Performance

Report

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| Name of service: | Fitzgerald Memorial Aged Care Facility Limited |
| Service address: | 1 Rum Corp Lane WINDSOR NSW 2756 |
| Commission ID: | 0383 |
| Approved provider: | Fitzgerald Memorial Aged Care Facility Limited |
| Activity type: | Site Audit |
| Activity date: | 25 October 2022 to 27 October 2022 |
| Performance report date: | 1 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 Fitzgerald Memorial Aged Care Facility Limited (**the service**) has been prepared by G Cherry, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider did not submit a response to the assessment team’s report
* Performance Report (dated 15 June 2021)
* Notice of Requirement to Agree to certain matters and Consideration of Sanctions (dated 28 December 2021)

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

The Quality Standard is assessed as Compliant as 6 of 6 specific requirements have been assessed as Compliant.

Following a site audit in April 2021 the service was found to be non-compliant in requirements 1(3)(a), 1(3)(b), 1(3)(c) and 1(3)(d) as they did not demonstrate effective assessment and care planning relating to consumer’s cultural needs; staff did not consistently demonstrate knowledge of consumers individual needs/preferences; a lack of processes to support consumers in making decisions about their care and a lack of systems/processes to support consumers to take risks.

During the site audit conducted in October 2022 the assessment team noted the service has implemented the following improvement actions in response to previous deficits.

* Implementation of a Diversity Action Plan
* Staff training and utilisation of the electronic care management system (ECMS) to enable consumer assessment and care planning documentation to be current/accurate
* Clinical supervisors review all consumer care plans are plan reviewed by
* All consumer care plans reviewed by clinical supervisor – including discussions to involve consumers/representatives
* Retraining of staff relating to Standard 1 requirements
* Continued monitoring of staff practices by senior staff to ensure privacy and dignity during care provision
* Risk management framework and associated policies updated and implemented
* Review all consumer’s risk assessment/management documentation
* Contact made with community visitor scheme to organise increased consumer engagement.

The service demonstrated effective systems regarding recognising, respecting and valuing consumer’s individuality, identity, culture and diversity. Overall, sampled consumers/representatives consider consumers are treated with dignity and respect, encouraged to maintain their identity and supported to make informed decisions about care and services. They gave several examples of how this is occurs to their satisfaction.

Staff were observed treating consumers with dignity and respect, demonstrating an understanding of consumers’ individual choice/preferences and gave examples of how they ensure privacy and dignity is maintained in care provision. Care planning documentation reflects consumers needs and preferences.

Sampled consumers consider staff respect their culture, values and diversity, expressing satisfaction of how these aspects influence care delivery, participation in activities, spiritual needs and meal choice. Staff demonstrated knowledge of consumer’s life history and how this impacts preferences. Care planning documentation reflects consumers’ cultural needs and preferences.

The service demonstrated how consumers are supported to exercise choice and maintain independence. Consumers expressed satisfaction and gave examples of how they are supported to choose who is involved in their care, how to communicate decisions, make connections and maintain relationships of choice.

Consumers and representatives consider consumers are supported to take risks and live their best life; noting discussions occurred with clinical staff to ensure their knowledge of risk benefits and/or possible harm. Staff described individual consumers choice and support to ensure their involvement in strategies/solutions of risk minimisation.

Effective systems to provide consumers with current information and ensure confidentiality is evident. Sampled consumers/representatives consider they receive up to date information about activities, meals, and other events and expressed satisfaction this is provided in a format to assist them in making informed choices. Posters/flyers of upcoming activities were on display. Information relating to feedback/complaints, continuous improvement, activities and changes to the service is regularly provided to consumers.

Consumers expressed confidence information is kept in a confidential manner and staff described mechanisms utilised to maintain consumer’s privacy in care provision. Staff were observed respecting consumers’ personal space/privacy, including password protection when accessing electronic documentation.

Policy documentation guide staff in relation to this Quality Standard.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The Quality Standard is assessed as Compliant as 5 of 5 specific requirements have been assessed as Compliant.

Following a site audit in April 2021 the service was found to be non-compliant in requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e) as they did not demonstrate effective comprehensive assessment and care planning relating to consumer’s current needs/preferences, specifically relating to supporting and managing consumers risks (restrictive practices, medications); a lack in demonstrating consumer/representatives involvement in care and services; nor outcomes of assessment/care planning communicated to consumers/representatives and/or demonstration of review when circumstances change or incidents occur.

During the site audit conducted in October 2022 the assessment team noted the service has implemented the following improvement actions in response to previous deficits.

* Review Standard 2 policies, care plan documentation and ensure lifestyle program communicated to consumers receiving respite
* Staff training and utilisation of the electronic care management system (ECMS)
* Re-assessment and review of care plans – including discussions to involve consumers/representatives
* Allocation of specific nursing staff member to conduct Resident of the Day review
* Annual care conference process and documentation developed

Systems contain assessments (including risk-based assessments) and care planning documentation to inform/guide delivery of safe care provision. Overall, consumers and representatives expressed satisfaction of involvement in assessment and care planning, including advance care planning and end of life choices; plus, involvement when incidents occur and/or consumer’s needs change. Management and staff demonstrated knowledge of these processes, how consumers and/or their nominated representatives are involved, including risks and outcomes relating to individual choice. Documentation detailed assessment and care planning relevant to individual consumer needs, including risk assessments/strategies for risk mitigation. The assessment team noted risks associated with relevant medications for one consumer were not clearly documented to guide staff in care provision however management immediately rectified the deficit and advised review of all relevant consumers medications had occurred.

The service demonstrated outcomes of assessment and planning are effectively communicated to consumers and/or their representatives and care plans are readily available. Overall, the service demonstrates a partnership approach with consumers/representatives and other health care providers. Most consumers and representatives consider they are included and informed in the outcomes of assessment and planning, they have access to relevant documentation and medical officers, specialists/other health professionals are included in care provision. Staff demonstrate knowledge of their responsibilities; and electronic documentation system reflects involvement of consumer/representatives, medical officers, specialists/other allied health professionals.

Clinical staff described initial and ongoing assessment and planning including review processes, including when consumers’ circumstances change (including return from hospital), following an incident, decline in health and/or end of life planning. Documentation guides clinical staff in the process of monitoring currency of documentation and when regular planned review is required.

Policy documentation guide staff in relation to this Quality Standard.

# Standard 3

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

Findings

The Quality Standard is assessed as Compliant as 7 of 7 specific requirements have been assessed as Compliant.

Following a site audit in April 2021 the service was found to be non-compliant in requirements 3(3)(a), 3(3)(b), 3(3)(d), 3(3)(e) and 3(3)(f) as they did not demonstrate effective processes to ensure consumers receive safe, effective care tailors to their specific needs; management of high impact/prevalence risks; information relating to consumers specific needs not available/communicated to those providing care; nor demonstrate a processes of ensuring timely referrals occur.

During the site audit conducted in October 2022 the assessment team noted the service has implemented the following improvement actions in response to previous deficits.

* Demonstrated improvement in monitoring practices
* Staff training in topics related to Standard 3 not limited to restrictive practices, behavioural support, escalation of concerns
* Staff training/utilisation of the electronic care management system (ECMS) – including allied health specialists
* Risk assessments for consumers relating to restrictive practices resulting in reduction in the use of psychotropic medications
* Re-assessment and review of care plans – including discussions to involve consumers/representatives
* Allocation of specific nursing staff member to conduct Resident of the Day review
* Annual care conference process and documentation developed
* Demonstration of staff knowledge/strategies to ensure effective behaviour support

Consumers and representatives expressed satisfaction consumers receive appropriate clinical care as per needs and preferences. They consider management and staff provide appropriate information and regularly communicate with them and ensure consumers’ needs and preferences are effectively communicated to those involved in care delivery. Representatives expressed satisfaction end of life care maximising comfort, pain relief, dignity and respect occur. Consumers and representatives expressed positive feedback in relation to responsiveness when deterioration occurs and access to medical practitioners and other professionals/specialists as required.

Systems and processes ensure consumers are provided with safe, effective care tailored to their needs optimising health and well-being. Documentation indicates responsiveness to changes in consumers’ health and well-being with identification, monitoring and appropriate care provision when changes occur. Care documentation demonstrated effective systems to identify, monitor and manage complex care needs such as pain management, medication and diabetes management, behaviour support, restrictive practices and pressure relieving equipment and care provision. The service demonstrated effective systems resulting in positive consumer outcomes; for example, a reduction in use of psychotropic medications. Evidence of alternative non-pharmalogical methods prior to use of psychotropic and/or pain-relieving medications were demonstrated. Care and services documentation for consumers receiving end of life care demonstrated guidance pathways to ensure appropriate care provision including maximising comfort and maintaining dignity. Documentation detailed appropriate care provision for consumers receiving palliative care and/or nearing end of life, and staff described care provision, including practical methods to ensure comfort is maximised and pain minimised.

Staff and management described high impact/prevalence risks, including falls, medication management, wound management, behaviour support and risks associated with diagnoses or decline in condition. A high-risk register contains relevant information regarding high impact/high prevalence risks, for example falls risks, anticoagulant and psychotropic medications. Staff described knowledge of management processes including escalating concerns when consumers experience a change in condition. Review of documentation generally demonstrated appropriate and timely care, however the assessment team noted staff did not adhere to expected practices for one consumer prior to hospitalisation, and while appropriate wound care was generally demonstrated, the assessment team noted wound photography for one consumer’s wound to be of less than optimal clarity.

The service demonstrated information about consumer’s condition, needs and preferences is documented and communicated with those where responsibility for care is shared. Care and service documentation evidenced effective communication/transfer of information between staff and allied health care professionals and the assessment team observed transfer of information between clinical staff and medical officer and timely referrals occur. Documentation demonstrated directives from medical officer and other health professionals are updated to ensure current needs are met. Consumers/representatives expressed positive feedback regarding communication of consumer’s needs and observation of staff discussions demonstrated effective processes. An electronic documentation system transfers comprehensive consumer information between staff and others.

Leadership and direction occur in the event of an outbreak; staff described strategies to minimise infection and demonstrated understanding of antimicrobial stewardship. Documentation detailed appropriate intervention and management for infection prevention; the assessment team observed staff adhering to appropriate practices and accessible supplies of personal protective equipment. A process to ensure visitors adhere to pandemic related testing was observed. Consumers and representatives consider effective infection control management processes are in place.

Policy documentation guide staff in relation to this Quality Standard.

# Standard 4

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

Findings

The Quality Standard is assessed as Compliant as 7 of 7 specific requirements have been assessed as Compliant.

Following a site audit in April 2021 the service was found to be non-compliant in requirements 4(3)(a) and 4(3)(d) as they did not demonstrate effective systems to identify needs and provide appropriate care/support to optimise independence well-being and quality of life nor consumers needs and preferences are communicated with those where responsibility is shared.

During the site audit conducted in October 2022 the assessment team noted the service has implemented the following improvement actions in response to previous deficits.

* Staff training and utilisation of the electronic care management system (ECMS) to enable consumer assessment and care planning documentation to be current/accurate.

Consumers consider they receive support to engage in activities of interest, in the service and external community; and are satisfied lifestyle activity programs meet their needs/preferences; including support from other individuals/external organisations. They are supported to pursue individual interests, maintain personal/social relationships, remain in contact with those of importance, providing examples of how the service supports independence, well-being and quality of life. Consumers consider their emotional, social, spiritual and psychological needs are appropriately met and expressed positive feedback relating to meals; plus, staff knowledge of their dietary needs. Consumers were observed engaged in meal service, offered food choice and participating in individual and group programs.

Documentation detailed consumer’s needs and preferences and communication methods to those providing services/supports, including referrals to other providers. Documentation includes spiritual, emotional, psychological, dietary preferences/needs, life history, cultural and individual interests relating to lifestyle.

Staff demonstrated knowledge of consumer’s needs, activities of choice and how they contribute to the lifestyle program. Staff gave examples of supports to promote emotional, spiritual and psychological wellbeing, contact with those of importance; and how consumers are supported to attend activities with external provider/volunteer involvement. Organised visitation programs involving schools are to be reinstated due to lifting of pandemic management restrictions. Programs are available for consumers who prefer individual activities rather than group programs, those living with visual deficits and engagement with non-English speaking organisations.

The service demonstrated equipment is safe, suitable, clean, well-maintained and staff described the process for maintenance programs and repair work. Consumers and representatives expressed satisfaction with the suitability and cleanliness of equipment.

# 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 Quality Standard is assessed as Compliant as 3 of 3 specific requirements have been assessed as Compliant.

Consumers consider the environment to be safe, clean and well-maintained, with several indoor/outdoor private and communal areas accessible for engagement with others. They consider the environment is welcoming/home-like, easy to navigate and expressed enjoyment of garden areas. They expressed satisfaction furniture, fittings and equipment are safe, clean, well maintained, meet their needs and they enjoy inviting others to visit them. Consumers were observed accessing several areas, including outside gardening areas and independently moving between internal/outdoor areas.

The assessment team observed a safe living environment, several indoor and outdoor communal areas (including cafe and landscaped outdoor areas) and signage to support wayfinding. Consumers rooms contained personalised items/decorations reflecting individuality. Photographs of locally known areas are displayed within communal areas to provide familiarity.

Staff demonstrated knowledge of cleaning and preventative/reactionary maintenance systems relating to furniture, fittings, and equipment. The assessment team observed most furniture, fittings and equipment appeared safe, clean, well maintained and suitable for consumer use. Monitoring activities ensure ongoing satisfaction with cleaning and maintenance processes.

# 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 Quality Standard is assessed as Compliant as 4 of 4 specific requirements have been assessed as Compliant.

Following a site audit in April 2021 the service was found to be non-compliant in requirements 6(3)(c) and 6(3)(d) as they did not demonstrate effective processes of ensuring open disclosure practices are implemented; complaints are responded to and effectively actioned in a timely manner.

During the site audit conducted in October 2022 the assessment team noted the service has implemented the following improvement actions in response to previous deficits.

* Review Standard 6 policies
* Implement process to ensure recording of complaints/feedback within the electronic care management system (ECMS) and communication of issues to Board members
* Staff training in topics related to Standard 6 including open disclosure practices, Serious Incident Response Scheme
* Implement focus group meetings to discuss consumer feedback/suggestions

Sampled consumers and representatives consider support is provided relating to feedback/complaints processes, and timely responses received. Consumers expressed confidence they could safely provide feedback and are familiar with methods of doing so, including external organisations and advocacy/language support available. Consumers consider they are supported to participate in meetings, gave examples of responses received when communicating feedback and expressed satisfaction this is used to improve services.

The service demonstrate action taken in response to complaints, including an open disclosure process when things go wrong. Documentation detailed recording of complaints including actions and follow-up processes. Information relating to advocacy, language services, interpreters and external avenues is displayed throughout the service. Staff gave examples of responding when approached by consumers/representatives, including escalating issues to management and knowledge of open disclosure principles.

Management and staff provided examples of recent improvements resulting from consumer feedback. Management described staff training/education provided and escalation of complaints to members of the board. Monitoring processes ensure feedback is actioned in a timely manner, trends identified, and follow-up communication to ensure ongoing satisfaction.

Policy documentation guide staff in relation to this Quality Standard.

# 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 Quality Standard is assessed as Compliant as 5 of 5 specific requirements have been assessed as Compliant.

Following a site audit in April 2021 the service was found to be non-compliant in requirements 7(3)(a), 7(3)(c) and 7(3)(d) as they did not demonstrate effective systems to ensure appropriate numbers and skill mix of staff available; a workforce competent to provide care as per consumer’s needs; nor an effective process to demonstrate recruitment, training of staff to deliver outcomes required by the Quality Standards.

During the site audit conducted in October 2022 the assessment team noted the service has implemented the following improvement actions in response to previous deficits.

* Review Standard 7 policies
* Increase monitoring processes relating to responding to consumers’ requests for assistance
* Staff training in topics related to Quality Standards

Consumers consider they receive care and services from management and staff who are knowledgeable, capable and caring. They said staff are kind and caring when providing care, they are confident staff are competent and skilled in their roles, they feel safe when staff are assisting them and most said there are enough staff and they do not feel rushed when staff assist them.

Staff consider there are enough numbers of staff to deliver care and services and a process for replacement of unplanned leave. They are provided with equipment/resources to carry out the duties of their role and receive ongoing support, training, professional development, supervision and feedback to enable them to perform their responsibilities. Staff gave examples of training provided, plus opportunities for advancement and expressed positive feedback in relation to performance review.

Management demonstrated the process for ensuring enough workforce numbers and requirements for qualifications specific to each role. Orientation and training are provided relevant to the services processes/expectations, consumer’s needs, competencies and capabilities required for each role. Management gave examples of how staff competency and professional registrations are monitored for currency/suitability to the role and how training needs are identified. A system ensures regular assessment, monitoring and review of staff performance and staff explained their participation. Management demonstrated the process for managing non-conformance with requirements. Education and training records demonstrate examples of training provided to staff regarding the Aged Care Quality Standards including changes in legislative requirements.

Policy documentation guide staff in relation to this Quality Standard.

# 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 Quality Standard is assessed as Compliant as 5 of 5 specific requirements have been assessed as Compliant.

Following a site audit in April 2021 the service was found to be non-compliant in requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) as they did not demonstrate effective systems to ensure consumer engagement in care delivery; the governing body promotes a culture of safe, inclusive and quality care by implementation of organisation wide governance systems including risk management and/or clinical governance frameworks.

During the site audit conducted in October 2022 the assessment team noted the service has implemented the following improvement actions in response to previous deficits.

* Implemented processes to ensure recording of complaints/feedback within the electronic care management system (ECMS) and communication of issues to Board members
* Increase consumer engagement to participate in forums relating to development/delivery/evaluation of care and service delivery
* Development and implementation of clinical governance, open disclosure and risk management frameworks – including increased incident review
* Implementation of a Diversity Action Plan
* Strengthen feedback/complaints recording processes – ensure board member engagement
* Staff upskilling opportunities available
* Staff training in topics related to Quality Standards

Several mechanisms support consumers and representatives to provide feedback and engagement in improvement processes. Consumers/representatives consider the organisation is well run and they are encouraged to partner in improvement of care and services. Management team demonstrated methods of engaging consumers/representatives in the development of care delivery and consumer’s involvement in recent improvement activities was evident.

Documentation detailed input from consumers/representatives, responsiveness of management and board involvement in implementing continuous improvement processes. The organisations governing body and clinical governance framework is effective in aspects of continuous improvement, information management finance, feedback and complaints, workforce governance and regulatory compliance.

The service demonstrated how the organisation’s governing body promotes a safe, inclusive culture and delivery of quality care and services. Systems include policy/procedures to guide staff in consistent application of expectations and meeting forums report to the Board. Board member involvement to monitor and ensure compliance with Quality Standards was evident.

The management team advised of overarching organisational systems in relation to management of high impact/high prevalence risks and staff demonstrate knowledge of risks and reporting/incidents. Risks are reported, escalated and reviewed by management team and board members.

The service demonstrated appropriate systems, processes and outcomes. Policies, procedure and workflow directives guide staff in organisational expectations. Staff demonstrate knowledge of the complaint/continuous improvement, regulatory responsibilities, minimising restraint use and principles of antimicrobial stewardship. The organisation’s clinical governance framework includes guidance that cover antimicrobial stewardship, minimising the use of restraint and open disclosure.

Policy/procedural documentation guide staff relating to all aspects of this Quality Standard. Staff had been provided with education regarding policies and were able to provide examples relevance in their work.

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