team viewed minutes taken during a resident and representative meeting, along with the complaints and feedback register. The documents confirmed consumer advice that their suggestions and feedback were used to improve services they received. For example, consumers asked for changes to bus outings and their suggestion was incorporated into the activities program.

Staff broadly described the service’s internal complaints process, which included notifying the registered nurse of consumer concerns. Complaint/feedback forms were available in consumer lodges, though some consumers were unaware of the forms, how to use them or where to submit the forms. The only feedback box is in the main administration area. The Assessment Team noted an absence of posters promoting external complaints mechanisms and raised this observation with management, which responded by ensuring external complaints information was visible to consumers.

Consumers said they knew they could complain to the Aged Care Quality and Safety Commission, with support from advocacy and/or interpreter services. Management said consumers were given information on methods of making a complaint, providing feedback and accessing support services when they entered the service. Staff showed the Assessment Team brochures and posters promoting the Older Persons Advocacy Network.

Overall, consumers said management addressed and resolved concerns and complaints. The service manager said few complaints were received and those that were, were promptly handled. The service had an open disclosure policy which included taking responsibility when things went wrong, being transparent when gathering information, explaining why and how an incident occurred, acknowledging the affected person’s feelings, experience and expectations and offering an apology. Staff had a general understanding of the open disclosure process and knew it was important to offer an apology to affected consumers.

The service manager reviewed complaints and feedback data each month to identify high-risk trends and this was presented in a report that contributed to the service’s plan for continuous improvement. The Assessment Team reviewed minutes of the resident meeting which confirmed consumer suggestions about the menu were implemented and the issue finalised at the following meeting.

**Standard 7**

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

## Findings

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

Overall, consumers gave positive feedback about staffing numbers at the service. Consumers said staff were available to meet their needs and delivered safe, quality care in a timely way. Management said the roster was planned and reviewed to ensure consumers’ needs could be met by staff with appropriate skillsets. The Assessment Team viewed records of call bell response times for a one-month period, which showed on average, less than one call per day did not meet the 10-minute response benchmark.

Consumers said staff were kind, caring, considerate of their needs and respectful of personal preferences when providing care. The Assessment Team observed staff interactions with consumers were respectful and kind. The service recently received four written compliments from consumers which praised staff for the kind and attentive way they provided care.

Staff competency, qualifications and knowledge was tested and verified during the recruitment process. Once employed, the approved provider’s human resources system kept records of clinical qualifications/registrations that required renewal. Consumers were satisfied with staff competency and said staff were aware of the specific needs of consumers in their care. The Assessment Team reviewed personnel files which confirmed staff met qualification requirements and were subject to a comprehensive recruitment and orientation process once employed.

Staff received training and support to deliver care and services in line with the Aged Care Quality Standards. Staff confirmed they received training and support which enabled them to meet consumers’ needs. The Assessment Team viewed training records which showed high rates of completion for infection control and elder abuse prevention. Management said additional training occurred through staff meetings and one-on-one support as required. The Assessment Team reviewed minutes of a staff meeting which confirmed training was provided on clinical care and the correct use of personal protective equipment.

New staff were subject to a six-month probation period, during which they were monitored by managers at the service. Management said they monitored and reviewed staff performance on an ongoing basis. The service followed documented procedures for staff performance management. The service manager said the service aimed to conduct annual performance appraisals for each staff member. A review of sampled staff records showed performance appraisals were conducted within the previous 12 months.

**Standard 8**

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| Organisational governance | | Compliant |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | 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 were assessed as Compliant.

Consumers considered the service was well run and they were partners in improving the delivery of care and services. Consumers provided feedback regarding how care and services were delivered to them. For example, menus were discussed at resident meetings and opinions were sought about the service environment. Resident meetings were an opportunity for consumers to identify areas for improvement and provide input to the service’s continuous improvement plan. The Assessment Team viewed previous resident meeting minutes which confirmed consumers contributed suggestions for improvements. Consumers communicated with the board of directors through a ‘message in a bottle’ system, whereby consumers’ suggestions were passed to the governing body for consideration.

The approved provider’s governance structure comprised a board of directors, an executive board and a senior living group. Regional managers were responsible for several services in a region. Service managers were supported by a care manager. The approved provider’s governing body promoted a culture of safe, inclusive and quality care through adherence to the organisation’s values of unconditional love, continual innovation, mutual trust and wise stewardship.

The approved provider had a clinical governance team which supported development of policies and procedures for the service, as well as provided oversight of care delivery. The team prepared a monthly report for the board of directors which included clinical incidents, critical incidents, infection outbreaks, external complaints and compliance with legislative responsibilities. Staff were guided by a quality framework which applied to all roles across the organisation.

The service had effective governance systems in place to manage information, such as ensuring staff had access to resources important to their roles and protecting sensitive electronic information with a ‘need to know’ password safeguard. Staff confirmed they could access information required for their roles. Continuous improvement was driven by consumers, staff, advisory committees and surveys. The service’s continuous improvement plan was reviewed by the Assessment Team, which confirmed improvements were documented and a structured approach taken when initiatives were reviewed. Financial governance was a shared responsibility of the board of directors and management. The service manager explained the organisation’s finance team provided them with a monthly report, which was reviewed by the regional manager to ensure adherence to the budget. Workforce governance was guided by recruitment policies, which were supported by clear position descriptions and staff performance reviews.

The Assessment Team tested the service’s regulatory compliance by reviewing how the approved provider kept abreast of changes to aged care legislation and informed staff of those changes. The Assessment Team noted that 94% of staff had completed online Serious Incident Response Scheme (SIRS) training. All staff on duty were asked to explain a potential SIRS event, though none were aware of their legislative responsibilities beyond escalating the situation to a registered nurse. The Assessment Team raised its findings with the regional manager, who consulted the clinical governance team, which surveyed staff to assess their knowledge of SIRS.

Consumers and their representatives said they were encouraged to raise concerns, provide feedback or make a complaint. Consumers said they were confident in raising concerns with staff and at resident/representative meetings. The service’s electronic management system showed consumers and representatives lodged feedback and complaints both verbally and in writing.

The service manager and regional manager explained how the service regularly reviewed its clinical governance framework to improve how high-impact and high-prevalence risks were managed. The clinical support and governance team met monthly to review clinical data about high-risk incidents and issues of concern. The Assessment Team viewed the organisation’s risk management framework, which described how high-impact risks were managed, how incidents were managed or prevented and how consumers were supported to live the best lives possible.

The service’s board of directors and clinical governance committee had oversight of consumer complaints, serious incidents, regulatory compliance, clinical governance, antimicrobial stewardship, and the use of restrictive practices. The service provided information on its clinical governance framework and policies and procedures which underpinned the governance system.

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