Performance

Report

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| Name: | Elizabeth Lodge Hostel |
| Commission ID: | 0179 |
| Address: | 79 Mt Pleasant Avenue, Wahroonga, New South Wales, 2076 |
| Activity type: | Site Audit |
| Activity date: | 22 April 2024 to 24 April 2024 |
| Performance report date: | 26 May 2024 |
| Service included in this assessment: | Provider: 2841 Seventh-day Adventist Aged Care (Greater Sydney) Ltd  Service: 195 Elizabeth Lodge Hostel |

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 Elizabeth Lodge Hostel (**the service**) has been prepared by Denise McDonald, 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 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 22 May 2024 which included consumer’s care extracts, email correspondence, consumer surveys, meeting attendance records, meeting minutes, cleaning and maintenance schedules.
* other information and intelligence held by the Commission in relation to the performance of 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 | |  |
| 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 6 of the 6 specific requirements were assessed as compliant. While the Assessment Team recommended Requirement 1(3)(e) was not met. I have come to a different view. In coming to my finding, I have considered the information contained in the Site Audit report and the provider’s response submitted on 22 May 2024.

In relation to Requirement 1(3)(e), the Site Audit report evidenced consumers had not been kept up to date on a capital works project required to repair consumer’s balconies and consumers were not accurately advised how their requests for consumer feedback would be incorporated into proposed menu changes. I have considered information regarding lack of consumer engagement in the design of café services under Requirement 8(3)(a), where it is more relevant.

For three named consumers, they advised they were informed in February 2024, not to use their balconies due to it being dangerous but had not been provided with information as to why or any further details on progress towards resolution or timeframes of repairs. Management confirmed 11 consumer balconies were deemed to dangerous for consumer access due to the foundations of the building shifting and the balcony handrails becoming loose.

In relation to proposed menu changes, consumers were surveyed and requested to identify their favourite meals to inform the new menu, with some consumers listing meat-based meals. Management confirmed, due to faith-based practices and beliefs, only vegetarian meals are provided and suggestions for meat-based meals would be swapped with a vegetarian option. This had not been explained to consumers when being surveyed.

The provider’s response appealed the recommendation of the Site Audit, with additional commentary and documentation submitted to support a finding of compliance.

In relation to communication regarding balconies closures, the provider’s response confirmed the balconies attached to some consumer’s rooms had been deemed unsafe and attempts to engage a builder had been delayed due to the complexity of the repairs required. Meeting minutes, care extracts and emails evidenced this had been communicated to consumers and their representatives. I acknowledge, as the works were still being reviewed to obtain quotes, there was minimal information available to give consumers as an update. I note an update was provided to consumers on 24 April 2024, with this meeting the next available meeting since the repairs to the balcony being identified. I note the scheduling of consumer meetings is undertaken quarterly, aligned to the preferences of consumers, which was reinforced during this meeting. I consider this supports consumers were provided with current information.

In relation to menu preferences, I note the provider’s response is silent in relation to this issue, however, I consider the evidence within the Site Audit sufficiently demonstrates consumers are advised only vegetarian meals are provided at the service and should consumers wish to eat meals which included meat, other avenues of procuring those dishes are available to them. Consumers feedback confirmed they were made aware only vegetarian meals were served, when they entered the service. I do not consider consumers not being advised any suggested meat-based preferences, would be changed to vegetarian dishes, indicative that consumers are not provided with accurate information.

I note the survey responses completed by consumers on 7 April 2024, did not raise any concerns regarding lack of communication regarding the balconies and the only concern regarding the menu, was it lacked variety in its vegetarian dishes, which was being addressed through review of the menu and the purpose of seeking consumer input, which in itself enables consumers to exercise choice.

Based on the evidence detailed above, I find Requirement 1(3)(e) compliant.

In relation to the remaining 5 requirements of this Quality Standard, I find them compliant, as:

Consumers and representatives said staff treated consumers with dignity and respect. Staff were knowledgeable of consumers backgrounds, life history and were observed to value their identity, as they called consumers by their preferred name. Policies, procedures and training guided staff practice on promoting inclusivity and respecting diversity.

Consumers and representatives said care was provided in accordance with consumer’s cultural and personal preferences, including where gender specific staff, were requested to deliver personal care. Staff understood how consumer’s cultural backgrounds and personal values influenced the care delivery for each consumer. Care documentation captured consumers' cultural backgrounds, preferences and spiritual beliefs to inform culturally safe care and services.

Consumers said they were supported to make decisions and to maintain their relationships, including when married, as they shared a room together and disruption to their private time was minimal. Care documentation detailed consumers’ decisions regarding how they wanted their care delivered and who was important to consumers. A consumer handbook promoted consumer participation in decision-making processes.

Consumers and representatives said consumers were supported to live life as they wished, including as they can leave the service independently to go for a walk or visit the local shops, despite the risk of falls. Staff demonstrated knowledge of consumers who engaged with risk and the supports required of them. Care documentation evidenced a multidisciplinary approach to assessment of risk, potential harms had been discussed with consumers and strategies to promote consumer safety, had been planned.

Consumers and representatives felt consumers information was kept confidential and their privacy was respected, as staff await permission prior to entering their rooms. Staff described how they maintain consumers’ privacy during care, and confirmed consumer’s personal information was stored on password protected computers. Staff were observed to lock computers when not in use and consumer documentation was stored, out of sight.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives said consumers were assessed for risks such as falls, pressure injury, pain and psychotropic medications upon entry and risks identified were used to develop the consumer’s care plan. Staff confirmed the scheduling and completion of assessment processes was guided by a checklist, policies and procedures. Care documentation evidenced validated risk assessment tools were used and responsive actions planned when risk was identified.

Consumers and representatives said assessment included identifying the consumer’s care goals and preferences. Staff demonstrated knowledge of consumers’ individual needs, preferences and described how they approached end of life (EOL) and advance care conversations with consumers. Care documentation reflected the care needs, goals and preferences of consumers’ and contained copies of advance care directives, where completed.

Consumers and representatives confirmed their ongoing involvement in assessment and planning through attendance at case conferences and receiving regular care updates. Care documentation evidenced case conferences were regularly scheduled, and a diverse range of health professionals provided input into the care of the consumer. Staff understood the importance of consumer-centred care planning.

Consumers and representatives confirmed they knew what was in the consumer’s care plan and had received a copy. Staff advised the outcomes of assessments were documented and stored within an electronic care management system (ECMS) and were readily accessible to staff and external health professionals. Care documentation evidenced copies of consumer’s care plans were offered during case conferences, where the outcomes of assessment were discussed.

Care documentation evidenced care plans were reviewed on a regular basis and reassessment occurred when circumstances changed, or when an incident occurred. Staff advised care plans were reviewed every 4 months, care strategies were evaluated, and updated following reassessment. Consumers and representatives said changes were made to care strategies when an incident, such as a fall occurred.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers and representatives gave positive feedback regarding the delivery of their personal and clinical care, including when pain and wounds were required to be managed. Care documentation reflected care strategies were individualised and being delivered in accordance with planned directives. Staff demonstrated knowledge of consumers’ individual clinical needs, their personal care preferences and described monitoring processes used to ensure care was delivered, and application of restrictive practices was in line with best practice.

Consumers and representatives said risks to their health and wellbeing, such as falls, weightloss, fluid retention and diabetes were being managed effectively. Staff understood the risks to individual consumers and were knowledgeable of the care strategies required to be delivered by them to manage those risks. Care documentation evidenced risk prevalence was monitored and staff were implementing strategies to minimise and manage high impact risks.

Care documentation, for a consumer who recently passed away, evidenced the consumer was kept comfortable, through administration of pain medication, provision of regular comfort care and emotional support. Staff knew how to provide care to consumers who were nearing end of life and confirmed they had access to palliative care specialists if further support was required. Policies, procedures and guidelines guided staff practice in relation to palliative and EOL care.

Consumers gave positive feedback in relation to the responsiveness of staff when there was a deterioration in their condition. Staff described monitoring for signs and symptoms which may indicate deterioration and confirmed any concerns were escalated, to ensure the consumer was reviewed promptly. Care documentation evidenced changes in consumer’s appetite, behaviour and emergence of pain were quickly identified and staff were guided in their response by clinical decision tools.

Consumers said their care needs and preferences are effectively communicated, known and understood by staff. Staff said consumer’s care information was documented and accessible via the ECMS and any changes were communicated through verbal and written handover processes. Care documentation evidenced the transfer of information between staff, medical officers, allied health professionals and external health providers who contribute to the care of the consumer.

Consumers and representatives said consumer’s referrals to allied health professionals, nursing practitioners and outreach services, had been appropriate, and timely. Care documentation evidenced referral process were completed quickly and the consumer was reviewed promptly. Staff understood the process for referring consumers to other health professionals and confirmed they had access to a range of specialist, medical and allied health providers.

Consumers and representatives confirmed staff wear personal protective equipment, practice hand hygiene and a recent COVID-19 outbreak was managed well. Staff demonstrated knowledge of infection control practices, described non-pharmacological strategies used to reduce the need for antibiotics and followed an outbreak management plan when infectious outbreaks occurred. Staff, visitors and contractors were observed to complete screening processes prior to entry being permitted.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant, as:

Consumers said exercises classes were held which supports them to remain as independent as possible, promotes their wellbeing and quality of life. Staff described lifestyle assessments were undertaken upon entry to identify the supports required for the consumer to ensure they were able to conduct activities of daily living, as they wished, and their preferences were met. Care documentation evidenced consumers food preferences, leisure interests, cultural needs and traditions were captured to inform delivery of services.

Consumers and representatives advised consumer’s spiritual needs were met as a pastor was accessible, with worship and sabbath services held or able to be accessed, based on their faith. Staff gave practical examples of how consumer’s emotional needs were supported by spending one on one time with them or assisting them to connect with family or friends. Care documentation detailed consumer’s faith-based practices and provided guidance to staff on how to meet their emotional and psychological needs.

Consumers and representatives felt consumers were supported to access the external community to engage in activities of interest to them. Staff confirmed the activities program was designed around consumers interests, including running a gardening club and organised pet therapy, with group activities fostering social connections between consumers. Care documentation identified the people important to individual consumers and supports needed to maintain contact.

Consumers and representatives said information about consumers’ daily living choices and preferences had been effectively shared between staff. Staff described how consumer information was accessible via the ECMS and any dietary changes were communicated between care and catering staff. Staff were observed to handover changes to consumer’s needs and preferences between shifts and via communication books.

Consumers confirmed they had been referred to external support providers when required. Staff described referral processes to access spiritual support and companionship services. Care documentation evidenced referrals were undertaken promptly and additional services were engaged when consumers were identified as requiring additional support.

Most consumers and representatives gave positive feedback regarding the quality and quantity of the meals provided, however, some said variety was lacking but had not raised this through feedback mechanisms. Staff were knowledgeable of consumer’s dietary preferences and confirmed only vegetarian meals were offered, due to the faith-based practices of the organisation, and for consumers who wished to eat meat, microwaves were available to heat meals, self-purchased from external sources. Staff confirmed the 4-weekly rotating menu was in the process of being reviewed and consumers had been surveyed for input. Meal service was observed with staff assisting consumers, who required support, in a dignified manner.

Consumers and representatives said their personal mobility equipment was kept clean and repairs were quickly attended to as required. Staff confirmed they have access to equipment to support consumer’s activities of daily living and demonstrated knowledge of reactive maintenance processes. Consumers mobility aids and lifestyle equipment was observed to be safe, clean and well maintained, however, stored mobility aids were observed to be unclean. This is further considered under Requirement 5(3)(c).

# 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 3 of the 3 specific requirements were assessed as compliant. While the Assessment Team recommended Requirement 5(3)(c) was not met. I have come to a different view. In coming to my finding, I have considered the information contained in the Site Audit report and the provider’s response submitted on 22 May 2024.

In relation to Requirement 5(3)(c), the Site Audit report evidenced equipment in storage had not been cleaned as it was observed to be dusty, covered in food particles and to be stained. Staff gave inconsistent responses on whether the cleaning of this equipment was the responsibility of care, or maintenance staff. Maintenance documentation did not evidence the cleaning of stored equipment was routinely scheduled.

The provider’s response appealed the recommendation of the Site Audit, with additional commentary and documentation submitted to support a finding of compliance. The provider confirmed the equipment observed was in storage, as it had been allocated for additional cleaning, required maintenance or was surplus to consumer needs.

The provider’s response confirms cleaning staff are responsible for cleaning equipment such as lifters, wheelchairs, comfort chairs, walkers and other equipment. Cleaning schedules dated August 2023, evidenced the cleaning of equipment used by consumers, was the duty of cleaning staff and time was allocated twice each day. This is corroborated by observations made during the Site Audit, where equipment used by consumers and other service equipment was observed to be clean and maintenance documentation evidenced regular servicing had occurred. I consider this support compliance.

I acknowledge the cleaning of equipment used by, and used in, the provision of care and services, to consumers would take priority over the cleaning of equipment which is in storage and surplus to consumer needs. I note the provider’s response confirms this equipment will be cleaned in due course. I do not consider equipment being unclean or dusty, when it is in storage is indicative of non-compliance.

Based on the evidence detailed above, I find Requirement 5(3)(c) compliant.

In relation to the remaining 2 requirements of this Quality Standard, I find them compliant, as:

Consumers and representatives felt the service environment was welcoming, it was easy to navigate, and it was comfortable to live there. Communal areas were decorated to reflect a homelike environment and consumer rooms were personalised with their own furniture, photographs and belongings. Floor plans and signage was displayed to support consumers in finding their way around the service.

Consumers and representatives said consumers were able to come and go into the community as they pleased, and could move between internal and external areas, which were clean and comfortable. However, some raised concerns regarding accessing fresh air due to the securing of their balcony doors, with staff assisting them to open their windows, in response. Staff knew how to report and actions hazards such as the unsafe balconies, when these were identified and confirmed schedules were used to ensure cleaning was undertaken routinely. Communal areas, consumer rooms and external grounds were observed to be clean, and consumers were observed moving around as they wished.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant, as:

Consumers and representatives said they felt supported and comfortable, to raise concerns, provide feedback, and make complaints. Staff confirmed consumers were encouraged to make, complaints, suggestions and give feedback directly to staff, at meetings, by using a quick response (QR) code and through completing surveys. A suggestion box and feedback forms were observed to be readily accessible.

Consumers and representatives were aware they could make a complaint externally and access advocacy services, confirming an advocate had presented at a consumer meeting. Staff knew how to access translation services, though no consumers required this type of assistance as all consumers spoke English. Posters, pamphlets and the consumer handbook promoted consumer access to advocacy, language and external complaints services.

Consumers and representatives gave practical examples of actions taken in response to their complaints, with immediate acknowledgement given to their concerns. Staff demonstrated knowledge of open disclosure principles and confirmed their use in complaint resolution processes. Complaints documentation evidenced when a complaint was made an apology was given, the complainant was kept informed of actions taken to address their concerns and resolution was quickly achieved.

Consumers and representatives sampled said their feedback and complaints were used to improve the quality of care and services they received. Management gave practical examples of how feedback on staff speaking in other languages when caring for consumers had prompted additional training. Continuous improvement documentation evidenced actions taken had been completed and evaluated, in consultation with consumers, within no further instances identified. The provider’s response evidences feedback received through this Site Audit, has been used to make improvements, with a monthly service update to be distributed, to supplement the quarterly consumer meetings and newsletter.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives said there were enough staff, confirming consumers did not have to wait long when they called for staff assistance. Management described rostering processes, the mix of staff allocated across shifts and confirmed additional hours had been allocated in response to increased consumer needs. Staff advised they were adequately resourced to complete their duties; agency staff were rarely used, and call bell response times were monitored.

Consumers and representatives said staff were kind, supportive, caring and gentle. Staff were observed to interact with consumers in a respectful manner, gave practical examples of delivering person centred care and demonstrated knowledge of consumer’s diversity in relation to faith and dietary preferences. Management confirmed all staff are required to complete training on the Code of Conduct for Aged Care prior to commencement.

Consumers and representatives said staff were sufficiently skilled to meet their care needs. Management said staff’s individual qualifications and registration requirements were monitored for currency, their suitability to work in aged care was checked and their competency determined through buddy shifts and practical assessments. Personnel records evidenced staff had the required qualifications, as outlined in their position description.

Consumers and representatives felt staff were trained well. Staff confirmed, and education records evidenced, staff completed training on aspects of the Quality Standards including elder abuse, infection control, restrictive practices, open disclosure, respecting privacy, dignity and diversity. Management advised, training is scheduled annually, with additional training added to the program in response to identified trends or audit findings.

Management advised the workforce’s performance was assessed at 6-months, post commencement and annually thereafter, with performance management processes initiated, when required. Management advised and staff confirmed, their performance is monitored both formally, through appraisal, and informally through feedback. Personnel records evidenced performance management processes had been conducted in response to adverse performance and staff appraisals had been completed as scheduled.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant, as:

Consumers and representatives said they had contributed to the decoration of the service, they attended consumer meetings where they were consulted on potential service improvements and confirmed a consumer advisory board had been established. Meeting minutes evidenced consumers were involved in choosing garden displays and décor changes, with their meals and activities suggestions sought via survey. Management advised consumers had input into the design, development and evaluation of services provided, through the feedback mechanisms available and confirmed they were considering establishing a café at the service. The provider’s response was silent on this issue, however given the café project was still in early planning stages, it is reasonable for consumers not to be consulted on its design.

Management described the organisation’s oversight structure, consisting of various committees, with the governing body (the Board) being accountable for decisions on the delivery of safe care and services. Management confirmed the skill mix of the Board complies with legislative requirements, includes members with clinical experience and a Quality Advisory Committee had been established. Meeting minutes evidenced the Board was provided with reports which detailed the performance of the service against the Quality Standards and were used to monitor the quality of the care provided.

The organisation has a governance framework relating to continuous improvement, information management, financial and workforce governance, regulatory compliance, feedback, and complaints, which includes policies and procedures to guide staff practices. Staff said they knew their roles and responsibilities; they could access information when required and they knew how to manage feedback and complaints. Continuous improvement processes were effective in responding to areas of concern, funding was available when additional expenditure was required, and regulatory compliance was demonstrated in response to recent reforms.

There were risk management systems in place, which included policies and procedures to manage risk and respond to incidents, including for high impact, high prevalence risks and which supported the consumer to safely engage with risk activities. The incident management system evidenced risks and incidents, including serious incidents, were identified, reported, investigated and actions were taken to prevent or minimise reoccurrence. Staff could explain how they applied the service’s policies in their daily practices, including using data to benchmark and trend incidents to identify emerging trends.

The clinical governance framework included policies in relation to open disclosure, antimicrobial stewardship and restrictive practice and staff confirmed these areas were included in their training program. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, minimising the use of restraint and open disclosure was implemented on a day-to-day basis. Care documentation evidenced staff complied with organisational policies as restrictive practices had been ceased when no longer required, staff apologised when things went wrong and pathological testing was completed prior to antibiotics being prescribed.

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)