Performance

Report

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| Name of service: | Emmaus |
| Service address: | 16 Colonel Barney Drive PORT MACQUARIE NSW 2444 |
| Commission ID: | 0593 |
| Approved provider: | St Agnes' Care & Lifestyle |
| Activity type: | Site Audit |
| Activity date: | 2 May 2023 to 4 May 2023 |
| Performance report date: | 8 June 2023 |

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 Emmaus (**the service**) has been prepared by G Cherry, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others
* the provider’s response to the assessment team’s report received 25 May 2023
* performance reports dated 6 January 2021 and 16 November 2021

# 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

Interviewed consumers and representatives consider consumers are treated with respect and dignity, expressing satisfaction of staff care and support. Consumers gave examples of feeling valued and respected by kind and caring staff. Interviewed staff demonstrate knowledge of consumers’ individual needs, preferences, backgrounds, and others of importance to them. Staff were observed to engage with consumers in a respectful manner. The assessment team observed 2 consumers in a semi-clothed state within view of others. Management committed to following-through with staff and provide additional staff training. Documentation details information relating to individual consumer’s life story and preferences.

The service demonstrate an effective system of culturally safe care provision. Consumers consider staff provide culturally safe care/services, expressing satisfaction of support received. The assessment team observe staff accommodating consumers cultural needs in a respectful manner, care documentation captures relevant cultural details and consumer’s rooms contain individualised decorations identifying cultural backgrounds. Staff demonstrate awareness of consumer’s cultural/religious backgrounds, describing how this influences care delivery and were observed delivering culturally appropriate care.

Interviewed consumers/representative’s express satisfaction of support consumers receive to exercise choice and maintain relationships of importance; examples include supporting a married couple in maintaining their personal relationship and assistance in equipment purchase to enable independence. Staff demonstrate processes of gathering information to enable appropriate support, independence, and involvement of others. Documentation details information relating to individual choices.

Consumers express satisfaction of methods utilised to support them in taking risks to live their best life. Processes include conducting risk assessments and involvement in discussion/agreement of mitigation/minimisation strategies. Documentation reflects information to guide staff in care provision, including examples of support to achieve positive outcomes.

The service demonstrate multiple avenues to provide consumers with current, accurate and timely information. Most consumers/representatives’ express satisfaction they generally receive information in a timely manner, however 2 express dissatisfaction some communication is ineffective. In response, management scheduled an additional meeting to ensure all consumers/representatives are afforded an opportunity to voice concerns. Staff gave examples of supporting consumers to exercise choice in care/service delivery. Information is displayed in several locations relating to menu choices, activity calendar, happenings at the service (including planned environmental upgrades).

Interviewed consumers express satisfaction staff respect their privacy and information is confidentially maintained. Staff demonstrate awareness of how to maintain consumer privacy and the assessment team observed this to occur on most occasions. They observed on three occasions consumer’s privacy not maintained. Management committed to discuss with relevant staff and provide additional training.

Policies/procedures guide staff in organisational expectations relating to this Quality Standard.

# 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 compliant as all requirements have been assessed as compliant.

Requirement 2(3)(e)

Most interviewed consumers/representatives’ express satisfaction relating to regular review of care needs and representatives are satisfied they receive regular communication including when changes occur. Via review of 4 consumers files the assessment team note either inconsistent review/referral to others, and/or lack of updating documentation in a timely manner (after review/referral) to guide staff in care provision.

In their response, the approved provider submitted evidence of regular review/medical officer directives included in documentation to guide staff in care provision. In addition, advise of plans to review documentation to ensure accuracy and currency, and provide registered nurses with additional education.

In considering compliance, I am swayed by the evidence provided by the approved provider to support appropriate care delivery. I find requirement 2(3)(e) is compliant.

I find the remaining requirements 2(3)(a), (3)(b), (3)(c) and (3)(d) are compliant.

The service demonstrates assessment/care planning completion includes consideration of risks. Files include risk assessment and care planning documentation to guide staff in care delivery, examples include strategies to mitigate/minimise risks, regular review by medical officer and/or allied health specialists, and directives to guide staff. Interviewed staff demonstrate knowledge of risk mitigation/preventative strategies to ensure consumer’s safety.

Interviewed consumers/representatives’ express satisfaction regarding staff responsiveness to meet individual needs/preferences, noting they are given opportunity to discuss end of life care requirements. Interviewed staff gave examples of consumer’s current needs. Sampled documentation consistently/appropriately addresses areas of care/services including individual preferences. Care plans contain comprehensive behaviour support plans (BSP), complex care and specialist directives, plus advance care plans detailing end of life wishes.

Effective processes ensure assessment and care decisions are based on ongoing partnerships with consumers/representatives and other providers of care. Consumer/representative’s express satisfaction discussions regularly occur to ensure consumer’s needs are met, including understanding risks to enable choice. Care documentation includes evidence of partnership with other care providers/organisations including medical officers, specialists, and consultants.

Outcomes of assessment and planning are effectively recorded in an electronic documentation system which generates care plans accessible to consumers and representatives. Sampled consumers/representatives consider they are involved in discussions and receive information regarding outcomes. Representatives’ express satisfaction of involvement when changes occur, and effective methods of communicating outcomes of clinical assessment is evident. Staff explain methods of ensuring consumers/representatives are aware of current care provision.

Policies/procedures guide staff in organisational expectations relating to this Quality Standard.

# 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 compliant as all requirements have been assessed as compliant.

Requirement 3(3)(a)

Sampled consumers/representative’s generally express satisfaction with clinical and personal care including staff knowledge of consumer’s individual care needs. Consumer feedback includes receiving appropriate pain medications and wound management being well-managed. Representatives note positive consumer outcomes achieved.

View document review for 4 consumers (and staff interview) the assessment team bought forward evidence clinical care optimising consumers health/wellbeing not consistently demonstrated. For 1 consumer documentation did not detail medical officer directives to guide management of oxygen. For 2 consumers receiving antibiotic medication the service did not demonstrate medical officer review/evaluation of effectiveness and/or need for continuation. Interviewed registered nurses note frequent mental health review for 1 consumer, however their BSP plan did not detail specialist directives to guide care provision. For another consumer staff did not demonstrate knowledge of strategies to support unmet behavioural needs.

Management committed to immediate referral to medical officer, updating of documentation, development of a continuous improvement action and provision of staff education. In their response, the approved provider submitted evidence of review/medical officer directives, in relation to oxygen therapy, evaluation and directives relating to antibiotic use, pain management and planned education. They evidenced BSP documentation contain directives to guide care delivery.

Via review of consumers files in relation to diabetes management the assessment team note recording of medical officer directives relating to baseline range and management protocol. They note for 2 consumers medical officer notification had not occurred as per protocol requirements. In their response, the approved provider evidenced communication with relevant medical officer to ascertain ongoing requirements for one consumer and registered nurse review/appropriate management for another.

In considering compliance, I am swayed by the evidence from the approved provider to support appropriate care delivery. I find requirement 3(3)(a) is compliant.

Requirement 3(3)(b)

Effective processes for managing high impact/prevalence risks include data collection: incidents are reported, investigated/analysed for effectiveness. The service identified diabetes management, falls, wounds, and behaviour management as high/prevalence risks. Sampled consumers/representatives’ express satisfaction regarding clinical care, and interviewed staff demonstrate knowledge of most strategies to mitigate consumer risks.

Review of documentation relating to wound management and pressure injury care detail wounds are generally identified and prompt wound care provision occurs. The assessment team note organisation wound management protocols not consistently adhered to for 2 consumers. Management team advised deficits in wound monitoring recording/photography resulting in planned staff education. In their response, the approved provider submitted evidence of regular medical officer/specialist/occupational therapist review (with representative involvement) relating to wound management. In addition, they implemented processes to ensure clarity of wound photographs in the electronic system and provision of staff education relating to wound management, behavioural management, and legislative reporting requirements.

Document review for consumers living with unmet/changed behaviours generally demonstrates appropriate management. However, the assessment team note 2 consumers BSP’s did not consistently contain information relating to behavioural triggers and/or non-pharmacological strategies. In their response the approved provider demonstrate specialist review, documentation of triggers/strategies to guide care delivery.

Review of documentation for those consumers experiencing falls, demonstrate organisational management requirements/procedures are followed, incidents are investigated, and strategies implemented to reduce/minimise further falls. The assessment note for 1 consumer, falls management protocols were not conducted. In their response the approved provider evidenced regular physiotherapy review in relation to mobility, noting falls management protocols not required as an actual fall had not occurred.

In considering compliance, I am swayed by the evidence from the approved provider to support appropriate care delivery. I find requirement 3(3)(b) is compliant.

I find the remaining requirements 3(3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) are compliant.

Effective processes to identify, respond and manage needs/preferences of consumers requiring palliative care are evident. Documentation reflect maximising consumer’s comfort and preserving dignity when receiving end-of-life care. Examples include regular pain management/comfort care/spiritual needs, medical officer involvement and palliative care pathway directives guiding care provision. Consumer (and/or nominated decision maker) wishes are including in care plans to guide staff of individual requirements. Staff demonstrate knowledge and describe strategies/care provision for consumers receiving end-of-life care.

Via document review the assessment team note timely identification and response to changes and/or deterioration in consumer’s condition. Care staff escalate issues of concern to registered nurses who conduct an assessment of needs and refer to medical officer/specialists for review and/or transfer to hospital. Examples of escalation to registered nurses were evident. Representatives’ express satisfaction consumers’ needs are met in a timely manner.

Information relating to changed condition and/or current needs/preferences are documented and effectively communicated to those involved in care provision. Interviewed consumers/representatives consider they are informed of changes and express satisfaction staff are aware of individual needs. Examples include regular contact from registered nurses, discussions of risks relating to medication, strategies to meet changed behaviours and appropriate preventative measures to minimise falls. Interviewed staff demonstrate knowledge of multiple methods to obtain current information, including discussions between shift handover, when changes occur, meeting forums and document updates.

Consumer/representative’s express satisfaction access to relevant health professionals, such as allied health, medical officers, local hospital/emergency services and specialist services when required, noting preferences are considered in this process. Documentation detail referrals to dieticians, speech pathologists, dentists, physiotherapists, geriatricians, wound care specialists, and community palliative care consultants resulting in regular ongoing review. Registered nurse interview detail regular referral processes.

Interviewed consumer/representatives note satisfaction with infection control practices and confidence in management/staff ability to manage infection related risks. Registered nurses describe pathology processes, knowledge of antimicrobial stewardship and appropriate antibiotic use. Interviewed staff describe infection prevention measures, use of personal protective equipment (PPE), organisational protocols, hand hygiene and monitoring for signs of infection. However, the assessment team observed some staff inappropriately wearing PPE and a lack of hand hygiene. Management committed to conducting visual observation and additional staff education. Guidance documents assist staff in managing outbreaks as per legislative requirements. Regular monitoring processes conducted by the Infection Prevention Control (IPC) Lead ensures appropriate supplies of equipment/resources, and provision of staff education/training. Vaccination programs and testing/monitoring processes are utilised to minimise/prevent infection transfer.

Policies/procedures guide staff in organisational expectations relating to this Quality Standard.

# 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 compliant as all requirements have been assessed as compliant.

Interviewed consumer/representatives consider consumers receive effective services/supports for daily living enabling optimisation of independence, wellbeing, and quality of life, noting various examples of satisfaction. Lifestyle and pastoral care staff demonstrate how consumers preferences develop the activities program, including individual/group participation. Regular evaluation/feedback is sought to ensure ongoing satisfaction. Documentation details individual needs/preferences and staff demonstrate knowledge consistent with consumer feedback.

Staff demonstrate knowledge of individual support relating to consumers’ emotional and spiritual wellbeing. Visiting pastoral care team and volunteers support consumer’s needs. Documentation includes information of emotional, spiritual, psychological needs/preferences. Staff interactions were observed to be supportive and demonstrating individual cultural, emotional, spiritual, and psychological needs. The service engages with an external disability, counselling, and mental health providers to conduct weekly group activities.

Sampled consumers consider they receive support to participate in community activities, do things of interest and be involved in relationships of choice. Staff detail several activities including group settings and/or individual basis, and how program adjustments occur. Staff describe familial and personal relationships, and individual consumer interests. Documents contain information in relation to consumers’ interests and family relationships.

Consumer/representative’s express satisfaction information is communicated, and staff demonstrate sound knowledge of needs. Documentation/discussions ensure accessibility to accurate information in a timely manner. Links with external organisations effectively meet consumer’s needs. Consumers consider appropriate referrals to individuals and other care providers occurs. Staff demonstrate knowledge of referrals to organisations, allied health professionals and community involvement. A robust volunteer program include therapy programs to assist consumers in maintaining emotional, spiritual, and psychological wellbeing.

Sampled consumers generally express satisfaction meals are varied and of appropriate quality/quantity. Catering staff demonstrate dietitian menu review and processes to ensure consumers receive required dietary requirements. Management note current planning of onsite commercial kitchen to optimise/improve consumer’s dining experience. Consumers were observed during meal service, some being assisted by staff in a dignified manner.

Consumers/representatives consider appropriate availability of safe, suitable, clean, well-maintained equipment and feel comfortable in providing feedback relating to repair work. Staff demonstrate knowledge of processes to report equipment repair. Lifestyle staff have access to equipment and supplies to support the activities calendar. Staff were observed to be competently using equipment, which was generally clean, fit for purpose and well-maintained.

# 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

This Quality Standard is compliant as all requirements have been assessed as compliant.

Interviewed consumers/representatives consider the environment to be clean and well-maintained; consumers commenting they feel at home. Some consumers noted the environment not initially easy to navigate as no apparent way-finding signage. Management note planned refurbishments to include additional wayfinding signage to mitigate confusion experienced by some, replacement of some furnishings/floor coverings to improve aesthetics and aid in comfort. Wide corridors contain handrails, and a communal area contains a photo gallery and consumers rooms are personalised. The assessment team observe consumers socialising in differing communal areas.

All interviewed consumers/representative’s express satisfaction of ability to freely move throughout the service and outdoors. They consider equipment/resources are in good condition. The assessment team observe consumers utilising a range of equipment, including mobility aids and comfort chairs. The call bell system was observed being used, with staff responding in a timely manner.

The service demonstrates effective systems to ensure furniture, fittings and equipment are safe, clean, and well maintained. A preventative maintenance program is completed by internal staff and external service providers; regular testing of equipment occurs to ensure suitability. Interviewed staff consider they have sufficient, safe, and well-maintained and the assessment team observe appropriate furnishings and equipment.

# 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 compliant as all requirements have been assessed as compliant.

Interviewed consumers (and representatives on their behalf) consider they are supported to provide feedback and make complaints via multiple mechanisms. Information is provided relating to internal and external complaints processes and advocate services. Management describe the policy and demonstrate processes for recording/responding/managing feedback/complaints. Information to inform stakeholders is on display and included in documentation. Management demonstrate actively establishing communication pathways for 1 consumer who expressed discontent in feedback mechanisms.

Consumers/representatives note awareness of accessing advocacy/language services and various ways in raising complaints. The assessment team observed written materials for advocacy and language services on display. Document review demonstrate strategies utilised to support consumers.

Appropriate action is demonstrated in response to complaints including use of open disclosure principles when things go wrong. The service demonstrate principles of open disclosure employed to ensure consumer safety; management demonstrate responses in relation to a current complaint. Documents detail recording and monitoring processes to ensure issues are resolved and satisfactory outcomes achieved.

The service reviews and analyses complaint and feedback data, using this to inform improvement activities. Information from multiple sources are analysed by management to identify trends and risks leading to development of a continuous improvement plan. Management note examples of recent improvements to meal service/dining experience.

# 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 compliant as all requirements have been assessed as compliant.

Requirement 7(3)(a)

Most consumers/representatives’ express satisfaction in relating to staffing however 2 consumers gave feedback relating to wait times for staff to respond to requests for assistance. Noting understanding of others needs and lack of negative outcome as a result. The assessment team observed staff delay in care provision for 1 consumer resulted in delayed physiotherapy care. Some care staff note team leader availability to assist in delivery of care when required. Multiple pastoral care staff and/or volunteers contribute to positive consumer satisfaction and outcomes. Management monitor processes, making adjustments to staffing requirements. Documentation details on some days 2 vacant shifts and while management have identified the need for 3 additional care staff shifts these have not yet commenced. Management immediately responded to the delay in care provision for 1 consumer, including incident reporting, open disclosure practices, updating of care directives, are required therapy completed by an occupational therapist, noting care delay in response to consumer/representative choice. Supporting evidence was supplied in the approved provider response.

In considering compliance, I am swayed by the volume of satisfaction received by consumers and representatives and the services processes to monitor sufficiency. I find requirement 7(3)(a) is compliant.

I find the remaining requirements 7(3)(b), (3)(c), (3)(d) and (3)(e) are compliant.

Consumers and representatives consider staff to be kind, caring and respectful of consumer’s identity, culture, and diversity. The assessment team observe staff demonstrating these practices, plus an understanding/awareness of affording person-centred care provision. The organisation’s mission/vision/values promote embedding person-centred care and best practice through staff induction, ongoing education, and management/staff role modelling. A pastoral care team supplemented by several volunteers result in positive consumer outcomes as visits focus on ensuring consumers’ individual identity, culture and diversity are valued. Monitoring of staff interactions occur via complaints/feedback analysis and observations by management team.

Most sampled consumers/representatives consider staff to be competent. Representative feedback includes satisfaction with consumer outcomes due to skilled staff who interact well with consumers. Documents including position descriptions, staff appraisals and education records support appropriately qualified staff have the knowledge to effectively perform roles. The assessment team observe staff delivering care and services while competently demonstrating skill in care provision, enabling consumers living with cognitive and/or physical limitations to live their best life. Staff consider management responsive to training needs and support in care delivery.

Processes ensure staff have appropriate qualifications and knowledge to effectively perform their role. Management explained comprehensive recruitment processes including an ongoing program of care staff recruitment. Interviewed staff consider a comprehensive and responsive training/education program exists. An educator ensures completion of training and monitors staff practices to assess ongoing knowledge and understanding.

A system ensures staff receive regular assessment, monitoring and review of their performance. Staff note they receive regular assessment, monitoring and review of their performance and development processes. Management interview and documentation review detail completion of annual appraisals. Staff requests resulted in provision of education relating to current consumers clinical needs.

# 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 compliant as all requirements have been assessed as compliant.

Requirement 8(3)(d)

The service demonstrate a comprehensive risk management system and the management team provided several relevant examples where consumers are being supported to live their best life. The assessment team bought forward an example of 1 consumer’s care (following a fall) not effectively managed, noting staff did not following required protocols and/or complete incident reporting documentation (consideration is given in requirement 3(3)(a)).

In considering compliance, I have given weight to the demonstration of an overarching organisational governance system plus the approved providers response relating to named consumer.

I find requirement 8(3)(d) is compliant.

I find the remaining requirements 8(3)(a), (3)(b), (3)(c) and (3)(e) are compliant.

Multiple methods are available for consumer/representatives to make suggestions and engage in the development, delivery of care/running of the service. Overall, consumers and representatives consider the service to be well run.

An organisational governing body promote (and is accountable for) a safe, inclusive culture of quality care/services. The strategic plan reflects promoting safe, inclusive quality care and the executive team/board oversee daily operations and regularly visit to monitor operations. Senior onsite management support operational issues, quality and compliance systems ensure risk management is effective. The governing body oversee a streamlined education program for staff and volunteers, and consumers’ feedback is escalated to the governing body for due consideration.

Effective organisation wide governance systems relate to information systems, financial governance, regulatory compliance, comments/complaints, and workforce governance. Information systems are generally effective and fit for purpose. Staff consider they have access to information needed to effectively perform their roles. Policies and procedures guide staff in organisational expectations. Continuous improvement and budgetary programs are evident; continuous improvement outcomes relate to Quality Standard requirements and systems identify/monitor compliance with regulatory requirements. Management describe processes used to ensure compliance with recently introduced requirements relating to aged care reforms and education provided to staff.

A comprehensive clinical governance framework relating to antimicrobial stewardship, minimising restrictive practice use and open disclosure practices is evident. Organisational policies/procedures guide staff in expectations and an education program ensures staff awareness/understanding of the clinical governance framework, antimicrobial stewardship, minimising fuse of restrictive practices and principles of open disclosure.

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