Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Embracia Moonee Valley |
| Commission ID: | 4560 |
| Address: | 76-86 North Road, AVONDALE HEIGHTS, Victoria, 3034 |
| Activity type: | Site Audit |
| Activity date: | 21 November 2023 to 23 November 2023 |
| Performance report date: | 5 January 2024 |
| Service included in this assessment: | Provider: 8874 Embracia Victoria Pty Ltd  Service: 8030 Embracia Moonee Valley |

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 Embracia Moonee Valley (**the service**) has been prepared by L Glass, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

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

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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

Sampled consumers and representatives expressed satisfaction and indicated staff are respectful, treat them as individuals, support cultural needs and preferences, and care is inclusive and personalised. Service documentation and policy demonstrated the service values culture, diversity and inclusion by planning activities and services that reflect the significance of consumer’s culture and diversity. The service actively seeks to recruit staff with backgrounds and language skills that will further support consumers. Staff demonstrated an understanding of each consumer’s preferences and choices, and their cultural background. All staff observed were engaging with consumers and representatives respectfully and with a focus on assisting consumers to make choices that make them happy and engaged.

The service demonstrated shared respect, meaning, and knowledge about culturally safe practices by knowing each consumer’s story and preferences and creating an environment that values all contributions. Consumers confirmed they are supported and encouraged to participate in their religious and spiritual practices, identify their dietary and culinary preferences and other significant needs. Care staff receive training in culturally safe practices, nutrition and meal planning, including cultural and religious preferences.

Sampled consumers and representatives reported they have a choice, can make decisions about their care and services, and are supported to maintain friendships important to them. Staff said care plans are regularly reviewed, and choices and preferences updated, and this was observed in the care plans reviewed.

Consumers and representatives interviewed indicated they are supported to take risks to enable them to live life as best they can. Staff explained consumer choices are assessed for risk on admission and reassessed regularly or as consumer preferences or capacity changes. The reviewed sampled care planning documentation revealed discussion of risk, risk mitigation strategies and periodic review. The service’s policies and practices support consumers to pursue activities that maintain their independence, even if those activities involve some level of risk.

Sampled consumers and representatives said they receive regular communication from the service in a variety of ways. The service provides information through a range of communication methods including a monthly newsletter, monthly aged care advocacy newsletter, resident handbook, monthly lifestyle activity calendar, menus, resident meetings, and general information pamphlets displayed in the reception areas and accommodation wings. Care staff discuss the daily menu options with consumers each morning and said the consumer can always change the option at mealtime.

Consumers and representatives were satisfied consumer privacy is respected and information is kept confidential. Staff demonstrated an understanding of the practice to maintain confidentiality of consumer information and described the various ways of keeping consumer information protected. The service has a privacy policy which outlines how it must collect, manage, use, and disclose personal information, as well as how data access and security is aligned with key legislation, acts, and regulations. The Assessment Team observed computers, tablets, and electronic care management systems to be password protected and accessible only to authorised people.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

The service demonstrated assessment and planning, including consideration of risks to each consumer’s health and well-being, informs the delivery of safe and effective care and services. The assessment and care planning process included consideration of a variety of risks such as skin integrity, mobility and nutrition needs. Assessments are undertaken using a comprehensive set of tools which identify risks inclusive of falls and mobility, skin injury, nutritional risks, changed behaviours. While care planning documentation considered individual risks and demonstrated individual assessments undertaken, in many cases, they contained outdated and generic information. Despite identified deficiencies, staff understood and explained consumer care needs well and the information was recorded in handover sheets, and there did not appear to be any impact on consumer care. Management responded to the feedback by updating the improvement plan, initiating a comprehensive assessment review, and providing education for registered nurses. During the site audit, inconsistent plans were updated, and an email reminder was sent to the registered nurse (RN) about correct procedures.

Consumers and representatives confirmed the service identifies what is important to the consumer, their needs and preferences, including hygiene, mobility, nutrition, pain, and advanced care planning. The Assessment Team observed consumer files contained current needs, goals, and preferences. This included advanced care planning and end of life care where appropriate. Management described how advance care planning is raised for discussion with each consumer and their representatives on admission and when a consumer’s condition changes. The presence of an advance care directive (ACD) is highlighted on the front page of each consumer’s electronic file. Goals of care documented in the ACD are notated on the service’s handover sheet for quick reference by staff.

The service demonstrated it partners with consumers, and others who consumers wish to involve, in the planning and assessment of their care. Consumers and representatives confirmed they are involved in the planning and review of consumers’ care and other providers of care are involved where required. Clinical staff described how they schedule care consultations with consumers or their nominated representatives and provide a summary or copy of the care plan as preferred. Consumer’s care planning reflected involvement of external providers and services such as general practitioners (GP), allied health professionals and specialists to meet consumer’s needs, and documented follow up with the consumers’ representative.

The service demonstrated the outcome of assessment and planning are effectively communicated to consumers and representatives and documented in care plans. Consumers and representatives confirmed they have access to consumer’s care plans and are informed and involved in changes. In most cases, a summary of the care plan or changes is shared; however, the full care plan is available upon request. The service has processes including a monthly resident of the day review, and bi-monthly full reassessment which includes consultation with the consumer and/or their representative. Care files demonstrated reviews occur as directed by the service policy, and consumers and their representatives are invited to participate.

The service demonstrated care and services are reviewed for effectiveness on a regular basis and when circumstances change, or incidents occur. Care planning documentation evidenced regular review and consultation. Each consumer is reviewed each month in a resident of the day process and all assessments are reviewed by a RN in consultation with the consumer and/or their representative every 2 months or when changes occur.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 generally expressed satisfaction with personalised clinical care that aligns with their needs and preferences, promoting their health and wellbeing. Care planning and progress notes demonstrated care aligned with consumers’ needs and goals preferences and staff were able to describe best practice in how they deliver care that is safe and tailored for consumers. The service has a commitment to minimising restrictive practices and has processes to manage them which include assessment, obtaining and reviewing informed consent, documenting a behaviour support plan with appropriate strategies, monitoring, and regularly reviewing consumers who are subject to restrictive practices. During the Site Audit, the Assessment Team found the key-pad locked security doors to the memory support units were open. Management stated they are occasionally closed and require a key-pad to exit. Staff members are always available to assist consumers exit when needed. Management was committed to reviewing their processes in view of the Commission’s website and information on restrictive practices.

The service has recently implemented a process of 3 monthly review of ‘as required’ (PRN) psychotropic medications, which is reported to the consumer’s GP. The service has a psychotropic medication register which identifies those medications used as chemical restraint. Staff stated the use of PRN medications is a last resort and knowing consumers well, allowed them to work with the consumer and assist them if they were experiencing changed behaviours.

Care documentation followed the wound care plan closely, including weekly reviews by a RN with measurements and photos. Specialised services addressed complex wounds as recommended, and pressure and skin care were well-assessed and documented. Care staff actively monitored skin changes and reported them.

Care planning documentation for consumers contained pain assessments and management strategies for consumer’s experiencing pain. Pain charting is used after an incident or change to pain status. The service has recently introduced a wellness nurse who provides non-pharmacological care to support consumers experiencing pain. The wellness nurse documents levels of pain and outcomes of the non-pharmacological therapies in the electronic health record ‘pain check’.

The service demonstrated high-impact and high-prevalence risks are effectively managed through regular monitoring and analysis of clinical data and implementation of suitable risk mitigation strategies for individual consumers. Care planning documentation evidenced intervention strategies for high impact and high prevalence risks such as falls, skin integrity, hydration and nutritional deficit and risk of choking and specialised nursing care such as indwelling catheter, diabetes, and oxygen management for individual consumers.

The service demonstrated the needs, goals, and preferences of consumers nearing end of life (EOL) were recognised and addressed, with their comfort maximised, and their dignity preserved. Care planning documentation contained advanced care directives and evidenced discussions with representatives regarding palliative care, where appropriate. Management and staff described how the service supports consumers approaching EOL and the measures taken to maximise consumers’ comfort.

The service demonstrated deterioration or change in a consumer’s condition is recognised and responded to in a timely manner. Consumers and representatives said they are kept informed of any changes in a consumer’s condition and the service responds to deterioration appropriately and in a timely manner. Care planning documentation and progress notes evidenced timely recognition of, and response to, deterioration. Staff described how they recognise, escalate, and respond to deterioration in a consumer’s physical or mental condition.

Interviewed consumers and representatives reported most staff know their personal and clinical needs well, provide care in line with their preferences and care needs, and communicate effectively with other providers of care such as GPs and allied health professionals. Care planning provided sufficient information about consumers’ condition, needs and preferences to those involved in consumer’s care. Staff described the specific care needs and preferences of consumers, and how information is shared. Consumer files are accessible at all nursing stations and are accessed by GPs, allied health professionals and visiting services. Staff handover processes were observed to be effective with handover from each household to the RN and between RNs in charge.

Interviewed consumers and representatives expressed satisfaction in access and referral to a GP, allied health professionals, and other specialist care providers. Care documentation confirmed timely and appropriate referrals to providers of other care and services for rapid review of consumers with changes in their health. Staff described referral processes to a physiotherapist, dietician, speech pathologist and GP and the process for updating assessments and care plans in line with recommendations from allied health and GPs.

Consumers interviewed described staff practicing infection prevention and control (IPC) strategies. Interviewed staff described strategies to reduce the use of antibiotics and minimise the spread of infection such as wearing of personal protective equipment (PPE), appropriate hand hygiene practice, high touch point cleaning and wiping down of shared equipment between use. The service has contemporary policies, procedures and plans specific to minimisation of infection related risks, and 2 IPC leads, providing coverage to the service 7 days a week. Staff were observed wearing appropriate PPE and practicing appropriate hand hygiene.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 interviewed indicated they are provided with support to optimise their independence, health, well-being, and quality of life. Lifestyle staff develop a monthly calendar of group activities based on the preferences of the consumers. Lifestyle care plans are individualised and reviewed regularly to ensure consumers’ preferences are considered in the planned activities. Individual support programs are developed for consumers who do not wish to participate in group activities. Ongoing evaluation of the program occurs through monthly meetings, surveys, and written and verbal feedback. Staff provided detailed examples of how consumers are supported to engage in activities and optimise their quality of life and maintain their independence. The Assessment Team observed activity calendars displayed on the information boards throughout the service and a daily schedule was written on whiteboards in lounge areas. Many consumers were seen playing games and enjoying activities in the lounge areas.

The service demonstrated a holistic program is in place to provide services and support for the well-being of each consumer. All interviewed consumers confirmed the service provides support for their emotional, spiritual, and psychological well-being. Staff demonstrated knowledge of consumers’ emotional and spiritual needs and could describe how they support individual consumers. External services and organisations such as Dementia Support Australia (DSA)**,** the National Disability Insurance Scheme (NDIS), The Returned and Services League of Australia (RSL), church choirs, and other organisations of importance to the consumers are accessed to support consumers’ well-being. Care planning documentation included information on emotional, spiritual, and psychological needs and preferences.

Interviewed consumers are satisfied the services and supports provided enable them to participate in the community, have social and personal relationships, and do things of interest to them. Staff described how they support consumers to do things of interest to them, participate within and outside the service environment, and have social relationships. Care planning documents contained information on the consumers’ interests and identified the people important to them. The Assessment Team observed several consumers entering and leaving the service independently or with their families and a regular schedule of walking groups and bus outings.

Consumers were satisfied their lifestyle and activities of daily living, needs and preferences are communicated effectively to staff delivering their care. Staff were confident they have access to the information they need to provide safe and effective care to consumers. They communicate consumers’ care needs and preferences verbally and in writing during each handover. They also access progress notes and individual care plans for comprehensive information.

Consumers and representatives confirmed referrals occur promptly. Document review demonstrated a range of services and organisations are available for staff to refer consumers to where appropriate. Staff liaise with NDIS providers, representatives of religious faiths, DSA, and local organisations such as cultural community groups or specific interest groups to meet the needs of the consumers. The Assessment Team observed the involvement of outside organisations and providers in the consumers’ care planning including written referrals to allied health professionals such as dietitians and speech pathologists.

Most consumers said the meals and snacks served were of good quality, with a variety of options available as per the 4-weekly rotating menus. The menu changes twice a year in winter and summer. Consumers were satisfied with the meals provided and communicated this via consumer meetings, quarterly surveys, suggestions/feedback forms, family consultations, and direct discussions with staff. The menu has been prepared and reviewed by a dietitian and consultations the dietitians occur every month. Documentation also shows the kitchen supervisor conducts a bi-monthly internal food audit, and a third-party food audit is conducted every year to ensure the high quality of meals.

All the interviewed consumers who require equipment and aids for mobility and transfers stated their satisfaction with equipment maintenance. All the shared equipment is cleaned between use with sanitising wipes which are kept with each piece of equipment. Equipment is allocated to individual consumers and where equipment was shared, was observed being wiped down between use. Staff described how equipment is maintained, kept safe and cleaned. Documentation showed equipment maintenance occurs as part of the scheduled preventative maintenance. Care staff ensure all consumers’ equipment is clean and working correctly. Maintenance requests are made if the equipment is found to be faulty. Consumers’ equipment was observed to be clean and well-maintained.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 service environment was uncluttered and provided a range of communal spaces that provided consumers with opportunities to engage in group activities, pursue individual interests or personal quiet time. All rooms were single and had their own ensuites and each household had their own dining area. The Memory Support Units (MSU) provided open communal space, wide corridors, and secure courtyards that consumers could access freely. The service had a designated smoking area as well as other seated outdoor areas for consumers to utilise. There were handrails and signage for rooms. Consumers can bring in items to make their rooms ‘their homes’ while living at the service. The Assessment Team observed that staff knew individual consumers’ life stories, which contributed to a welcoming environment.

The service was clean, well-maintained with wide uncluttered corridors displaying colourful artwork on the walls. Consumers expressed satisfaction with the service environment being safe, homely, and comfortable. They said they enjoyed being able to access all areas of the service and the freedom to leave the service independently, or with their representatives. The cleaning service is provided 7 days per week with a schedule of a weekly full room cleaning, and a daily service to wipe surfaces, remove rubbish, and restock bathroom supplies. The maintenance system consists of preventative and reactive maintenance to ensure equipment and furnishings are safe, clean, and well-maintained. The service has many internal courtyards and some of them were accessible to consumers from their rooms. Outdoor areas included well-maintained walking paths. Appropriate fire safety equipment was available at the designated smoking area.

Consumers and representatives were satisfied with the prompt response from maintenance staff when repairs are required for equipment and fittings. A range of equipment was available including mobility aids and other specialised equipment to assist in the care of consumers. The furniture, fittings, and equipment were observed to be clean and well-maintained. Mobility equipment and fittings such as slings, chargers, batteries, hoists, and mattresses are checked and maintained 6-monthly according to the preventative maintenance schedule and furniture such as beds yearly, and as needed. Consumers with limited mobility had easy access to call bell equipment and it was observed that personal sensor alarms and sensor equipment are utilised as a part of falls prevention.

# Standard 6

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

Findings

Interviewed consumers, representatives, and staff indicated they felt confident in providing feedback to the service, positive or negative, and described multiple ways in which the feedback could be provided. The service promotes a range of mechanisms to encourage staff, consumers, representatives, and visitors to provide feedback and make complaints. The key forums for consumer complaints and feedback are the residents’ meetings, meetings with individual representatives, feedback forms, emails, written letters, using the communication application tool, and phone calls. Consumers and representatives are also encouraged to provide feedback via informal conversations and using the ‘message to management: compliments, complaints or suggestion’ form and placing it in the locked box at reception. An electronic application collects quality of life and consumer experience feedback from consumers and representatives. Staff assist consumers to complete the survey, if necessary, logging on to the application tools on an electronic device. The monthly newsletter and resident handbook provide advice on how to give feedback on care and services both internally and externally. Posters and signs were observed around the facility advising on ways consumers, representatives and visitors can provide internal and external feedback.

Most interviewed consumers and representatives stated they were aware of how to access external advocacy services and feel comfortable providing feedback directly to staff and management. The admission information provided to new residents included information on how to provide feedback about the care and services received. Staff reported providing support to consumers having difficulty communicating feedback by using clear and concise language, providing support through an interpreter service, or contacting the consumer’s representative for support.

Most consumers and representatives who had provided feedback or raised a complaint were satisfied with the resolutions and how management acknowledge mistakes made and apologise when things go wrong. Management and staff described processes in place and provided examples of feedback, complaints and open disclosure being addressed and satisfactorily resolved. The Assessment Team observed policies relating to complaints, compliments, suggestions, grievances and open disclosure, and a staff training schedule for open disclosure.

Most consumers, representatives and staff are satisfied their feedback, suggestions for improvement and complaints are reviewed and used to improve services provided. There is a process in place for the analysis of feedback and how this is used to improve care and services to consumers. Consumers, management, and staff described improvements driven by consumer feedback. Minutes from the residents’ meetings demonstrated actions taken in relation to consumer feedback.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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

While most consumers and representatives interviewed said the service does not have enough staff, no systemic consumer impact was identified. All interviewed consumers said, overall, call bells are responded to quickly. The service demonstrated workforce planning is undertaken with a view to enable the delivery of safe and quality care and services to consumers. The service has an active recruitment strategy and processes in place to replace unplanned leave. Rostering is based on a master template with consideration given to the Australian National Aged Care Classification (ANACC) funding model, care minute provision, skill mix and the total number of consumers. There is a RN rostered on every shift.

All interviewed consumers and representatives said staff are kind and caring and mostly understanding of what is important to each consumer. Staff were observed engaging with consumers and representatives in a kind and respectful manner.

While consumers and representatives were satisfied some staff have the qualifications, competency, and knowledge to enable provision of quality care and services, concerns were raised about recently recruited staff and trainees. In response, management demonstrated an ongoing education plan, and documentation evidenced staff have qualifications commensurate with their position descriptions and competence is monitored, where applicable. An induction process inclusive of mandatory competencies is completed prior to staff commencing work with consumers.

Staff and management interviewed, and documentation review indicated a workforce being provided education to deliver the outcomes required by these standards. A review of the service’s online learning platform confirmed modules covering the Aged Care Quality Standards, IPC, and open disclosure. A review of the education planner 2023 indicated provision of education to most staff including but not limited to manual handling, fire and emergency response and restrictive practices.

The service has a process of regular assessment, monitoring and review of staff performance with most staff identifying recent or scheduled attendance. All interviewed staff described a process of performance review inclusive of self-appraisal followed by discussion with management to identify professional development and provide opportunity for staff to feedback to the service. Appraisal appointments are scheduled on anniversary dates or, outside of this, as a result of feedback from other staff members or consumers. Adverse feedback on a staff member’s performance is individually addressed with the staff member concerned. Dependent on feedback and resulting impact, a staff member may be offered support through remedial education, competency assessment and/or short-term supervision.

# Standard 8

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

Findings

The service demonstrated how consumers and representatives are effectively involved in the planning, delivery and evaluation of care and services. Consumers and representatives are welcome to attend a monthly consumer and representative meeting. A review of the ‘Resident Handbook’ has a section dedicated to compliments, complaints, and suggestions, encouraging consumer feedback and participation in continuous improvement through meeting attendance, feedback forms, talking to management and completion of consumer surveys.

The service demonstrates accountability in the provision of safe and inclusive care and how organisational oversight is supported with policies and procedure providing guidance on service expectations in relation to such care. Service accountability at an organisational level is through the governing body consideration of reports from key advisory bodies, following their review of key performance indicators, audits across care and service provision, accidents and incidents and consumer/representative feedback and complaints. Outcomes from consideration of reports are used to inform policy and procedures to guide staff in service expectations, with any directives communicated from the governing body, back through key advisory bodies and then to all staff.

The organisation has effective systems and processes for management and governance. Staff confirmed ready access to electronic information and applications required for consumer care provision, staff education, policies and procedures, maintenance requests, rostering and organisational communications.

Feedback from consumers and staff along with analysis of reports by key advisory bodies are used to identify trends, deficits and highlight areas of concern to inform the governing body. Strategies developed by the advisory or governing bodies to address these, inform the service’s Plan for Continuous Improvement.

Management described financial reporting and systems whereby budget and expenditure are monitored and reviewed. The governing body oversees and approves expenditure.

Through reports from advisory bodies and the executive team, the governing body is satisfied the workforce recruitment process and education provided ensures the assignment of clear responsibilities and accountabilities for employees. Policies and procedures to guide service expectations on workforce management include policies for employment, disciplinary action, workplace conduct and complaints, and code of conduct.

Management advised the organisation regularly receives notifications of any changes to aged care legislation through a legislative compliance framework that lists and tracks changes and updates. The governing body and executive team review any changes which are disseminated to service staff via their communication channels, with training provided as needed.

The service has policies and procedures to guide staff on the service’s expectations in relation to compliments, complaints and suggestions, grievances, and continuous improvement.

The organisation has risk management systems supported by policies and procedures to facilitate risk identification, risk minimisation, risk management and response, to support the safety and wellbeing of consumers. High impact and high prevalence risks are initially identified through consumer assessment and monitored by clinical and care staff and other health specialist professionals as appropriate. The service has an incident management system policy, detailing incident management instructions, reporting obligations and roles and responsibilities of staff members. The policy includes a comprehensive incident management flowchart with appropriate identification of Serious Incident Response Scheme incidents and reporting priorities.

The organisation’s clinical governance framework outlines clinical care approaches including antimicrobial stewardship, open disclosure, and minimising the use of restraint. The service has a policy to provide guidance to staff on the appropriate use of antibiotics. Nursing staff described measures taken to reduce antibiotic use.

The service has a policy on minimising the use of restraint. Nursing staff described measures to reduce the use of restrictive practices, identifying the use of pharmacological interventions as a last resort. The service has processes to manage most restrictive practices which include obtaining and reviewing informed consent, documenting a behaviour support plan with appropriate strategies, and monitoring and regularly reviewing consumers who are subject to restrictive practices.

Management identified the use of open disclosure as an expectation at all levels of service provision. The service has policy to guide staff on the appropriate use of open disclosure and although not always familiar with the term ‘open disclosure’, staff explained how they would apologise to consumers and/or representatives should something go wrong.

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)