Performance

Report

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| Name: | Estia Health Leopold |
| Commission ID: | 3329 |
| Address: | 52-60 Ash Road, LEOPOLD, Victoria, 3224 |
| Activity type: | Site Audit |
| Activity date: | 24 September 2024 to 26 September 2024 |
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| Service included in this assessment: | Provider: 5951 Estia Investments Pty Ltd  Service: 2087 Estia Health Leopold |

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 Estia Health Leopold (**the service**) has been prepared by D Saunders, 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
* the provider’s response to the assessment team’s report received 10 October 2024

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

Consumers and representatives sampled said consumers are treated with dignity and respect, with their identity, culture and diversity valued. Management and staff spoke about consumers in a respectful manner and were able to describe the measures taken to uphold this respect when providing care such as asking for consent, acknowledging their choices, and taking time to understand their background, life history and needs. Care planning documentation outlined information about consumers’ background and interests. The Assessment Team observed staff interacting with consumers respectfully throughout the Site Audit and reviewed policies outlining how consumers are to be treated with dignity and respect.

All consumers and representatives sampled said the service recognises and respects consumers’ cultural background and provides care that is consistent with their cultural traditions and preferences. Staff described how consumers’ cultural needs influence the delivery of day-to-day care and services. Care planning documentation evidenced specific cultural needs and preferences for consumers such as incorporating lifestyle activities to engage consumers with their culture, faith and background. The service’s documents, such as the inclusivity policy, demonstrated the service’s commitment to supporting cultural diversity. Management said the service gets to know the consumer’s cultural background on entry to the service, then contact religious organisations to arrange religious services for the consumer. Management also said they facilitate relationships between people of similar cultural backgrounds where possible. The Assessment Team reviewed the service’s inclusivity policy and noted staff receive training on the delivery of culturally safe care and services.

Consumers and representatives sampled said consumers are supported to exercise choice and independence when making decisions about their own care, when family, friends and carers should be involved in their care and maintaining relationships of choice. Management and staff described how each consumer is supported to make informed choices about their care and services, and how they support consumers to maintain relationships of choice. Care planning documentation identified consumers’ individual choices around how care is delivered, who is involved in their care and how the service supports them in maintaining relationships. The Assessment Team observed staff respecting consumers’ decisions to maintain relationships of choice.

Consumers and representatives sampled described how the service supports them to take risks. Management and staff demonstrated an awareness of the risks taken by consumers and outlined how they support consumers who choose to take risks, by informing them of the potential risks and how they could be minimised, before completing a risk assessment in consultation with consumers and their representatives. Care planning documentation reflected how consumers are supported to take risks, and the safeguarding mechanisms in place to facilitate risk-taking.

Consumers and representatives explained they are informed to make choices through printed information and verbal reminders. Care planning documentation reviewed evidenced the inclusion of communication assessments to facilitate the delivery of information in a way that is accurate and timely to every individual. Staff interviewed described different ways information is provided to consumers, including for consumers with cognitive and sensory impairments, in line with their documented needs and preferences. The Assessment Team observed information displayed throughout the service to inform and support consumers and representatives to exercise choice.

The service was able to demonstrate that each consumer’s privacy is respected, and personal information is kept confidential. Consumers said that they feel that the service respects their privacy. Staff and management could describe the practical ways they respect the personal privacy of consumers at the service. The Assessment Team observed that the service has protocols in place to protect consumer privacy and confidentiality. The Assessment Team observed all of nurse’s stations to be locked throughout the Site Audit. The Assessment Team observed the electronic care management system (ECMS) was password protected. The Assessment Team observed staff knocking on consumers’ rooms and seeking consent before entering.

I find this standard compliant.

# 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

Consumers and representatives interviewed said they receive the care they require and outlined how they are involved in the initial and ongoing assessment process. Management and staff interviewed described the care planning process thoroughly, including how they consider risks for individual consumers, and use the process to inform the delivery of safe and effective care and services to consumers. Care planning documentation reviewed for consumers evidenced consideration of individual risks and mitigation strategies that influence the delivery of care and services. The Assessment Team reviewed admission documentation including checklists for key assessments to complete within the first day and subsequent weeks following admission. These include assessments on consumer’s skin, dietary and mobility needs, followed by other assessments that are completed for the development of a complete care plan.

Consumers and representatives interviewed described how the service had involved them in the assessment and planning of care, including advance care planning, during admission, at scheduled case conferences, or when there was a change in circumstances. Management and staff described how the service ensures assessment and planning reflect each consumer’s current preferences and how they approach conversations around end of life (EOL) care planning. Care planning documentation reviewed evidenced the inclusion of consumer’s current needs and preferences, including EOL planning. The service had systems in place which facilitated assessment and planning to capture the current needs of each consumer.

Consumers and representatives interviewed described how they were involved in the assessment and planning of care, and said they were able to provide input to ensure that their needs were being met. Management, staff and visiting AHPs outlined how assessment and planning of care was done in partnership with consumers and others they wish to involve in their care. Care planning documentation evidenced regular care plan evaluations and review, in line with the service’s policies, and included input from a range of external providers such as medical officers, physiotherapists, dietitians, and speech pathologists.

Consumers and representatives interviewed said the service regularly communicates changes relating to care and services with them, and staff explain things to them if needed. Management, clinical staff and allied health professionals were able to describe how they effectively communicate outcomes of assessment and planning to consumers and their representatives and described the processes in place to ensure they were regularly in touch with consumer representatives. Review of the service’s ECMS evidenced outcomes of assessment and planning were documented in consumer care planning documentation.

Consumers and representatives confirmed care and services were reviewed regularly and when changes occur. Sampled consumer care planning documentation evidenced regular reviews for continued effectiveness, when circumstances changed, or when incidents occurred which impacted on the needs, goals, or preferences of the consumer. Management and staff were able to explain the process for scheduled review of care planning documentation. The Assessment Team observed all care plans are reviewed at least 3-monthly, in line with the service’s policy.

I find this standard compliant.

# Standard 3

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

Findings

Consumers and representatives interviewed advised consumers receive safe and effective personal and clinical care that meets their needs and optimises their well-being. Management, staff, and allied health professionals interviewed demonstrated knowledge on the delivery of best practice principles in relation to the management of restrictive practices, skin integrity and pain. Care planning documentation reviewed demonstrated comprehensive care plans which included assessments, progress notes, medication and other relevant charting that reflected individualised care that was mostly safe, effective, and tailored to the specific needs and preferences of each consumer. The service has policies, procedures, and guides for key areas of care, including restrictive practices, wound care, and pain management. Management and staff interviewed demonstrated an understanding of these procedures and were able to describe how they applied them in their day-to-day roles to ensure best practice care was delivered to consumers in a safe and effective manner.

The Assessment Team noted that high-impact and high-prevalence risks were being effectively managed through regular clinical data monitoring, trending, and reporting and that implementation of suitable risk mitigation strategies for individual consumers was taking place. Management and clinical staff described the service’s high-impact, high-prevalence risks, how these were managed and measures that had been implemented to mitigate the risks to individual consumers. Consumers and representatives interviewed expressed their satisfaction with how these risks were managed by the service and described how the interventions that had been put in place for each consumer were effective. Review of care planning documentation evidenced consideration of risks to each individual and strategies to manage and minimise these risks. Management and clinical staff interviewed demonstrated an understanding of strategies that had been implemented to manage risks associated with high-impact and high-prevalence risks, such as falls and changed behaviours, by ensuring medical staff are involved in consumer reviews, encouraging consumers to request staff assistance if they require it, ensuring call bells were within reach, and using physical protectors such as hip protectors, appropriate footwear and regular observations.

Sampled consumer care plans evidenced discussions with consumers and representatives regarding palliative care, where appropriate. Consumers described how their needs, goals and preferences were recognised and met at EOL, with measures taken to ensure their comfort. Management and staff demonstrated an understanding of how they recognised and addressed the needs and preferences of consumers nearing EOL and how they maximised their comfort and preserved their dignity. The service had policies that detailed how staff are to provide care for consumers nearing EOL to ensure that their wishes were being met and their comfort maximised.

Sampled consumer care planning documentation and progress notes evidenced the timely identification of, and response to, deterioration or changes in condition. Consumers and representatives said that the service is responsive to consumer care needs and would inform them of any change to their health, along with planned management strategies. Staff described how deterioration or change was recognised, responded to, and managed in partnership with medical officers and relevant specialists. Documentation, including policies and procedures, detailed and provided guidance on how staff are to react if deterioration or change in a consumer’s health is observed.

Consumers and representatives said that the consumer's preferences and care needs were communicated effectively with them, between staff and with external providers involved in their care. Staff described how information about consumer needs, conditions, and preferences were documented and communicated within the organisation and with others where responsibility for care is shared. Review of care planning documentation demonstrated progress notes and care plans provided adequate information to enable effective sharing of the consumer’s information to facilitate delivery of care. The Assessment Team observed the service to have systems and processes in place to ensure information is communicated within the organisation effectively.

Consumers and representatives interviewed said referrals made were timely and appropriate, and described how they had access to a range of other organisations and health professionals. Management and clinical staff described how referrals were made to other organisations and providers of care and services to supplement the care delivered at the service and ensure quality outcomes for each consumer. Care planning documentation and progress notes for consumers interviewed evidenced the involvement of medical officers and other providers of care. Management and clinical staff were able to describe their roles and responsibilities in relation to the service’s referral process and explained how the process was different depending on the type of health provider they were making the referral to. Review of progress notes and consumer care planning documentation evidenced input from various providers of care and services, such as MOs, specialist doctors, and various AHPs such as physiotherapists, occupational therapists, dietitians, and speech pathologists.

Consumers and representatives interviewed expressed confidence in the minimisation of infection-related risks and said that staff were always observed to be using the appropriate personal protective equipment (PPE) and practiced hand hygiene, consistent with the Assessment Team’s observations. Management and staff demonstrated an understanding of precautions to prevent and control infection risk and the steps they could take to minimise the need for antibiotics. The service has implemented policies and procedures to guide staff related to antimicrobial stewardship and infection control management, including the management of a COVID-19 outbreak, and had support of an infection prevention and control (IPC) lead. The Assessment Team observed the service had systems in place to ensure screening of all visitors, staff and returning consumers.

I find this standard compliant.

# Standard 4

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

Findings

Consumers and representatives described how the service supported them to engage in activities that met their needs, goals, and preferences and further expressed satisfaction at how their quality of life was maximised. Lifestyle staff and management explained how they partner with consumers to conduct a lifestyle assessment upon entry to the service, which collects the consumer’s individual preferences, including likes, dislikes, interests, and social, emotional, cultural and spiritual needs. For the consumers interviewed, staff could explain what is important to them and what they like to do, and this aligned with information within the consumer’s care plan. The Assessment Team observed lifestyle activities that aligned with consumer interests. Review of documentation showed a robust lifestyle program informed by consumer interest.

Consumers and representatives said consumers are supported when they are feeling low, and described how the service promotes their emotional, spiritual and psychological well-being. Management and lifestyle staff advised the consumer’s emotional, social and psychological needs can be supported by facilitating connections with people important to them, and by delivering religious services. Care planning documentation included information on consumers' well-being needs, goals and preferences. Review of documentation evidenced activities and supports to promote emotional, spiritual, and psychological wellbeing.

Consumers and representatives confirmed consumers are supported to participate in their community within and outside the service environment, keep in touch with people who are important to them and do things of interest to them. Staff described how consumers are participating in their community within and outside the service environment. Care planning documentation aligned with the information provided by consumers, representatives, and staff regarding consumers’ continued involvement in their community and maintaining social and personal relationships. The Assessment Team observed consumers and their relatives entering and exiting the service and participating in group activities.

Consumers said that information about the consumer’s conditions, needs and preferences are communicated within the organisation and with others where responsibility for care is shared. Staff said they communicate and document changes in the ECMS as well as during shift handovers. Care planning documentation for consumers sampled provided adequate information to support safe and effective care related to services and supports for daily living. The Assessment Team observed information about consumer’s dietary needs were accessible to hospitality staff in the central kitchen.

Consumers and representatives said they are supported by other organisations, support services and providers of other care and services. Care planning documentation identified timely referrals to other organisations and services. Staff could describe other individuals, organisations and providers of other care and services and specific consumers who utilise these services. Documentation showed consumers receive timely referrals and support from other providers of services and supports.

All consumers and representatives sampled expressed satisfaction with the quality, quantity and variety of meals provided at the service and said they can provide feedback and comments on the food which are acted upon. Staff described how they ensure consumer choices are supported and arrange alternatives if the consumer wishes. Documentation was available that described the dietary needs and preferences of consumers. Observations indicated that meal services in all dining areas were punctual and well-coordinated, with staff providing supervision and assistance as needed.

The service demonstrated equipment provided to consumers is safe, suitable, clean, and well maintained. Consumers reported having access to clean equipment, including personal equipment to assist them with their mobility needs. Staff were able to describe how the equipment is kept safe, clean, and well maintained. The Assessment Team observed clean and well-maintained equipment throughout the service. The Assessment Team observed a range of equipment, including wheelchairs, walkers, and lifestyle equipment, to be kept in suitable, clean and well-maintained condition.

I find this standard compliant.

# 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 service was able to demonstrate an environment that is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction, and function. Consumers and representatives said, and the Assessment Team observed, that the service environment is welcoming and easy to understand. Management and staff were able to describe features of the service that help each consumer to feel welcome and optimise their sense of belonging, independence, interaction, and function. The service environment was observed to be welcoming, with sufficient lighting, handrails for consumers to move around, and clear signage throughout the service including room numbers and directions to communal areas.

Consumers and representatives said they thought the service environment was safe, clean, well-maintained and enabled them to move freely both indoors and outdoors. Staff sampled described how their roles and functions enabled them to ensure that the service environment was kept tidy and well-maintained, including processes to ensure scheduled and reactive maintenance was completed. The Assessment Team observed that consumers were able to move freely around the service. Management and clinical staff advised the code to the front door is displayed at the door and consumers who are not subject to environmental restrictive practice and able to read the code are able to exit the service freely. Management added staff would also assist consumers that may need assistance as they assess consumers on the ability to use and understand the code. All consumers interviewed advised they are able to access all parts of the service freely and expressed no concerns regarding the front door being keypad restricted.

The service was able to demonstrate furniture, fittings and equipment were safe and well maintained. Consumers confirmed that equipment and fittings were cleaned and suitable for their individual needs. Staff interviewed were able to describe their roles and responsibilities for cleaning and maintaining, furniture, fittings and personal equipment at the service. The Assessment Team observed fittings and equipment to be well-maintained and operational during the Site Audit, including the call bell system. Environmental services and hospitality staff advised that equipment, such as washing and drying machines, are cleaned every day and serviced by an external contractor. Staff said they will submit a maintenance request form if equipment needs maintenance.

I find this standard compliant.

# Standard 6

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

Findings

Consumers and representatives interviewed described how they would provide feedback or make a complaint, and they would feel safe doing so via various mechanisms such as feedback forms, through consumer meetings, directly to staff or management, and electronic channels. Management and staff were able to describe the processes in place to encourage and support consumers and representatives to provide feedback and make complaints. The service has pamphlets, policies and systems to ensure consumers and their representatives are aware of the various ways to provide feedback and complaints. The Assessment Team observed information displayed throughout the service on how to make complaints, and the service's feedback forms located at the entrance and in each nurse’s stations of the service alongside a locked letter box for the forms to be submitted anonymously, if required.

Consumers and representatives were able to describe the language, external complaints, and advocacy services available to them. Management and staff described how the service promotes these services. Documentation reviewed, and observations by the Assessment Team identified, the service is actively promoting language, external complaints, and advocacy services with the information easily accessible to consumers and representatives. Management and staff described advocacy services available, including external feedback and advocacy services, and how the service ensures consumers are aware of these services, including by displaying posters on noticeboards at reception and in each wing, and informing consumers about these services during consumer meetings and during entry to the service.

Most consumers and representatives sampled said the service responds to and resolves their complaints or concerns when they are raised or when an incident has occurred. Management and staff demonstrated an understanding of open disclosure, explaining how they are open and honest in the event of something going wrong. Sampled complaints and incident reports showed action is taken and open disclosure is practiced by acknowledging the concerns, apologising, remaining transparent and resolving the issue whilst keeping the consumer informed. The service has policies and procedures that guide staff around complaints management and open disclosure. The Assessment Team reviewed the service’s feedback and complaint register for the 3 months preceding the Site Audit and noted appropriate action was taken in response to all complaints.

The Assessment Team’s review of the feedback and complaints register evidenced feedback was being reviewed, documented, and logged in a central system. The Assessment Team’s review of the continuous improvement plan evidenced entries from various sources such as verbal and written feedback and complaints, surveys and consumer meetings. All consumers and representatives sampled described their satisfaction with the care and services provided and expressed their confidence in how management were looking to continually improve the quality of care and services using feedback. The Assessment Team observed policies and procedures that outlined the service’s commitment to addressing feedback and complaints to identify and action opportunities for improvement.

I find this standard compliant.

# 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

All consumers and representatives interviewed expressed satisfaction with staffing levels and call bell response times at the time of the Site Audit. All staff interviewed said there are enough staff to meet personal and clinical care for consumers. Management described the rostering system and explained how they ensure there is enough staff to provide safe and quality care, and the current plans in place to recruit more staff. The Assessment Team observed staff attending to consumers in a timely manner. All staff described how staffing levels were appropriate to ensure consumers care needs were met. Management described how unplanned absences were filled by extending the shift times of staff already on the roster, offering permanent staff additional shifts, having clinically trained management personnel fill gaps on the floor, by using their casual pool of staff or by using agency staff as a last resort. Management added, and the Assessment Team evidenced, they have clinical staff services 24 hours a day, 7 days a week, and are reaching their care minutes requirement calculated based on their funding model for the service.

Consumers and representatives interviewed said staff are kind, caring, respectful and gentle. Staff were always observed to greet consumers by their preferred name and demonstrated they are familiar with each consumer’s individual needs and identity. Management described how they encourage positive interactions between staff and consumers and noted staff are provided with training on respect and dignity in the provision of care and services. The Assessment Team observed staff interacting with various consumers in a respectful and gentle manner throughout the Site Audit and observed staff to greet consumers by their preferred name.

All consumers and representatives interviewed said overall, they consider staff to be skilled and competent in their role. Management described how they determine if staff are competent to perform their role and the mandatory and compulsory training required for staff. Staff reported they are confident the training provided has equipped them with the knowledge to carry out care and services for consumers. The service has documented core competencies for distinct roles. The service provided documents evidencing all registered staff have current registrations with their governing body, and that legislative requirements such as police checks were current, and annual influenza and COVID-19 vaccination records are maintained. The Assessment Team reviewed position descriptions which included key competencies and qualifications that are either desired or essential for each role.

Consumers and representatives sampled said staff were trained, performed their roles effectively, and expressed their confidence in staff being skilled to meet their care needs. Management described how they ensure staff are trained and equipped to deliver care to consumers. Staff interviewed said they do not lack training in any areas, they have the necessary skillset to carry out their roles, and they were provided with regular training. Staff interviewed were able to describe their understanding of key topics undertaken as mandatory training. Management described the mandatory training staff must complete during orientation and annually thereafter, including incident reporting, manual handling and restrictive practice. Management said staff have access to mandatory and additional training through the service’s electronic training system and by contacting management for additional resources.

Management described how the performance of staff is monitored through formal performance appraisals and informal monitoring and discussions. Staff confirmed performance appraisals were regularly conducted to review staff performance. The service has a suite of policies, documents and trainings that informs expected performance and behaviour for staff, and the Assessment Team observed a performance appraisal system was in place to review staff performance.

I find this standard compliant.

# 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

Consumers and representatives expressed overall confidence the service is run well and expressed satisfaction with their level of ongoing engagement in the service. Management described a variety of mechanisms in place to ensure consumers provide input and make their own decisions about the care and services provided to them. Documentation reviewed, including meeting minutes, demonstrated consumers and representatives were encouraged to participate in the development and improvement of care and services. Consumers and representatives interviewed said the service is well run, and described their involvement in the development, delivery and evaluation of care and services. Management and staff stated consumers and representatives are actively engaged in the development, delivery and evaluation of care and services through a variety of mechanisms such as monthly consumer and representative meetings, food focus meetings, feedback forms, and during care plan reviews.

The service demonstrated they were supported by their governing body (a Board) in the delivery of safe, inclusive, and quality care and services. Management described a robust organisational and governance structure to ensure the delivery of quality care and services and the systems that were in place to support this, including regular monitoring from the Board through compliance reporting, internal and external audits, and consumer feedback. The Assessment Team reviewed various documents which evidenced the governing body is kept informed and held accountable for the outcomes of care and services at the service. Management explained how there was regular communication from the service to the governing body, and similarly from the governing body to the service, to ensure accountability of the Board in the delivery of care and services.

The service demonstrated that it has effective organisation wide governance system in place to ensure oversight over key areas. Management and staff described processes and mechanisms in place for effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Staff feedback aligned with processes specified in the service’s policies and procedures. Observations and documentation reviewed by the Assessment Team corroborated information outlined in these policies demonstrating that procedural information was translated into practice. The Assessment Team outlined its detailed findings in respect of each of the areas requiring governance systems.

The service demonstrated effective risk management systems and practices, including management of high-impact or high-prevalence risks associated with the care of consumers, identifying, and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents using an incident management system. Management and clinical staff interviewed demonstrated an applied understanding of the high impact and high prevalence risks associated with the care of consumers, and how the service safeguards risk in line with best practice.

The service was able to demonstrate that the organisation’s clinical governance system ensures the provision of quality and safe clinical care, including antimicrobial stewardship, minimising the use of restrictive practice, and by practising open disclosure. Management and staff sampled were able to demonstrate how these policies and procedures were applied in the delivery of care and services. The Assessment Team reviewed policies, procedures, frameworks, and guidelines around antimicrobial stewardship, restrictive practice, and open disclosure, as well as the organisational clinical governance framework.

I find this standard compliant.

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)