Performance

Report

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| Name: | Ferndale Gardens Aged Care Services |
| Commission ID: | 4075 |
| Address: | 229 - 239 Bayswater Road, BAYSWATER NORTH, Victoria, 3153 |
| Activity type: | Site Audit |
| Activity date: | 31 January 2024 to 2 February 2024 |
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| Service included in this assessment: | Provider: 1593 Wickro Pty Ltd  Service: 2653 Ferndale Gardens Aged Care Services |

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 Ferndale Gardens Aged Care Services (**the service**) has been prepared by Patricia Golledge, 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 consumers, representatives, staff, management, and others.
* the provider’s response to the assessment team’s report received 18 March 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

This Quality Standard is compliant as 6 of the 6 Requirements have been assessed as compliant.

Consumers said staff respect their individual identity and diversity. Staff demonstrated knowledge of the consumers’ life journey and cultural backgrounds. Care planning and assessment documentation identified consumers’ cultural needs, individual preferences, and considerations of consumers. The service has policies on diversity, respect and dignity which outline the service’s commitment to respecting and supporting diversity and inclusion.

Staff demonstrated an understanding of consumers’ cultural background and explained how they provided care and services in a culturally safe manner. Consumers considered staff were aware of consumers’ cultural backgrounds, delivered appropriate care, and supported their religious beliefs. Care planning documentation contained information about consumers which allowed staff to have knowledge and understanding of consumers’ religious beliefs, cultural needs, and preferences. The service had a policy to guide staff in the delivery of culturally safe care and services.

Care planning documents included information to inform staff of key relationships. Staff could describe details of how consumers wish to have their care delivered and had awareness of who consumers wish to have involved in their care and who they choose to maintain relationships with including intimate relationships. The service has policies and procedures in place to support consumer decision making.

Representatives described how the organisation supports consumers to have choice, including when their choice involves an element of risk. Management advised consumers were supported to understand benefits and possible harm when they make decisions about taking risks. Risk assessments were conducted and decisions regarding dignity of risk and strategies to manage these risks were documented in care plans.

Consumers said they receive verbal reminders regarding activities at the service. The activities schedule, newsletters, and daily menus were displayed throughout the service. Staff described the different ways and/or formats in which information is provided to consumers including communication techniques employed for consumers with vision and hearing impairments.

Consumers said their privacy was respected by staff including when providing personal care and staff knock on consumers doors before entering their room. Staff were able to identify ways in which consumers personal privacy and confidentiality were maintained and were observed staff knocking on consumers doors before entering rooms and closing doors when delivering personal and clinical care. Management reported they provide consumers with a ‘do not disturb’ sign to place on their doors to notify staff when they want privacy.

# 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 5 of the 5 Requirements have been assessed as compliant.

The Assessment Team recommended Requirement 2(3)(a) Not Met in relation to assessment and planning processes did not consider whether consumers outside the memory support unit were subject to environmental restraint due to the secured front door requiring entry of key code or the use of a fob to open, based on the following evidence:

* Assessment and planning processes did not include individual assessments to determine consumers capacity to use the keypad or fob. Furthermore, the care and services plan for a consumer identified with exit seeking behaviours did not prompt consideration of environmental restraint, however, management and staff advised the consumer was no longer at risk of absconding.
* The key code was displayed, staff available to assist, and management identified and provided some consumers with fobs following requests to enable independent access.

The provider refutes the findings, and provided the following information relevant to my decision:

* Comprehensive assessment and planning processes were undertaken for each consumer to identify risk of environmental restraint, with alternate strategies considered to minimise restrictive practices and ensure they remain a last resort.
* Understanding of requirement for application of environmental restraint was demonstrated through assessment and planning processes and the Assessment Team did not identify any consumer environmentally restraint without an assessment in place, or at risk, nor any consumer unable to use the keycode due to impaired vision, mobility, dexterity, or cognition.
* Supportive evidence to demonstrate understanding of and compliance with this Requirement including policies and procedures and assessment processes for new consumers.

I acknowledge the provider’s response and actions undertaken. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report. I recognise assessments were undertaken and consultation occurred for consumers who wished to leave the service independently or with support, for example 2 named consumers were given fob passes. I also placed weight on all consumers residing with in the services memory support unit had appropriate environmental restraint documentation, consent in place and the positive feedback from consumer and representatives in relation to the service’s assessment and care planning processes. I am satisfied the service’s assessment and planning processes were effective and considered individual risks to each consumer’s health and wellbeing.

Therefore, based on the evidence before me I find Requirement 2(3)(a) compliant.

I am satisfied the remaining 4 Requirements in Quality Standard 2 are compliant.

Care planning documentation reflected consumers’ current needs, goals, and preferences in line with feedback, and included advance care directives and end of life wishes as appropriate. Representatives said the assessment and planning processes addressed consumers’ current needs, goals, and preferences and they were involved in discussions regarding advanced care planning. Management and clinical staff explained how they approach advance care and end-of-life planning conversations with consumers and representatives upon entry to the service, during care plan reviews and at regular follow-ups.

Representatives said they are involved in the assessment and care planning processes including the 3 monthly care plan review and aware of input from other health professionals. Management, clinical staff, and allied health professionals described how they partner with consumers and representatives to assess, plan, and review care and services. Care documentation reflected the inclusion of multiple health professionals and services into consumer assessments and care planning.

Representatives said staff explain things to them, the information makes sense to them, and they receive a copy of the consumers care and service plan. Management, clinical staff, and an Allied Health Professional (AHP) described how they effectively communicate outcomes of planning and assessments to consumers and their representatives in line with their preferences either in person, via telephone or email. Management said that during the 3 monthly care planning reviews they offer each consumer and/or their representative a copy of the consumers’ care plan. Progress notes and care and services plans reviewed evidenced that staff update consumers and representatives on care outcomes through in-person meetings, telephone calls and emails.

Representatives said they were satisfied changes to care were made following any concerns or incidents. Staff advised care and services were reviewed regularly for effectiveness, or when a change occurs in a consumer’s condition needs or preferences. Review of care documentation evidenced consumer care and services were reviewed for effectiveness regularly and when incidents occur or when circumstances change.

**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 7 of the 7 Requirements have been assessed as compliant.

Overall consumers and representatives interviewed expressed satisfaction with the personal and clinical care consumers receive. However, some consumers gave feedback of negative impact to personal and clinical care due to low staffing numbers (furthered considered in Requirement 7(3)(a)).

Consumers and representatives said known risks of consumers were managed effectively by the service. Care planning documentation evidenced high-impact, high-prevalence risks were identified, assessed, and monitored with strategies in place, including, falls management, pressure injuries, and weight loss. Staff were aware of individual consumers’ risks and described strategies in place to manage, minimise and monitor those risks.

Staff described how the delivery of care and services changed for consumers nearing end- of -life, and documentation evidenced palliative care was delivered in a way to support consumers’ dignity and comfort. A representative of a recently passed consumer said they were satisfied with the end-of-life care provided to their family member and consumers end-of- life preferences were accommodated. Palliative and end-of-life care guidance and training was available to support staff.

Representatives expressed confidence that changes in consumer care needs were identified and addressed. Staff demonstrated effective knowledge regarding recognition of clinical deterioration and escalation and reporting procedures. Care documentation demonstrated staff recognise and respond to deterioration in a consumer’s health, capacity, and function in a timely manner, and any changes in the consumer’s needs and condition are communicated to those involved in their care.

Staff described processes to ensure information regarding consumers is consistently shared and understood including hand over processes, meetings, and information on the services electronic care management system. Representatives reported they do not have to repeat themselves when staff change over, and that staff work together to meet consumers’ care needs. Care planning documentation reflected information about consumers was documented and shared with others as appropriate. Staff handover processes were observed to clearly communicate any changes regarding a consumers' care or health between staff, including referrals to other healthcare professionals.

Representatives said the service had referred them to the appropriate providers, organisations, or individuals to meet clinical and care needs. Management, clinical staff and an AHP described the communication books utilised by staff when referring consumers to other providers of care and services. Care planning documentation including progress notes evidenced the service collaborates and makes timely referrals to other health professionals, or other services, to meet the care needs of consumers.

Consumers and representatives said the service managed a recent outbreak very well. The service had policies and procedures to guide staff relating to antimicrobial stewardship, infection control management and for the management of a COVID-19 outbreak. Staff received training in infection minimisation strategies including infection control and COVID-19. Practices demonstrated the service has planned and was prepared for any potential outbreaks. Staff demonstrated an understanding of precautions to prevent and control infection and the steps they could take to minimise the need for antibiotics.

# 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 7 of the 7 Requirements have been assessed as compliant.

Consumers considered the service catered for their needs and preferences in a way which enhanced their quality of life. Lifestyle staff said they consult consumers and receive feedback to gather an understanding of consumers’ needs, goals, and preferences, and develop appropriate supports for daily living. Staff could describe strategies and options to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers. Care planning documentation identified the interests and preferences of consumers.

Care planning documentation encompassed the emotional, religious, and spiritual needs of consumers. Staff could describe the services and supports in place to promote consumers' emotional, spiritual, and psychological well-being, such as religious services, visits by the pastoral care officer and spending one-on-one time with consumers.

Consumers said they were supported to participate within their communities, have social and personal relationships, and do things of interest. Staff described the services and supports in place to promote consumers’ social interaction and relationships, such as scenic drives, and walking groups. Care planning documentation identifies activities of interest for the consumers and how they are supported to participate in these activities and in the wider community.

Consumers said staff know their preferences. The service demonstrated effective communication of information of consumers’ needs and preferences including when changes occur. Staff explained the processes used in keeping up to date records of consumer information, likes and dislikes, dietary and personal needs, and preferences. Kitchen staff described how they are informed of consumers’ dietary needs and preferences by clinical staff and care staff during staff handovers processes.

Lifestyle staff described how they completed appropriate referrals for other individuals and other providers of care and services to support consumers’ current and emerging needs for example, volunteer services. Care planning documentation identified appropriate referrals to other organisations and services such as volunteer organisations and pastoral care services.

Consumers gave mixed feedback in relation to the satisfaction of meals at the service. Consumers who expressed dissatisfaction with the food and the temperature of meals stated they had not raised their dissatisfaction with staff and management advised the kitchen staff will change menus according to consumer feedback. Menus were observed to include multiple meal options for lunch and dinner, with sandwiches and salad as an alternative if requested. Staff had access to consumers dietary information and described how they are informed of consumers’ dietary needs. The seasonal rotating menu had been informed through consumer feedback from food focus groups, consumer meetings and Dietitian input.

Consumers considered their mobility equipment was safe, clean, and well maintained. Staff said they had access to supplies and equipment for daily living and described the processes in place to maintain the safety and cleanliness of equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean, 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 3 of the 3 Requirements have been assessed as compliant.

The Assessment Team recommended Requirement 5(3)(b) Not Met as consumers were unable to move freely to outdoor areas, based on the following evidence:

* Internal doors leading to outdoor courtyards were locked overnight with one consumer reporting some impact on consumers who wanted to sit in the sun early in the morning.

The provider refutes the findings, and provided the following information and actions in response:

* External doors being locked overnight are purely for the safety of all consumers and staff.
* External doors are automatically locked at 8 pm and unlocked at 8 am. Process of doors being locked overnight is discussed with each consumer and or Next Of Kin during admission process and documented in the Resident Handbook.
* Unless the consumer was subject to environmental restraint, access to outside areas was facilitated through providing fobs or the code to open secured doors, and staff could support consumers requiring assistance.

I acknowledge the provider’s response and actions undertaken. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit report. I am satisfied the securing of external doors of an evening is primarily for consumer safety, consultations with consumers have occurred and staff are available if consumers wish to access external courtyards of an evening. I have placed emphasis on the overall consumer and representative feedback and note there was no direct consumer impact reported. I further accept the evidence of the displayed code by the secured door, available to consumers at the time of the Site Audit, reflects there was no intention to restrict free movement of consumers and I have considered this further in Requirement 2(3)(a).

I am satisfied the remaining 2 Requirements in Quality Standard 5 are compliant.

Consumers said they were able personalise their rooms how they choose. Management and staff described how they enable consumers to feel welcomed and at home by orientating them to the service and encouraging them to personalise their rooms upon entry to the service, in line with their preferences, using furniture, pictures, memorabilia and other items of interest to them. The service environment was observed to have sufficient lighting, handrails for consumers to move around, and clear signage throughout the service with room numbers and directions to common areas.

The service demonstrated the environment, furniture, fittings, and equipment was safe, clean and well maintained, with management demonstrating plans to replace tired or stained items. Staff described the service’s processes for identifying, reporting, and actioning maintenance issues. Records demonstrated preventative and reactive equipment maintenance logs were up to date.

**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 4 of the 4 Requirements have been assessed as compliant.

Overall consumers said they felt comfortable raising complaints with staff directly or using feedback forms. Staff interviewed described the avenues available for consumers and representatives if they wished to make a complaint or provide feedback, and how they support them to raise any issues. Management advised of the various avenues available for consumers and representatives if they wished to make a complaint or provide feedback. These avenues included, speaking to staff directly, consumer and representative meetings, the consumer advisory committee, and feedback forms.

Management and staff could describe the external advocacy services available to consumers and how consumers are informed about these services, such as through the information sessions and information displayed throughout the service. Overall consumers said they were aware of external bodies available to raise complaints and recently an advocacy service had provided an information session to consumers. Management and staff were able to describe how they would assist consumers who were of a culturally and linguistically diverse background or had communication issues in providing feedback for making complaints.

Overall, consumers said appropriate and timely action was taken by the service in response to complaints. Consumers described actions taken regarding issues they had raised. Whilst some consumers and representatives raised concerns in relation to the variety and temperature of meals and staffing numbers, I have considered this further in Requirements 4(3)(f) and 7(3)(a). Staff were aware of open disclosure principles in relation to their responsibilities and shared a common understanding of processes to be followed when feedback or complaints were received. The service’s feedback and complaints register demonstrated complaints were resolved in an appropriate and responsive manner using an open disclosure process.

Management described how they reviewed feedback and complaints and used this information to improve care and services. Feedback received from consumers and representatives is used to develop continuous improvement activities across the service for example the recent tinting of a window in a consumer’s room. Staff described how feedback and complaints have resulted in care and service improvements.

# 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 5 of the 5 Requirements have been assessed as compliant.

The Assessment Team recommended Requirement 7(3)(d) Not Met as consumers did not believe staff had sufficient manual training, based on the following evidence:

* Consumers requiring staff assistance and equipment for transfers said staff need additional manual handling training, with some stated staff could be rough and one consumer said they did not feel safe during transfers.

The provider refutes the findings, and provided the following information and actions in response:

* As part of the services revise of Workforce Strategy the past 12 months there has been a focus on recruitment of new staff, with induction and onboarding periods including education on manual handling, coordinated by a Physiotherapist, and other key areas to meet care required by the Quality Standards. Management acknowledged this period caused some consumers to feel unsettled, requiring time to build trust in new staff members.
* Management consulted consumers with concerns and provided emotional support and reassurance, offering choice of staff to promote safety, however, none of the consumers expressed preferences.
* The provider included training records demonstrating ongoing training with competency assessments completed by all staff.

I acknowledge the provider’s response and actions undertaken. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit, and place weight on the fact there has been no reported incidents in relation to staff manual handling practices or staff being abrupt to consumers. Staff considered they were appropriately trained, supported, and equipped to perform their roles and overall positive feedback was received from consumers and representatives. Other evidence to support Human resource management at the service indicated staff were recruited appropriately, supervised, and trained to perform their roles and any performance issues were addressed promptly if a deficit in skills or knowledge was identified. I am satisfied the service demonstrated the workforce is skilled and supported to meet the outcomes of this Requirement.

Therefore, based on the evidence before me I find Requirement 7(3)(d) compliant.

I am satisfied the remaining 4 Requirements in Quality Standard 7 are compliant.

The Site Audit report provided mixed feedback from consumers and representatives in relation to adequacy of staffing, however, overall consumers said there was no impact on their care, and they had not raised concerns about staffing to management. Management said that the master roster is created in collaboration with the roster coordinator and is based off care minute requirements, consumer numbers and care needs and advised the service has a Registered nurse on each shift providing 24 hour coverage. Staff said they had enough time to complete their duties and management described strategies employed to replace staff on planned and unplanned leave including extending staff shifts, utilising a pool of staff, and as a last resort using agency staff. Call bell response times are monitored daily, and documentation evidenced consumer requests for assistance were actioned in a timely manner.

Overall consumers said the staff are kind and caring. However, 2 consumers who require a lifting hoist for transfers said some staff are rough and they had not raised this feedback to management. In response management said staff are required to complete manual handling training as part of their induction to the service as well as manual handling refresher training with the physiotherapist every 12 months. I have considered this consumer feedback further in Requirement 7(3)(d). I strongly encourage the provider to conduct feedback sessions with consumers and representatives to ensure staff interactions with consumers are respectful, kind and caring and consumers feel safe with staff manual handling practices. Staff were observed to be interacting with consumers in a positive, caring, and respectful manner and using each consumer’s preferred names in greeting. The service’s cultural diversity policy and which outlined the service’s commitment to ensuring consumer care is delivered in a kind, caring and respectful manner.

Management described how they monitor the competency of staff by conducting spot checks, through competency assessments, and the requirement for staff to complete annual mandatory training. Management also said staff are required to undergo a 6 month probation period to determine if the staff member is competent and capable of performing their role. Representatives said they are confident staff know what they are doing and have adequate skills to meet consumers care needs. Position descriptions for clinical staff are established outlining the key responsibilities, knowledge, skills, and qualifications required for each role and review of documentation identified relevant checks in accordance with legislative requirements including staff vaccinations.

The service has a suite of documented policies and procedures which guide the monitoring of staff performance and the performance management of staff when issues are identified. Management described the processes for assessment, monitoring, and regular review of performance of each member of the workforce. Care and Registered staff reported they had recently completed their performance appraisal and it gave then the opportunity to raise any concerns or request any further training.

# 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 5 of the 5 Requirements have been assessed as compliant.

The Assessment Team recommended Requirement 8(3)(e) as Not Met finding the clinical governance framework did not effectively minimise use of restraint, based on the following evidence:

* The service was unable to demonstrate whether consumers residing in the general wings had been individually assessed for environmental restrictive practice due to the locked front entrance and the internal doors that are locked overnight.

The provider refutes the findings in relation to environmental practice this is reflected also within their response to Standard 2 Requirement 2(3)(a) and provided the following information;

* The Organisation / service has documented Policies, Procedures, and relevant documents to guide and support staff in managing restrictive practices, that is in line with current Legislations and Aged Care Quality Safety Commission Standards.
* The Site audit report reflected staff were able to describe their accountabilities and responsibilities for the effectiveness, safety and quality of clinical services and have a good understanding of constitution, assessment process and management of restraints.

I acknowledge the provider’s response and actions undertaken. I have considered the Assessment Team’s findings, the evidence documented in the Site Audit. I am satisfied the service demonstrated how the clinical governance framework was effectively implemented into practice to minimise the use of restraint. Interviews with management, review of consumer files identified the service is regularly reviewing the use of restrictive practices, in line with the organisation’s restraint policy and procedures. Refer to findings in Requirement 2(3)(a) of this report for further information. In relation to the remainder of Requirement 8(3)(e) the service had a documented clinical governance framework and policies in relation to antimicrobial stewardship, and open disclosure. Staff demonstrated an understanding of the clinical governance framework and provided practical examples of how antimicrobial stewardship, and open disclosure was implemented within their daily tasks. Records show that the organisation has a systematic approach to clinical auditing and data analysis that supports improvements in clinical care, with clinical oversight from the governing body.

I am satisfied the remaining 4 Requirements in Quality Standard 8 are compliant.

Consumers said they felt the service was well run and they contributed to decisions about how care and services are delivered. The Chairperson for the consumer advisory committee said they speak to consumers on a regular basis and shares their feedback with management. Management described the mechanisms in place to engage and support consumers in providing input into the care and services delivered through participation in the consumer advisory committee, consumer and representative meetings, feedback mechanisms, surveys, internal audits and care planning consultations.

Management described how the governing body was involved, and accountable for the delivery of safe, quality care and services, such as through regular meetings and communication. Documentation evidenced the governing body maintained oversight of the service by reviewing reports which covered various aspects relating to the performance and delivery of care and services, such as clinical indicators, quality initiatives, feedback and complaints, and incidents.

A reporting structure, policies, procedures, training, and audit mechanisms supported organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Financial governance procedures support the changing needs of consumers for example, management described the approval process and recent purchase of a pressure relief chair which was approved by the General Manager

Effective risk management systems and practices were supported by a risk management framework and policies describing the management of high-impact, high-prevalence risks associated with the care of consumers, the identification and response to abuse and neglect, supporting consumers to live the best life they can, managing and preventing incidents. Staff demonstrated knowledge of the risk management framework, including reporting responsibilities, and described various risk minimisation strategies in place. Monitoring of risks was undertaken by management, who compiled monthly reports which are analysed and shared with clinical staff, and the governing body and relevant subcommittee and used to identify areas for improvement.

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)