Performance

Report

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| Name: | Georges Estate Health & Aged Care |
| Commission ID: | 1112 |
| Address: | 1 Centre Street, Penshurst, New South Wales, 2222 |
| Activity type: | Site Audit |
| Activity date: | 8 November 2023 to 10 November 2023 |
| Performance report date: | 15 December 2023 |
| Service included in this assessment: | Provider: 6804 Kogarah Health, Aged and Community Care (NSW) Pty Ltd  Service: 5868 Georges Estate Health & Aged Care |

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 Georges Estate Health & Aged Care (**the service**) has been prepared by K. Richards, 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 07 December 2023.

# 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 | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Not 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

Areas have been identified in which improvements must be made to ensure compliance with the Quality Standards. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 4(3)(f): The provider ensures meals are provided are varied and of suitable quality and quantity.
* Requirement 6(3)(c):The provider ensures staff are aware of their responsibilities to within complaints management processes, including use of an open disclosure process, and the provider demonstrates appropriate responsive action is taken when things go wrong.

# 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 said consumers were treated with kindness, care, and dignity, with respect and value shown for consumers’ identity, culture, and diversity. Staff received training on consumer centred care and were guided by policies and processes relating to consumer choice, independence, and provision of culturally safe care and services. Management and staff explained consumer life stories were captured during care planning processes to ensure the service recognised and supported matters important to consumers.

Consumers and representatives were confident staff understood consumers’ cultural needs. Staff demonstrated an understanding of consumers’ cultural identity, in line with care planning documentation. Policies and procedures relating to diversity and inclusivity, respect for the lesbian, gay, bisexual, transgender, intersex, and asexual community, informed staff expectations and actions in the delivery of culturally safe care and services.

Consumers and representatives described how consumers were supported to maintain independence and make choices about care and services, including how and when care is provided and who is to be involved. Management and staff said they encourage and support consumers to be independent and make decisions, explaining it is a right of consumers to make choices on how they live in their home. Care planning documentation reflected that consumers’ decisions were supported in accordance with their preferences. Staff demonstrated awareness of relationships of importance to individual consumers.

Staff said they encouraged and supported consumers to take risks by discussing benefits and potential harm associated with consumers’ choices and completing risk assessments with consumers to help them make an informed decision. Consumers and representatives said consumers were supported to take risks to live their best lives. Care planning documentation included detailed and personalised risk assessments, including risk mitigation strategies, and involved allied health staff where beneficial.

Consumers and representatives explained they receive up to date information about activities, meals, and changes linked to COVID-19 to enable them to make informed decisions. Information was displayed on boards, and time sensitive information broadcast over a loudspeaker system, such as advice on commencing activities. Staff assist consumers ordering meals from a menu, activity calendars are available, and consumer meeting minutes shared by email or in printed form.

Consumers and representatives said consumer privacy is respected and personal information kept confidential. Management said all staff are required to sign agreements to maintain and uphold privacy and confidentiality of all consumers, and the electronic care management system is secured through personal logins with restrictions to accessing only information relevant to staff role. Staff described, and were observed, undertaking actions to respect consumer privacy during care and interactions and keep personal information confidential.

Based on this evidence, I find the service compliant with all Requirements in Standard 1 Consumer dignity and choice.

# 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 Service was found non-compliant in Standard 2 in relation to Requirements (3)(a) and (3)(b) following an Assessment Contact conducted in August 2023. Evidence in the site audit report dated 08 November 2023 to 10 November 2023 supports that the Service is now compliant with these Requirements.

Management and staff explained the assessment and care planning process, and how this is used to identify risks and inform tailored consumer care. Care planning documentation demonstrated clinical assessments were completed on entry and personalised management strategies are documented and implemented. Assessment and planning processes were readily available to guide staff, with the service using evidence-based assessment tools to inform the delivery of safe and effective care and services.

Consumers and representatives said care and services plans reflected consumer needs, goals, and preferences, and opportunities to discuss end of life wishes were available. Staff were familiar with consumer needs and preferences for care, consistent with documentation and feedback. Care and services plans were personalised and included advance care plans if consumers and representatives wished to discuss the matter. Management explained that actions were being undertaken for consumers without advance care directives, to attempt to ensure it has been considered for all consumers.

Assessment and care planning was considered by consumers, representatives, and staff to be a shared and partnered process. Care planning documentation demonstrated integrated and coordinated assessment and planning involving consumers, representatives, and relevant organisations and service providers.

Consumers and representatives said information within the care and services plan is explained to them and a copy is made available. Staff were aware of processes for documenting the outcomes of assessments, referrals, and changes to consumer health within the care and services plan and how this should be communicated with representatives and others involved in consumer care. Staff had ready access to the care and services plan containing the outcomes of assessment and planning and were observed regularly reviewing and updating documentation.

Staff explained care and services plan reviews were conducted every 4 months or when circumstances changed. Management demonstrated scheduling and monitoring processes to ensure adherence to the review schedule. Consumers and representatives said when changes or incidents occurred, further discussions are held, and necessary changes made in a timely manner.

Based on this evidence, I find the service compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

# 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 was found non-compliant in Standard 3 in relation to Requirements (3)(a) and (3)(b) following an Assessment Contact conducted in August 2023. Evidence in the site audit report dated 08 November 2023 to 10 November 2023 supports that the Service is now compliant with these Requirements.

Consumers and representatives said consumers are receiving care consistent with their needs and preferences and supporting their health and well-being. Care planning documentation for sampled consumers reflected individualised care in line with best practice. Staff demonstrated understanding of personal and clinical care needs of consumers in line with care planning documentation and feedback.

Effective risks management processes were demonstrated for consumers in relation to weight loss, choking, falls, and complex consumer care and informed through policies and procedures. Staff could describe high impact and high prevalence risks of consumers and mitigating actions in line with care planning documentation.

Staff described changes in care delivery for consumers nearing end of life, including managing pain, comfort, and emotional care. Representatives explained the provided supports and adjustments to care to keep consumers comfortable. Documentation acknowledged end of life needs, goals, and preferences and demonstrated how these were considered in care delivery.

Consumers and representatives said staff were prompt to identify and manage deterioration or change of consumer health. Staff explained assessment, monitoring, documentation, and escalation processes when deterioration had been identified. Care planning documentation reflected prompt identification and timely response to changes in consumer condition.

Consumers and representatives advised information about consumers is communicated well to ensure care is constant and reliable. Staff explained information is accessible within care and services files and progress notes, and shared with others through handover processes, reviews, alerts, and meetings. Care planning documentation demonstrated information is exchanged with representatives, care and clinical staff, and with others involved in consumer care and services.

Staff and management demonstrated awareness of the service’s network of approved individuals, organisations, or providers and explained referral processes and importance of seeking expertise to ensure best practice care for consumers. Care planning documentation demonstrated referrals were timely and appropriate to consumer needs.

Consumers and representatives explained how the service minimised infection related risks, and managed outbreaks.Care planning documentation detailed actions taken to ensure appropriate antibiotic prescribing, such as obtaining pathology results and undertaking review of needs to prevent recurrence. Staff demonstrated understanding of infection prevention precautions, and infection control practices are overseen by an Infection prevention and control lead.

Based on this evidence, I find the service compliant with all Requirements in Standard 3 Personal care and clinical care.

# 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. | Not Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

This Quality Standard is non-compliant as one of the 7 Requirements have been assessed as non-compliant.

The Assessment Team recommended Requirement 4(3)(f) not met. Thirteen consumers said meals served at the service were not good, often under-seasoned, and the meat was dry, tough, and chewy. In addition, some consumers expressed dissatisfaction with the texture, variety, and portion size of meals. The consumers said they had provided feedback in meetings, through the service’s feedback system, and verbally, however, reported nothing had changed.

The Assessment Team observed consumers during mealtimes and asked for their feedback. On the first day of the site audit, most consumers said the fish served was too dry to swallow, and most meals were observed to be left barely touched or half eaten. Staff were observed removing plates, and not asking consumers if they enjoyed their meals or if they were still hungry and would like something else. On the second day of the site audit, the Assessment Team observed, and consumers advised, the served meat was overcooked and dry. A consumer was observed to ask staff for an alternative meal to their serving, and staff provided a meal different to what the consumer requested, and it included salad contrary to consumer request. The consumer was observed to push a portion of meal provided away. Staff advised they were aware of consumers’ feedback about the quality of meat from 3 to 4 months ago.

In response to feedback raised by the Assessment Team during the site audit, management advised they would acknowledge and address the issues raised at the next food focus meeting, in addition undertake corrective actions as documented on the service’s plan of continuous improvement, such as:

* Discuss the quality of meals with the chef.
* Source alternative meat suppliers.
* Look at different ways of making fresh vegetables and mashed potato.
* Increase the variety of salads and protein sources.
* Undertake consumer surveys about the meals.
* Request feedback from consumers about their meals during the meal service.

The Approved Provider’s response to the Site Audit report acknowledged the deficiencies raised in relation to the quality and quantity of meals, and dining experience. The response provided supporting evidence in relation to improvements underway, with some already completed, such as: further training and support provided to staff, surveys and food focus meetings, and improvements to the quality of meat.

I acknowledge the Approved Provider’s commitment to continuous improvement initiatives. However, based on the balance of evidence before me, I found Requirement 4(3)(f) non-compliant. In support of this decision, I have placed emphasis on the time elapsed from when consumers first raised concerns with meals prior to the site audit, and consumers reporting that no changes had occurred. In addition, staff were aware of consumer feedback about meals prior to the site audit, however, did not provide any clarification as to actions undertaken to resolve consumers’ specific and individual concerns about meals from when they were first received.

I have also noted deficiencies were raised which related to different aspects of the dining experience, meal quality and quantity and consider it will take time to determine the sustainability and effectiveness of changes made to meals and the dining experience. I have noted that no adverse impacts or risks to consumers were reported, however, have placed due consideration to consumers’ feedback based on the dissatisfaction expressed by consumers.

I am satisfied the remaining 6 Requirements of Quality Standard 4 Services and supports for daily living are compliant.

Consumers and representatives considered consumers were supported to be independent. Management and staff explained that assessment and planning processes identified consumers’ preferences and choices, and staff used this information to tailor daily living services and supports for consumers. Documentation reflected consumer’s needs, goals, and preferences were considered in the delivery of services and supports for daily living.

Consumers and representatives said, and staff described, how they supported consumers emotional, spiritual, and psychological well-being through access to support services, such as religious services and volunteers. Care planning documentation identified consumer spiritual beliefs and provides guidance to staff on supportive actions. Policies guided staff in supporting consumers’ spiritual and psychological well-being, and information was displayed detailing visitor’s schemes and grief counselling services available.

Consumers and representatives said consumers were assisted to participate within their communities, have social and personal relationships, and do things of interest. Staff described how they supported consumers’ community and social participation and do things of interest. For example, staff explained how they supported consumers to attend a weekly afternoon tea outing.

Staff explained how they communicated information about consumers within the organisation and with others responsible for care, such as through handover processes, updating care planning documentation, and email alerts. Documentation evidenced information about consumers was shared with the relevant party.

Consumers and representatives reflected consumers received timely and appropriate referrals to other individuals, organisations, and providers of care and services. Staff explained how they refer and link consumers to services and community supports to meet their needs. Care planning documentation demonstrated the service worked in partnership with external providers to support the diverse needs of consumers with timely referrals made. Policies and procedures were in place to support the referral process.

Consumers and representatives considered equipment was well maintained, safe, suitable, and clean, and they were able to speak to staff if they had any issues or concerns with equipment. Staff explained how they maintained the safety and cleanliness of equipment, for example, by cleaning equipment after every use. Documentation demonstrated staff followed a cleaning schedule and preventative maintenance was undertaken.

# 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

Consumers and representatives said the service was welcoming and easy to navigate. Consumers said staff assisted with their navigation if required, however, there was signage available. Management described features of the service to assist with consumers interaction and function, such as having memory boxes to identify consumer rooms. Staff explained how they supported consumers to feel at home, such as encouraging consumers to decorate their rooms with personal items.

Consumers and representatives said consumers felt comfortable and safe within the service environment and were able to move around freely. Staff described the preventative maintenance strategies in place and explained how they responded to maintenance requests. Documentation demonstrated the service environment had reactive and preventative maintenance and cleaning systems in place, and requests were completed promptly. The service environment was observed to be safe, clean, and well maintained and consumers moved freely between different areas of the service environment.

Consumers said furniture, fittings, and equipment were kept clean, safe, and well maintained which aligned with observations. Staff described the strategies in place to keep furniture, fittings, and equipment safe, clean, and maintained.

Based on this evidence, I find the service compliant with all Requirements in Standard 5 Organisation’s service environment.

# 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. | Not 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 non-compliant as one of the 4 Requirements have been assessed as non-compliant.

The Assessment Team recommended Requirement 6(3)(c) not met. Six consumers said they made verbal and written complaints about the quality of the food 3 to 4 months prior to the site audit and had not received a response, as described under Requirement 4(3)(f). In addition, the complaints were not recorded in the complaints and feedback register or included within the plan of continuous improvement, and the item wasn’t addressed within consumer meetings. Although management and staff demonstrated knowledge of open disclosure principles and described the processes in place to respond to complaints, there was limited evidence to substantiate that the complaints from the consumers concerned had been appropriately addressed using an open disclosure response, from when they were first received.

In response to the Assessment Team’s feedback during the site audit, management was observed practicing open disclosure in response to the deficiencies raised.

The Approved Provider’s response to the Site Audit report acknowledged the deficiencies raised. The response provided supporting evidence in relation to improvements underway and improvements completed, such as further staff training and education, and consumer food focus meetings.

I acknowledge the Approved Provider’s commitment to continuous improvement initiatives. However, based on the balance of evidence before me, I found Requirement 6(3)(c) non-compliant. In support of this decision, I have placed emphasis on the time elapsed from when consumers first raised concerns prior to the site audit and consumers reporting that no response had occurred. I have considered it will take time to determine the sustainability and effectiveness of changes made.

I am satisfied the remaining 3 Requirements of Quality Standard 6 Feedback and complaints are compliant.

Consumers and representatives said they were encouraged and supported to provide feedback and complaints in various ways, such as directly to staff, and through feedback forms, email correspondence, and meetings. Management and staff described how they encouraged consumers and representatives to provide feedback and make complaints, which aligned with some of the mechanisms described by consumers and representatives. Information about complaints and feedback pathways was observed throughout the service environment.

Consumers and representatives considered they were aware of external pathways available to them to raise and resolve complaints, such as through the Commission, and advocacy and language services. Management and staff described how they informed consumers of other ways to raise and resolve complaints. For example, staff said the service had scheduled presentations from advocacy groups and bodies for consumers. Policies and procedures contained information about services and supports available for consumers in raising and resolving complaints.

Noting the deficiencies raised under Requirement 6(3)(c), overall, consumers and representatives considered feedback and complaints were used to improve the quality of care and services. Management described how feedback and complaints were reviewed and used to improve the quality of care and services, and documentation demonstrated improvements were made in response to feedback and complaints.

# 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 was found non-compliant in Standard 7 in relation to Requirement (3)(a) following an Assessment Contact conducted in August 2023. Evidence in the site audit report dated 08 November 2023 to 10 November 2023 supports that the Service is now compliant with this Requirement.

Consumers and representatives considered consumers received safe, effective care and staff responded to calls for assistance in a timely manner. Management described the workforce planning and management strategies in place to enable the delivery of safe, quality care and services, including accounting for unplanned leave or emerging needs of the consumer cohort. Documentation evidenced workforce planning and management was monitored through mechanisms such as analysing call bell data and discussing feedback and improvements at meetings.

Consumers and representatives reflected that staff engaged with consumers in a kind manner with respect to individuality, culture, and diversity. Management explained how recruitment processes employed the right staff to adopt the consumer focussed values of the service. In addition, management explained the service’s orientation program and training guided staff to interact with consumers in a kind, caring, and respectful manner. Staff were observed to be kind, caring, and respectful in their interactions with consumers.

Management said, and documentation demonstrated, staff qualifications and checks were monitored. Management advised that staff were required to undergo competency checks, in addition to mandatory training. Staff said they received training to ensure they have the knowledge and skills to perform their roles, and reflected they were supported to deliver the outcomes required by these standards.

Management explained how the organisation managed staff recruitment using a formal recruitment process, such as undertaking compliance checks and consulting the Commission’s register of banning orders. Management advised staff were required to complete mandatory training and described the systems in place to maintain oversight of training completion. Documentation demonstrated training was up to date and covered various topics relevant to these standards, such as infection prevention and control measures, and restrictive practices.

Management explained how each member of the workforce was assessed, monitored, and reviewed on a regular basis, for example, through observations and monitoring and feedback processes established by the organisation. Management said new staff were required to complete a 6-month probation and were subsequently reviewed within their first 12 months, and at 2 years thereafter. In addition, management advised that staff were provided feedback on an on-going basis. Documentation reflected staff were asked for their input in relation to their performance, and further areas of improvement or training needs were identified. Although some formal performance appraisals were noted to be overdue, management explained how staff performance was monitored and addressed through other mechanisms during this period. Management explained, and documentation evidenced a plan was in place to address the overdue performance appraisals.

Based on this evidence, I find the service compliant with all Requirements in Standard 7 Human resources.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives said they were supported to provide feedback about care and services, for example, through meetings. Management and staff said consumers were actively engaged in the development, delivery, and evaluation of care and services, as evidenced in documentation.

Management described how the organisation’s governing body promoted a culture of safe, inclusive, quality care and services. For example, the organisation’s governance structure had clear reporting lines and areas of responsibility, and through this structure and process the board was made aware of and accountable for the performance of all aspects of the service. The Board monitored and reviewed reports containing information relevant to the consumer experience and clinical indicators, and benchmarked results across all services within the organisation to identify and address wider trends.

Organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints were effectively supported by organisational reporting lines, audit and monitoring mechanisms, surveys, training, policies, and procedures. For example, financial governance was overseen by financial management systems, financial delegations, and budgets with contingencies in place to support the changing needs of consumers.

The service had a risk management system to assess and monitor high-impact, high-prevalence risks, identifying and responding to abuse and neglect associated with the care of consumers, while supporting consumers to live the best life they can. Management said they analysed incidents and identified risk issues and trends which were reported to the governing body to inform improvements to care and services for consumers. In addition, audits were undertaken monthly to maintain oversight of the effectiveness of the risk management system. Staff described how they identified risks and what they would do in response to minimise impacts. Consumers were supported to take risks to enable them to live their best life through risk assessment and planning processes. The service’s incident management system demonstrated risks were considered for consumers and was regularly reviewed and analysed at service delivery and organisational levels.

The clinical governance framework was supported by policies, procedures, training, audit mechanisms, relating to clinical care, such as antimicrobial stewardship, minimising the use of restraint, and open disclosure. Management and staff described how they managed antimicrobial stewardship, minimised the use of restraint, and practiced open disclosure and how this interrelated to the policies and procedures in place.

Based on this evidence, I find the service compliant with all Requirements in Standard 8 Organisational governance.

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)