Performance

Report

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| Name of service: | Estia Health Tea Gardens |
| Service address: | 42 Spinifex Avenue Tea Gardens NSW 2324 |
| Commission ID: | 0966 |
| Approved provider: | Estia Investments Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 8 November 2022 to 10 November 2022 |
| Performance report date: | 16 December 2022 |

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 Tea Gardens (**the service**) has been prepared by M.Wyborn, 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 2 December 2022

# 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 advised that they are treated with dignity and respect, and that their identity, culture and diversity is valued. The Assessment Team observed staff consistently spoking about consumers respectfully and conversing with consumers and representatives politely and using their preferred names. Consumer rooms had individualised décor which symbolised their identity, culture and diversity, and consumer care and service plans included relevant information about individual consumer culture, spirituality and diversity.

The service provides culturally safe care and services. Information about consumers’ life history including their cultural and spiritual needs is captured in their care planning documentation. Staff demonstrated an awareness and delivery of care and services in ways that consider consumers’ preferences and needs. Several consumers were looking forward to taking part in the Remembrance Day service and lifestyle staff advised how they support consumers to celebrate their culture by arranging inclusive events for Christmas and Easter, as well as other national days relevant to consumers.

The service demonstrated that each consumer is supported to exercise choice and independence and consumers and representatives advised that they are consulted and able to make decisions regarding who is involved in their care. Consumers and representatives were satisfied with the choice of the activities available to them. A married couple at the service advised they are regularly supported to spend quality time together, including having meals together and attending joint activities. The Assessment Team’s review of consumer care planning documentation demonstrated that consumer choice, including who can act on their behalf, is clearly recorded.

Consumers are supported to take risks to enable them to live the best life they can. Risk assessments are completed to support consumers who wish to undertake activities involving risk and where appropriate, measures to mitigate the risk associated with lifestyle activities are recorded and supported.

Consumers and representatives advised they receive up to date information about activities, meals, COVID-19 and other events at the service. Posters and flyers of upcoming activities were observed on noticeboards throughout the service and in consumer rooms. Consumers advised that they have the information they need to make informed choices, including what they want to eat, what activities they want to attend and when they want to retire for the day. Representatives advised they are provided with information that is current, accurate and timely and are appropriately informed if a consumer had a fall or if there are medication changes. The Assessment Team’s review of the consumer information book, provided to consumers on entry to the service, identified consumers are provided with information related to choice, including meals, activities, involvement of family in their care and services, and regarding the provision of care.

The service has effective processes to ensure that consumers’ privacy is respected and their personal information is kept confidential. Consumers were satisfied that their privacy is respected and personal information is confidential and the Assessment Team observed several consumers’ doors had signs on them outlining their preferences regarding when they wanted their own private time. The Assessment Team observed staff knocking on consumers’ doors, announcing themselves and asking permission to enter their rooms, and computers were password protected and consumers’ personal information was stored securely. Access to nurses’ stations where consumer information is stored was always locked.

The Quality Standard is assessed as compliant as six of the six specific requirements have been assessed as 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

The Assessment Team’s review of consumer care planning documentation demonstrated the service applies effective assessment and planning processes to inform delivery of safe care and services to all consumers. Risks to the consumer's health and well-being are identified upon admission to the service and the clinical care coordinator advised that new consumers entering the service are assessed for risk and risk mitigation strategies are immediately established.

The service demonstrated that consumer care plans reflect individual consumer needs, goals and preferences, including advance care planning and end of life planning. Staff demonstrated their understanding of what is important to each consumer in terms of how their care is delivered, and management advised end of life care planning discussions are offered with consumers and representatives on entry to the service and/or when a consumer’s condition changes.

The service demonstrated that consumer assessment and planning is based on ongoing partnership with those that the consumer wishes to be involved in their care and services. The Assessment Team observed that this includes other organisations, individuals or other providers of care and services such as, physiotherapist, nurse practitioner, speech pathologist or dietician.

Consumer care and service records demonstrated that consumer assessment and planning outcomes are consistently and effectively communicated to staff, consumers and representatives. The Assessment Team observed that care plans are easily accessible to staff and that the service has processes to ensure the care plan is made available to the consumer or their representative.

The service demonstrated that consumer care planning is consistently reviewed when a consumer’s care needs change or when they experience an incident that impacts on their care needs. Care planning documentation is reviewed every three months at the service and new consumer assessments are completed on an annual basis.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as 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

The service demonstrated that they are providing consumers with safe and effective personal and clinical care that is tailored to individual consumer needs and is optimising their health and wellbeing. The service demonstrated how they effectively identify, assess, manage and evaluate consumers’ clinical care, pain management and restrictive practices. Where restrictive practices are used, the service demonstrated appropriate assessment and consent, including an up to date psychotropic medication register.

The Assessment Team reported the service being unable to consistently demonstrate effective management of high impact and high prevalence risks associated with the care of consumers. The Assessment Team provided examples of consumer wound management, weight loss and a consumer post fall neurological observation to substantiate their recommendation. In their response to the Assessment Team Report, the Approved Provider supplied information that demonstrated appropriate and timely investigation and response to the consumer issues identified in the Assessment Team Report. The Approved Provider demonstrated in their response, their effective risk mitigation strategies that are regularly applied in response concerns raised by consumers, representatives and allied health professionals. The Approved Provider highlighted their approach to ensure the service provides clinical care that is best practice, tailored to the consumer’s needs, and optimises each consumer’s health and well-being. The Approved Provider evidenced that though the approach in some of the consumer examples in the Assessment Team Report did not follow the organisation’s risk management policy, the service demonstrated appropriate consideration about the consumer’s condition, needs and preferences. Further, the Approved Provider substantiated nil impact on the consumer, specifically in relation to the consumer’s positive feedback regarding the clinical and personal care they receive at the service. I find the Approved Provider’s findings to be more compelling in regard to compliance for this standard and am satisfied that the Approved Provider’s response demonstrates the service’s effective management of high impact or high prevalence risks associated with the care of each consumer. With these considerations, I find the service compliant in Requirement 3(3)(b).

The service demonstrated appropriate documentation for consumers who are on a palliative care pathway or who have recently passed away. The documentation demonstrated that consumers’ goals and preferences were identified and their wishes and directives were incorporated into their care and services plan. Consultation occurs with consumers and representatives when a consumer commences a palliative pathway or is receiving end of life care. Consumers representatives provided positive feedback in relation to the care the service provided during the end-of-life pathway. Staff were able to describe how they maintain each consumer’s comfort and dignity when they are nearing the end of their lives. The Assessment Team observed comfort care boxes that contains items for staff to use when providing end-of-life care, including oil diffuser, stereo, creams, oral care products, tissues, and religious items.

The service demonstrated that consumers who have experienced a deterioration or a change in their cognition, mental health or physical function have their needs recognised and responded to in a timely manner. The Assessment Team observed current care planning documents and progress notes that reflect identification and response to deterioration or changes in function.

The service demonstrated effective communication about consumer condition, needs and preferences among staff and with others where responsibility for care is shared. Consumer care plans and handover meetings show there is effective communication between registered nurses and care staff about the condition, needs and preferences of consumers. Allied health services have access to the consumers’ electronic clinical file where they can add progress notes or conduct assessments as appropriate. Representatives advised that consumer needs and preferences are effectively communicated between staff and that they are immediately notified of any changes in their relative’s health. Care staff confirmed they are informed of changes to a consumer’s condition through the progress notes, verbally from the registered nurse or at shift hand over and the Assessment Team observed a staff handover between shifts were the consumers current condition and any incidents that occurred, or follow-up required was discussed.

The Assessment team’s review of consumer care and service records demonstrated timely and appropriate referrals are completed for consumers when needed, and the results of assessment and recommendations are updated in the consumer’s care and services plans.

The service demonstrated an effective organisational policy and procedures relating to infection prevention and appropriate antibiotic use. The service has an infection prevention control lead (IPC lead) and staff appropriately described how they prevent and control infection in the service and how they minimise the need for or use of antibiotics. The Assessment Team observed sound infection control practice by staff, such as correctly wearing personal protective equipment (PPE), sanitising their hands prior to entering and after leaving consumer rooms, ensuring good consumer personal hygiene and ensuring adequate hydration for the consumer. There is easy access to hand sanitisers and hand-washing stations throughout the service, there is a well-stocked PPE supply storage shed on the grounds of the service and notice boards and signs relating to infection control were located throughout the service including hand hygiene and social distancing.

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as 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 advised they receive safe and effective services and support for daily living and that the staff support their well-being and quality of life. The Assessment Team observed documentation that demonstrates the service is effectively assessing and identifying consumers’ needs, goals and preferences and optimising their health and well-being.

Consumers advised they are supported to participate in cultural and religious practices at the service and they are provided emotional and spiritual support when needed. Care staff appropriately described individual strategies to support consumer’s emotional and psychological well-being. Review of care planning documentation demonstrated a good understanding of consumers’ life journey and how consumers can be supported by staff when they feel low. The Assessment Team observed the lifestyle staff providing individualised support in consumers rooms and explained they have organised representatives from the Catholic Church to visit weekly and Anglican and Baptist Church services organised monthly to support the preferences of consumers.

Consumers advised they are supported to participate in community activities outside of the service, to visit family, go shopping or pursue other interests. Staff effortlessly described consumers who have personal relationships and those who have developed close friendships. Care planning documentation appropriately identified the people important to consumers, as well as those involved in providing care and activities of interest.

Consumers advised they were confident that relevant information was being shared with external agencies engaged in joint care and responsibility. Staff demonstrated awareness and application of maintaining records of consumer information, likes and dislikes, dietary, personal needs and preferences, and physical condition. The Assessment Team’s review of lifestyle documentation for consumers identified that the documentation is individualised and includes information which is important to the consumer. Staff demonstrated an effective handover process and use of the electronic care planning system.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services to enhance the lifestyle of consumers. Lifestyle staff highlighted that referrals are made to the hairdresser within the service, and to a community volunteer scheme for volunteers to support selected consumers. Management advised referrals are made to Dementia Support Australia to assist with behaviour support for consumers in need, and lifestyle staff explained when a consumer needs additional emotional or psychological support a psychologist is engaged to provide individual support to the consumer.

The service demonstrated meals are varied and of suitable quality and quantity. Consumers advised they enjoyed the meals and representatives advised that the food was of a good quality, quantity and variety when they visited their consumer.

Consumers advised that the furniture, fittings and equipment assists them to be independent and they are well maintained and clean. Consumers confirmed staff are competent in the use of equipment and said they feel safe when staff use the equipment to provide care and services. The Assessment Team observed the available equipment to be suitable, clean and well maintained and the service demonstrated that regular maintenance of equipment and furniture is being completed, and that reported maintenance issues for furniture and equipment are resolved within a suitable timeframe.

The Quality Standard is assessed as compliant as seven of the seven specific requirements have been assessed as 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 has an inviting and clean appearance, is filled with natural light and has large spacious corridors for ease of movement. The Assessment Team observed the service to be functional including various social and private spaces and multiple courtyards for the enjoyment of consumers and visitors. The service has a driveway that provides a safe pickup and drop-off point with shelter at the front entrance reception. Consumers advised they felt at home and the service was very welcoming. The Assessment Team observed that consumer bedrooms presented a domestic homelike style with personalised items such as family photos, carvings and paintings providing a familiar environment for the consumer. Some consumers’ entry doors were decorated with personalised illustrations and ‘picture triggers’ such as their favourite music band, flowers and displayed their preferred names. The dining areas were large and spacious and comfortably accommodated consumers in motorised wheelchairs or reclining chairs.

The Assessment Team observed the service environment to be safe, clean and well maintained with suitable décor and comfortable furnishings. The layout of the service environment and the availability of easy access to outdoors promotes free movement. Courtyard and garden areas were observed to be well maintained and consumers and representatives confirmed their satisfaction with the service environment. The Assessment Team observed consumers sitting and walking outside and around the courtyards and consumers in the secure memory support unit were moving around freely, including accessing outdoor courtyard areas.

Furniture, fittings and equipment were observed to be safe, clean and well maintained and consumers and representatives advised they were satisfied that staff know how to use the equipment safely. The Assessment Team observed there to be ample indoor and outdoor furniture, fittings and equipment, and consumers and representatives advised they are satisfied that the furniture, fittings and equipment provided is clean and suitable for their needs. The service demonstrated an effective audit system where all furniture and fittings are regularly checked to be safe, suitable, clean and well maintained. The Assessment Team observed the equipment used for moving and handling consumers is safe, and shared equipment such as lifters are regularly checked and serviced by the manufacturer. In addition, these items are cleaned before and after each use and stored securely in their designated areas.

The Quality Standard is assessed as compliant as three of the three specific requirements have been assessed as 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

The service demonstrated that consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. Consumers and their representatives identified specific staff members or management they prefer to talk to when they have concerns about their care or services, and they were confident that appropriate action is taken by the service in response. Staff successfully demonstrated how they support consumers to provide feedback and complaints.

The service provides written material about how to make a complaint, and this includes details on advocacy and language services, response timeframes, and further escalation processes. Posters were displayed and brochures were placed throughout the service in multiple languages, and the consumer handbook provided to residents and their representatives on arrival at the service contains information on providing feedback and complaints. Complaints boxes are located at reception and throughout the service.

To proactively seek feedback, the service conducts regular consumer and representative surveys, there is a consumer food committee and there are monthly consumer/representative meetings arranged to discuss care and services. Review of the minutes of the resident/representative meeting showed that it is attended by approximately twenty residents and representatives. The minutes demonstrate that consumers provide input and state their concerns about areas such as the lifestyle program and the menu and a response is provided by management.

The service demonstrated consumers are appropriately made aware of and have access to advocates, language services and other methods for raising and resolving a complaint. Staff described how consumers with difficulty communicating are assisted to provide feedback by ensuring effective communication with family or representatives, seeking interpreter or advocacy service support such as OPAN, or using language translation tools, such as picture/language translation cards.

The service demonstrated that appropriate action is taken in response to complaints and the service is consistently applying open disclosure used when things go wrong. The Assessment Team’s review of the feedback and complaints log showed the service has an effective system for recording and responding to consumer and representative feedback and complaints. Complaints are clearly documented and include the complaint source, actions taken to resolve the complaint and person/s responsible, timeframes and progress notes are concisely recorded along with outcome notes, including a summary, is reflected. The Assessment Team observed that complaints are closed off the complaints register in a timely manner.

The service demonstrated that feedback and complaints are effectively reviewed and used to inform the service’s plan for continuous improvement. The Assessment Team observed that concerns received from consumers and representatives are used to actively improve the quality of care and services.

The Quality Standard is assessed as compliant as four of the four specific requirements have been assessed as 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

The service demonstrated its workforce is planned and the number and mix of staff deployed enables the delivery and management of safe and effective care and services for consumers. The service demonstrated effective oversight and management of staffing levels as demonstrated in minimal unfilled shifts during and weeks preceding the audit. Care staff and registered nurses advised that there were rarely vacant shifts, and call bell response times are reviewed daily by the executive director, and weekly and monthly reports are evaluated. The call bell/sensor mat response report showed there was a significant improvement in average response times from 4 minutes in August 2022 to 2 minutes and 6 seconds in September 2022.

The service demonstrated the workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. Consumers and representatives spoke positively about staff at the service and the Assessment Team observed many respectful, kind and caring interactions between staff and consumers.

The service demonstrated that its workforce is competent and staff have the qualifications and knowledge to effectively perform their roles. Consumers and representatives confirmed that they felt confident that staff have the appropriate skills and training to meet their care needs.

The service demonstrated that its workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. Consumers and representatives could not raise any areas where they felt staff needed more training. Care staff and registered nurses confirmed they had received training in restrictive practices legislation, the serious incident response scheme (SIRS) and incident management requirements through the service’s electronic leaning system and face- to-face training sessions. Staff demonstrated their responsibilities in relation to both. The service demonstrated an effective suite of mandatory training programs and highlighted that new care staff are buddied with an experienced enrolled nurse for a minimum of five shifts and must successfully complete a competency checklist. Other annual refresher mandatory training covers a range of key areas including, responding to challenging behaviours, personal hygiene and food safety. The Assessment Team’s review of the mandatory training completion report showed that 100% of staff are up to date with mandatory training requirements.

The service demonstrated regular assessment, monitoring and review of the performance of each member of the workforce. The Assessment Team’s review of the service’s annual staff performance appraisal report identified performance appraisals were up to date. The service also demonstrated effective processes where ongoing coaching, monitoring and review of staff performance on the floor is conducted by registered nurses, clinical care coordinator, care director and/or the quality business partner.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as 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

The service demonstrated that consumers are supported to engage in the development, delivery and evaluation of care and services. The chief of quality and risk and the chief operations officers described the ways the service partners with consumers to develop, deliver and evaluate care and services, including by highlighting the service’s ‘person centred care framework’ which involves structuring care and service to meet consumer needs. Also highlighted were regular resident meetings where consumers are given the opportunity to provide input into a range of areas such as renovations and lifestyle activities. The service conducts regular consumer experience surveys and consumer feedback, compliments and complaint data is used to support consumer engagement.

The Assessment Team reported that the service declined to provide minutes of board meetings which impacted on the Assessment Team’s evaluation of the board’s accountability for the delivery of safe, inclusive and quality care. However, management provided examples of how the board promotes a culture of safe, quality care and services including an approved governance terms of reference and appropriate membership of the clinical governance and risk management committees. Management also provided the organisation’s values, purpose, and code of conduct. The board’s effective engagement was also demonstrated in their management during the COVID-19 pandemic where their focus was observed to minimise risk and maintain the safety of consumers, provide ongoing guidance and seek evidence of consumer wellbeing. The board sub-committee met twice daily, and directly monitored the service’s PPE, rapid antigen test (RAT) and anti-viral stock supplies to ensure they were sufficient. The current Chief Operating Officer was the critical incident team lead and was in constant communication with the board.

The organisation demonstrated effective organisational governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Care and registered nursing staff advised they are readily able to access the information they need when they need it. They highlighted that the organisation provides a policy tool kit accessible on the service’s intranet and an effective electronic care planning system is used to store and access consumer information, as well as an effective backup paper-based care plan system. Management confirmed progress notes are ‘recorded by exception’, with a weekly review entered by the registered nursing staff summarising consumers’ care, services, changes in condition/medications/care needs, incidents, assessment results and overall wellbeing. Management demonstrated how opportunities for continuous improvement were identified, through trends in consumer and representative feedback and complaints, quality indicator trends, results of audits, staff feedback, and effective analysis of incidents. The Assessment Team observed effective workforce planning and management systems that ensure sufficient staffing numbers who have the competence to provide safe and quality care and services to consumers. The systems include ongoing recruitment that highlights a detailed position description with clear responsibilities and accountabilities, effective staff orientation, induction, buddying, training and competency-based assessments, and regular performance monitoring and review assessments. The organisation highlighted that the portfolios of the Chief Quality and Risk Officer and Chief Operations Officer are responsible for compliance with the quality standards and other legal and regulatory requirements. This includes ensuring the organisation remains compliant with changes in legislation as well as changes in industry standards and industry bodies. The quality and risk team coordinate responses to regulatory changes. The clinical governance committee reviews policies and outcomes of clinical practice and has oversight of clinical governance.

The service demonstrated effective risk management systems and practices in the areas of identifying and responding to the abuse and neglect of consumers, supporting consumers to live their best life, and incident management. However, the Assessment Team reported the organisation not having effective risk management systems and practices around managing high impact or high prevalence risks associated with the care of consumers. I note that the organisation provided the Assessment Team with their documented risk management framework, which included policies describing how high impact or high prevalence risks are managed. Further, and in their response to the Assessment Team Report, the Approved Provider supplied information that demonstrated appropriate and timely referral to, and review by, relevant allied health professionals in regard to consumer risk. Further, the service demonstrated in their response, that subsequent, timely and effective risk mitigation management is applied in response to the allied health information the service receives. These response actions demonstrate appropriate measures are in place at the service and I find the Approved Provider’s findings to be more compelling in regard to compliance for this standard. The Approved Provider’s response demonstrates that the organisational governance supports effective risk management systems and practices. With these considerations, I find the service compliant in Requirement 8(3)(d).

The service demonstrated an effective clinical governance framework including appropriate policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff advised that they had received education on each policy and the Assessment Team reported that staff were able to demonstrate the relevance to their work. Restraint records, behaviour support plans and restraint consent forms showed that all non-pharmacological strategies, behaviour support strategies had been used before the recommendation of psychotropic medication as a last resort.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as 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)