

**Performance Report**

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| Name: | Eldercare Trowbridge House |
| Commission ID: | 6103 |
| Address: | 9 Luhrs Road, PAYNEHAM SOUTH, South Australia, 5070 |
| Activity type: | Site Audit |
| Activity date: | 5 November 2024 to 7 November 2024 |
| Performance report date: | 23 December 2024 |
| Service included in this assessment: | Provider: 1070 Eldercare Australia Ltd Service: 4120 Eldercare Trowbridge House |

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 Eldercare Trowbridge House (**the service**) has been prepared by J. Bayldon, 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, older people/representatives and others.
* the provider’s response to the assessment team’s report received 4 December 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.

# 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 said they are treated with dignity as staff know them as a person. Staff described what treating consumers with respect means and the Assessment Team observed staff knocking before entering rooms, asking consumers if they are ready for service delivery or where they would like to have their meal, and being patient with consumers during meal service, activities, and while mobilising around the service.

Consumers/representatives said the service recognises and respects their cultural backgrounds. Pastoral care and lifestyle staff explained, and documentation evidenced, spiritual and cultural information is captured during initial assessments and is updated regularly to reflect consumers’ needs and preferences.

Consumers said they maintain their independence and speak for themselves and are supported to maintain relationships of importance to them. The Assessment Team observed family and friends visiting including during mealtimes, where a consumer was observed eating their meal in the Memory Support Unit (MSU) with their visiting friend. Staff described how they support consumers to make decisions about their care and services during care planning and reviews by medical officers or allied health professionals.

Consumers said the service discusses the risks associated with their choices and confirmed it is their choice to continue with the activity. Staff are aware of the consumers’ choices and could explain strategies to mitigate risks. Care documentation evidenced when risk is identified, staff discuss the risk and minimisation strategies with consumers and their representative.

Consumers/representatives said they receive the information they need to make informed decisions and choices, including attending meetings or receiving the minutes, monthly activities plan, updated menus with a variety of meal options, and memos with information on changes occurring at the service. The Assessment Team reviewed minutes from monthly consumer meetings containing information relevant to consumers including staff changes, upcoming activities, maintenance and housekeeping updates.

Consumers said care and services including personal care is delivered in a manner that respects their privacy, and staff ensure doors and curtains are closed during care. Staff said, and the Assessment Team observed, when personal care is attended to doors are closed to ensure privacy, and any personal conversations are conducted in private areas or when other consumers are absent. The electronic care management system (ECMS) is password protected, and staff said they ensure computer screens are locked when not in use.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 1 Consumer dignity and choice at the time of the performance report decision.

# 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

Requirements 2(3)(a), 2(3)(b), 2(3)(c) and 2(3)(d)

Registered staff described the process of risk assessment and planning including consultation with the consumer/representative, other health professionals as required to inform service delivery. Care documentation evidenced a range of validated clinical risk assessments tools with most built into the ECMS, which are completed upon entry and when deterioration or change to a consumer’s condition occurs. Management described, and the Assessment Team observed, a digital tool used to monitor all consumers receiving psychotropic medication or subject to chemical restraint, and the tool provides a history of as required psychotropic medication used by clinical staff to influence behaviours.

Consumers/representatives said they are involved in assessment and planning of the consumer’s care including their end of life (EOL) wishes. Registered staff said there is discussion about a consumer’s EOL wishes when they enter the service and if a consumer's condition deteriorates. Documentation reviewed by the Assessment Team evidenced advance care directives and statements of choice are in place for consumers, or there is evidence of a discussion with consumers/representatives regarding consumers’ needs and preferences.

Consumers/representatives said consumers and those they choose are involved with assessment and care planning and were aware of other organisations and health care providers involved in the development of their care. Management explained how the assessment process works in partnership with representatives and other organisations in assessment and care planning. Registered staff described, and documentation supported, the assessment process includes consumers/representatives, and other organisations and professionals as required.

Consumers/representatives said they are informed of consumers’ care needs and the information in the consumers’ care plan which are offered post assessment and entry to the service and during care plan reviews. Care documentation was readily available to visiting health professionals who are given access to the ECMS relevant to their role. Staff said they have access to the ECMS and are updated on daily changes during handover, through ECMS progress notes and reminders.

Based on the information summarised above, I find the provider in relation to the service, compliant with Requirements 2(3)(a), 2(3)(b), 2(3)(c) & 2(3)(d) at the time of the performance report decision.

Requirement 2(3)(e)

In relation to requirement 2(3)(e), the Assessment Team found that the service did not demonstrate effective review and re-assessment of consumers’ preferences, specifically, how consumers choose to exit and enter the service, with consideration to locked doors. The Assessment Team provided the following evidence relevant to my finding:

* Consumer/representatives said staff generally discuss consumers’ care needs and goals with them. Management said care plans are reviewed regularly by registered staff, when circumstances change, or there is an incident.
* Consumers and management said access cards, which enable consumers to exit and leave the service, are discussed upon entry to the service. However, consumers and staff said this preference is not reviewed during care reviews, and as such, some consumers who have changed their mind since entry to the service cannot freely exit the service independently, even though this is their preference.
* Care documentation reviewed by the Assessment Team for consumers did not contain notes of consumers preferences towards access to swipe cards to freely enter or exit the service and nor did these reviews occur for consumers who are subject to behaviours against behaviour support plans.

The Assessment Team provided feedback onsite to the service, which included the Commission’s perimeter restraint self-assessment tool that the service used to identify several consumers whose preference was to independently and freely enter and exit the service.

In response to the Assessments Team’s report, the service provided the following relevant information to my finding:

* Evidence that a detailed review of all consumers preferences in relation to access to swipe cards was completed and for those consumers who requested a swipe card, these were issued and recorded on consumer files and internal register.
* Revised copy of the services Site Access Card procedure to ensure that all residents are offered access to swipe cards or assessed for related clinical conditions or environmental restraints that may prevent access to swipe cards upon entry to the service.
* Copy of the services access card register, which evidenced records of consumer access to swipe cards and reasons why for consumers who have been declined access to swipe cards.
* Evidence of communication and training to staff regarding updates to procedures to ensure updated practices are occurring in relation to offering access to swipe cards for consumers.

In coming to my finding, I have relied upon the information in the Assessment Team’s report and the provider’s response to the Assessment Team report. I am satisfied that the service has appropriately addressed the concerns raised by the Assessment Team in their report in relation to consumers having access to swipe cards. I am also satisfied that the service has implemented and will continue to apply these procedures for all consumers at the service. Given also that consumer file reviews have otherwise been occurring regularly or when circumstances change, I find the provider in relation to the service, compliant with Requirement 2(3)(e) at the time of the performance report decision.

# Standard 3

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

Findings

Consumers and staff said, wounds and pain are consistently attended to and in accordance with management plans, including pressure area care. Documentation evidenced wound charting including photographic tracking of wounds with measurements noted. The Assessment Team observed, and documentation confirmed, registered staff are taking measurements and photographs to track wound healing, with pain discussed and charted. Registered staff monitor the use and effectiveness of chemical restraint and ensure planned nonpharmacological strategies are implemented to minimise the use of chemical restraint, and changing behaviours are documented and charted in the ECMS.

Staff could identify which consumers are high falls risks, have sensor mats or beams in place and who requires assistance when these devices alert. All staff interviewed described the procedure for falls management including a referral to a physiotherapist or occupational therapist to conduct a mobility review and implementation of mitigation strategies and recommendations to further reduce risk. Consumer/representatives said staff explain risks to them when the consumer chooses to take risks and how the service will support them to reduce occurrence and impact of their risk taking. Care documentation reviewed by the Assessment Team evidenced the management of high impact high prevalence risks in line with the service policies and procedures and feedback provided by the consumers/representatives as well as staff.

Staff described how they care for the consumer and maintain their comfort and explained the palliative care pathway and resources available to them to support consumers, including one-on-one support for the consumer and their family. The service has an EOL policy which includes the requirement to hold discussions around EOL preferences, statements of choice, and advance care planning. Consumers/representatives said the service has asked them about the consumers wishes when they require EOL care, and consumers’ comfort and dignity is maintained throughout.

Staff explained escalation and assessment process following changes to a consumer’s condition, including discussion with the consumer/representative, referral to the medical officer or other medical professionals and transfer to hospital if necessary. Care planning documentation evidenced consumers are regularly monitored by registered staff and if deterioration or change of condition occurs, this is recognised and responded to in a timely manner and representatives are notified. The Assessment Team reviewed clinical, multi-disciplinary team, and general, staff meeting minutes where discussions are held around identifying deteriorating wounds, weight loss, and changing behaviours.

Consumers/representatives are satisfied the people involved in consumers’ care know consumers’ care needs and preferences. Registered staff said they have access to assessment tools in the ECMS to notify or refer to the medical officer and other health providers when a consumer experiences a change in condition, experiences a clinical incident, is transferred to, or return from hospital. The Assessment Team observed information such as correspondence from health professionals, pathology results and referrals stored in the ECMS.

Management and staff described how changes in consumers’ health or well-being would trigger a referral to a relevant health professional. Registered staff said consumers are referred to skin and wound specialists for complex or slow healing wounds. Care documentation evidenced that referrals are made to external health professionals including, but not limited to, geriatricians, DSA, dietitian, speech pathologist, mental health services, and physiotherapist.

Consumers/representatives said staff always wash their hands and are confident staff take appropriate precautions to prevent the spread of infection. Registered staff said and care documentation confirmed, antibiotics are prescribed through an evidence-based process with pathology results required to confirm if an infection is present. Staff described strategies used to promote prevention of infection including appropriate and timely continence cares, increased fluids, hand hygiene, and personal protective equipment.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 3 Personal care and clinical care at the time of the performance report decision.

# 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/representatives said staff assist consumers to maintain consumers’ independence and participate in activities which interest them in line with their needs, goals and preferences. Care documentation reflects individual activities and interests such as consumers independently enjoying craft activities, reading non-fiction and poetry, attending a hairdresser in the community, and personal reflection time for meditation or prayer. Staff demonstrated an understanding of individual consumer needs and strategies used to enhance consumers’ independence and quality of life.

Consumers/representatives described the services and activities provided by the service to support consumers’ spiritual, emotional and psychological well-being. A review of consumers’ care documentation showed the documentation reflects consumers’ spiritual and psychological needs, preferred level of engagement, and desire for spiritual involvement from the service and staff. Staff provided examples of how the service supports consumers spiritually and psychologically.

Consumers/representatives said consumers are supported to participate in activities of interest to them both within the service and in their community as they choose. Staff described a range of activities that are reflected in the activities calendar including movement and gentle exercise classes, movies, armchair travel experiences including food from the relevant country, shopping and bus trips to local points of interest, church services, concerts, and craft activities. The Assessment Team observed consumers in the MSU participating in activities at the service.

Consumers/representatives are confident information is recorded and shared with others as needed to inform care and services. Staff and management explained the spiritual and lifestyle assessment tools used to explore consumer needs, goals and preferences and determine ways in which consumers find meaning and purpose and how this information is recorded in the ECMS for reference by staff.

Consumers and pastoral care staff said individual referrals are made for the chaplain to provide private prayer and blessings in consumer’s room as requested. Management and pastoral care staff described how the service has access to the broader organisations’ social worker and referrals are raised by clinical staff with consumer/representative consent. Lifestyle staff said the service engages with external service providers to provide activities in which consumers are interested, including spiritual services, musicians and entertainers, the local kindergarten, and a local volunteers service.

Consumers said the meals are nice and complimented the special menu for the Melbourne Cup celebrations and that they have culturally diverse food choices during some activities where traditional foods representing different countries is arranged. Kitchen and servery staff explained consumers’ dietary requirements, which includes consumers’ preferences, dislikes, allergies, and consumers who have been assessed for planned weight loss or require high energy/high protein supplementation, as well as the level of supervision consumers require with their meals.

Consumers/representatives said consumers have access to equipment that is suitable to their needs, is clean and that maintenance issues are actioned quickly where required. Staff interviewed said they are aware of the maintenance log and how to log maintenance issues for action and the maintenance log reviewed by the Assessment Team demonstrated maintenance requests are actioned efficiently.

Based on the information summarised above, I find the provider in relation to the service compliant with Standard 4 Services and supports for daily living at the time of the performance report decision.

# 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

Requirements 5(3)(a) and 5(3)(c)

Consumers/representatives said consumers are encouraged to decorate their rooms and bring their possessions from home to make their rooms feel like their own. The Assessment Team observed the service environment to be welcoming and easy to navigate, with signs directing consumers to each wing and consumer’s names and room numbers displayed on the consumer’s door.

Consumers said they are happy with the environment at the service and said the cleaners, care and maintenance staff ensure all areas and equipment are clean and well-maintained. The Assessment Team observed consumers using furniture with ease, getting on and off the furniture independently when their mobility allowed.

Based on the information summarised above, I find the provider in relation to the service, compliant with Requirements 5(3)(a) and 5(3)(c) at the time of the performance report decision.

Requirement 5(3)(b)

In relation to requirement 5(3)(b), the Assessment Team found that the service did not demonstrate that consumers are able to move freely indoors and outdoors at the service. The Assessment Team provided the following information relevant to my finding:

* Consumers/representatives said consumers are comfortable within the service environment and are satisfied with the cleanliness of their rooms and common areas. Management provided records that scheduled maintenance such as pest control treatment and fire safety equipment testing has been completed and is scheduled for ongoing occurrences.
* However, several consumers residing in the main area of the service required a swipe card or staff assistance to leave the service with limited alternative outdoor spaces.
* Registered staff said not many consumers have access to leave the service independently, however there is someone in reception to let consumers out.
* The Assessment Team observed consumers lined up at the door requiring staff assistance to exit and re-enter the service.
* A review of the service’s swipe card policy and procedure by the Assessment Team described the organisation reserving the right to limit the number of swipe cards issued, disable access cards if not used for a period of time, and terminate access at any time at its sole discretion.

In response to the Assessment Team’s report, the service provided the following information relevant to my finding:

* Evidence that a detailed review of all consumers preferences in relation to access to swipe cards was completed and for those consumers who requested a swipe card, these were issued and recorded on consumer files and internal register.
* Revised copy of the services Site Access Card procedure to ensure that all residents are offered access to swipe cards or assessed for related clinical conditions or environmental restraints that may prevent access to swipe cards upon entry to the service.
* Copy of the services access card register, which evidenced records of consumer access to swipe cards and reasons why for consumers who have been declined access to swipe cards.
* Evidence of communication and training to staff regarding updates to procedures to ensure updated practices are occurring in relation to offering access to swipe cards for consumers.

In coming to my finding, I have relied upon the information contained in the Assessment Team’s report and the providers response to the Assessment Team’s report. I am satisfied that the service has taken significant steps as evidenced in its response that consumers are now able to freely enter and exit the service, including moving around the service internally if this is their preference. I am also satisfied that the service has ensured that staff are aware of and have been trained in updated procedures in relation to consumer access to the service environment. Therefore, I find the provider in relation to the service, compliant with Requirement 5(3)(b) at the time of the performance report decision.

# Standard 6

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

Findings

Consumers/representatives said they feel comfortable raising any concerns directly with staff and management. Staff were able to describe ways they support consumers to complete feedback forms and if a consumer is reluctant to raise a concern, how they offer encouragement and reinforce information can remain confidential with the consumer’s privacy respected. Documentation reviewed by the Assessment Team evidenced consumer feedback is captured in meeting minutes and surveys, with the information recorded onto the complaints register.

Consumers/representatives said they are aware of advocacy and language services available to consumers and referenced the promotional material displayed at the service. The Assessment Team observed various notices on display at the service including the Commission’s feedback invitation posters and complaint brochures.

Consumers/representatives expressed confidence management would address complaints and attempt to resolve any concerns promptly. Staff said, and management confirmed, staff have received training on feedback, complaints and open disclosure, and were able to demonstrate an understanding of the principles of open disclosure and the complaint handling process when feedback or a complaint is received from consumers/representatives.

Consumers/representatives expressed confidence the service uses feedback and complaints to improve the quality of care and services and confirmed consumers are involved in improvement. The Assessment Team reviewed the service’s plan for continuous improvement (PCI) which evidenced feedback and complaints are used to influence planned actions to improve the quality of care and services provided.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 6 Feedback and complaints at the time of the performance report decision.

# 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

Consumers/representatives said staff were available to meet personal and clinical needs of consumers in a timely manner. Management explained workforce planning is organised through a centralised rostering team based off each consumers assessment and care minutes needs. The Assessment Team examined the roster and found that all base shifts had been filled in the previous month and the Assessment Team also observed staff responding promptly to call bells and consumer requests for assistance.

Consumers explained, staff treated them respectfully during interactions and while offering or providing care and services. Staff explained the importance of provide care and services which meet each consumers needs while respecting the consumers identity and culture. The Assessment Team observed staff knocking before entering rooms, introducing themselves, and addressing consumers' needs during communication and care.

Consumers/representatives said staff deliver care and services with the appropriate knowledge and skills and were satisfied with the care and services provided by staff on an ongoing basis. Staff stated they provide their qualifications on commencement with the service, undertake a detailed orientation process and buddy shifts as well as have their competencies checked.

Consumers/representatives said they are confident in the staff’s ability to provide care and services. Staff said the service offers regular face-to-face and online training, including mandatory units and self-assigned education. The Assessment Team reviewed the service's training records and identified most staff completed mandatory education and participated in regular, ongoing assigned or self-initiated training sessions.

Management explained staff performance is tracked through observations, clinical data, audits, surveys, and feedback from consumers/representatives. Staff said they have performance appraisals 12 monthly, where managers reviewed their performance, identified areas for improvement, and developed growth strategies.

Based on the information summarised above, I find the provider in relation to the service, compliant with Standard 7 Human resources at the time of the performance report decision.

# 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**

Requirements 8(3)(a), 8(3)(b), 8(3)(c) and 8(3)(d)

Consumers/representatives said they are invited to consumer advisory body meetings, and they can provide feedback and suggestions verbally, through consumer advocates, consumer/representative meetings or with management directly. The Assessment Team reviewed the minutes of consumer advisory body meetings, food focus meetings and other documents including the PCI which demonstrated involvement from consumers/representatives in changes made to the service.

The Assessment Team reviewed documentation given to the board including monthly clinical indicators which include falls, infection rates, challenging behaviours, unintentional weight loss, and reviewed complaints and incident registers and consumer meeting minutes. Staff and consumers/representatives said they receive regular communication from the service with updates on policies, procedures and any legislative changes.

The service was able to demonstrate effective organisation wide governance systems are in place for information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The Assessment Team reviewed the PCI which identified planned and completed improvement actions.

Management described and staff confirmed how the service uses the incident management system to monitor and review risks, develop risk mitigation strategies and support continuous improvement in care and services. Registered and care staff were able to discuss SIRS incidents and reporting responsibilities. Staff confirmed they are required to undertake annual mandatory online training on elder abuse and neglect and training records reflected staff participation in training.

Based on the information summarised above, I find the provider in relation to the service, compliant with Requirements 8(3)(a), 8(3)(b), 8(3)(c) and 8(3)(d) at the time of the performance report decision.

Requirement 8(3)(e)

In relation to Requirement 8(3)(e), the Assessment Team found that the service did not demonstrate an understanding of minimising environmental restraint. The Assessment Team found the following relevant information to my finding:

* The organisation demonstrated a clinical governance framework through a suite of policies and procedures and activities including antimicrobial stewardship and open disclosure.
* The service is proactive in its minimisation of chemical restraint and has no instances of seclusion or mechanical and physical restraint.
* The management team said the organisation does not consider that requiring a swipe card or staff assistance to open all doors to access the external areas of the service as an environmental restraint.
* Staff and management said some consumers do not have a swipe card as it is not safe for them to leave the service independently.
* During the site visit, the Assessment Team provided the management with information about the Commission’s perimeter restraint self-assessment tool, however management stated that consumers asking for staff assistance to leave the service was not a form of restraint.

In response to the Assessment Team’s report, the service provided the following relevant information to my finding:

* Revised copy of the services Site Access Card procedure to ensure that all residents are offered access to swipe cards or assessed for related clinical conditions or environmental restraints that may prevent access to swipe cards upon entry to the service.
* Communication to consumers outlining swipe card access is available for all consumers except for those who are environmentally restrained or have a clinical condition that prevents them from having access to a swipe card.

In coming to my finding, I have relied on the Assessment Team’s report and the providers response to the Assessment Team’s report. I am satisfied that the service has undertaken to necessary steps to ensure it has the governance processes now in place in relation to environmental restraints and it has ensured that staff are equipped in its practice. I therefore find the provider in relation to the service, compliant with Requirement 8(3)(e) at the time of the performance report decision.

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)