 Performance

Report

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| Name of service: | Gordon Lodge |
| Service address: | Air Force Memorial Estate, Bull Creek Drive BULL CREEK WA 6149 |
| Commission ID: | 7074 |
| Approved provider: | Air Force Association (Western Australian Division) Incorporated |
| Activity type: | Site Audit |
| Activity date: | 20 March 2023 to 22 March 2023 |
| Performance report date: | 20 April 2023 |

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 Gordon Lodge (**the service**) has been prepared by S Turner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 13 April 2023
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers described staff as kind and respectful and provided examples of their individual identity and culture being supported and valued. Management explained the Cultural Diversity and Inclusion Framework being developed and how the service promoted an inclusive service environment and workplace. Staff demonstrated their intimate knowledge of consumers’ individual preferences through discussion and practice. Consumer files and profiles included individualised, personal information about the consumer.

Consumers indicated the service supported their cultural preferences. Management considered consumers’ culture to include their identity, preferences and life experiences, as well as their cultural heritage. Staff shared their diverse cultural knowledge and backgrounds with the consumers and actively promoted an inclusive service. Processes were in place to ensure consumer identity and preferences were recognised and recorded to plan and provide their care.

Consumers confirmed they were supported to make choices and some consumers advised their family were involved in care planning and visited them regularly. Consumers participated in care planning and their decisions about care were supported. Staff provided services to consumers in accordance with their care plan. Consumer files included detail of decisions about care made by consumers and supported by family.

Consumers were supported to take risks and undertake activities of choice and interest. Dignity of risk was promoted through consumer choice and decision making and staff confirmed they followed the directions in the consumers’ risk assessment. Consumer files reviewed included high level risk assessments.

Consumers knew what was going on in the home, and consumer representatives confirmed they were informed and received emails and phone calls from the clinical staff or management if needed. There was a range of methods used to ensure consumers and their families received accurate and timely information about their care and services. Documentation and observations indicated information provided to consumers was current, accurate and timely and assisted consumers to make decisions.

Consumers felt respected and consumer representatives interviewed indicated they are confident the service handles consumer information appropriately. Management explained the processes for protecting consumer information and staff explained how they respect consumer privacy. Consumer information is stored in the electronic consumer database with access protocols in place.

# Standard 2

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

Findings

Consumers and representatives felt consumers’ health care needs are proactively managed through assessment and care planning processes that consider the person’s overall well-being. A Clinical Care Manual provided guidance for staff in relation to assessment and care planning with consumers, and included a focus on identifying deterioration, escalation, case conferences and clinical review processes. Management staff explained the admissions and assessment processes and staff could provide examples of coordinated care delivery and risk management. Consumer files demonstrated consumers’ preferences and likes are captured.

Consumers and representatives said they are asked about preferences for end of life planning and an example of this was provided by a consumer representative. The Palliative Care Clinical Pathway document demonstrated processes for stable and unstable phases of end of life care, with directions for complex care management, increased involvement of clinical care staff and communication with family and representatives. Consumer files demonstrated that assessment processes are in place that include risk assessments; care plans reflected consumers’ current needs and goals and had been updated as required.

Feedback from consumers and representatives included that assessment and care planning was conducted respectfully and inclusively with a focus on the consumer’s abilities and preferences. Staff could articulate and demonstrated person-centred approaches to care planning that considered all aspects of a consumer’s care and involved other health professionals.

Consumers and representatives spoke positively about communication processes including between clinical staff and family members and through the regular case conferences. Clinical care staff explained that they mostly email the care plan to consumer’s family and representative, but copies of the care plan are available at any time and are provided at case conferences.

Consumers and representatives reported that the level of clinical care provided at the service is sensitive to changes in consumers’ circumstances. Staff demonstrated integrated clinical practices, with procedures that respond to changes in the consumer’s status and any incidents or adverse events. Management and clinical staff described how they monitor the effectiveness of care delivery through collecting quality indicator data including in relation to falls, adverse events, wounds, infections, and medication incidents. Multi-disciplinary team meetings involving senior clinical staff, registered staff and allied health professionals are held weekly to discuss consumer care.

# 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

All consumers and representatives interviewed agreed consumers receive high quality care that promotes the consumer’s overall wellbeing and meets their individual needs. The service has clinical procedures and pathways including for restrictive practices, pressure injury and pain, that guide staff and staff provided evidence of best practice interventions particularly in relation to pain management, psychotropic medication management and consent, falls and skin integrity.

Clinical staff demonstrated a pro-active approach to supporting the behavioural and psychological symptoms of dementia, anxiety, depression and post-traumatic stress disorder through discussion, referral, behaviour support plans, consent forms and medication reviews. Restrictive practice consent forms are in place and included details of the medical officer, nurse practitioner, consumers and/or representative consent and review date.

Interviews with the allied health team demonstrated an integrated approach to managing skin integrity, pressure injuries and wounds. For example, skin integrity is a standing agenda item at the weekly multidisciplinary meeting, where the occupational therapist, physiotherapist and senior clinical staff plan strategies related to equipment, wound treatment, and consumer positioning. Consumer files demonstrated that assessments are completed by allied health professionals, pressure relieving equipment is utilised and where appropriate resources such as non-slip socks are implemented.

For those consumers who experience pain, consumer files demonstrated the use of a pain assessment tool, the involvement of allied health professionals, the use of analgesia as well as nonpharmacological interventions such as exercise and hot packs.

Consumers and representatives reported that the clinical care provided at the service is responsive and effective, especially when the consumer experiences any change in their condition. Staff demonstrated holistic clinical practices including in relation to responding to high-impact risks around falls, restrictive practices, and changing behaviours, with examples of care planning documentation provided that evidenced risk management interventions and a comprehensive approach to clinical deterioration.

Care plans demonstrated that consumers’ end of life preferences are documented and the service had policies and procedures to guide staff in supporting consumers with end of life decisions. Staff demonstrated a respectful and contemporary approach to palliative care.

Staff demonstrated how they promote communication about the consumer’s care between care workers, clinical staff, and families and consumers and representatives agreed that communication at the service is effective and supportive. Senior clinical staff advised communication processes include referral forms, emails, and clinical charting. Tablet screens were situated within various areas of the service and provided care workers with ready access to the information management system and consumers’ care planning documentation. Daily handover between nursing staff was observed at shift changeover to discuss the status of priority consumers, with topics including pain management, bowel management, referrals, appointments, hospital transfers, behaviour, skin integrity/wound care, medication incidents and pathology results. A handover summary report is maintained.

Feedback from consumers and representatives indicated they are supported to access and receive support from health services, specialists, and health professionals external to the service. Staff demonstrated referrals to, and collaboration with, other services and organisations, with an emphasis on relationships with medical officers and geriatricians. Senior clinical staff explained and demonstrated through consumer files that referrals occur as required, including to clinical psychologists, pharmacy, pathology services, hospitals, and mental health services.

Management and clinical staff provided examples of proactive and collaborative approaches to infection and prevention control, that included a focus on antimicrobial stewardship. The infection prevention and control lead explained that that there is a monthly meeting with members including medical officers, a pharmacist, and a family representative, with the intention to include a geriatrician. The group is focusing on providing medical officers with information about antibiotic use. Consumers and representatives were satisfied with the way the service had managed infection outbreaks and there were processes in place to screen visitors prior to entry. Consumer files demonstrated medical officer involvement when consumers had an infection.

# Standard 4

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

Findings

Consumers and representatives were satisfied with services and supports for daily living and said the care they receive contributes to their quality of life. One consumer said the service is a ‘friendly place’ where staff are cheerful. Consumers provided examples of activities they enjoy including bingo, boccia, walks, exercise sessions, coffee and cake, and bus trips.

Consumers and representatives said staff promote consumers’ emotional and psychological wellbeing. Staff demonstrated how they consider different aspects of psychological wellbeing, including social isolation, anxiety, depression, and dementia. Consumer files included specific strategies to support consumers, reassure them and provide comfort including for example through church services, artwork, and music. Staff were observed interacting with consumers utilising strategies to support their emotional well-being.

Most of the consumers and representatives were satisfied that consumers participate in the service’s community, have meaningful connections, and do things that are important to them and are enjoyable. Consumers provided examples of how the service supports them to spend time with people who are important to them and assists them to remain engaged in the broader community. Some feedback was received indicating a preference for more activities that were of interest to men; this was discussed with management and included in the service’s plan for continuous improvement. A survey was completed amongst male consumers during the site audit identifying additional activities of interest. Management advised that connections with the local Royal Australian Air Force Association are promoted and encouraged and that there is a visitor program in place; consumers and representatives confirmed this. The March 2023 Activity Planner provided a variety of activities including a men’s group barbecue, church services, bingo, arts and crafts, exercise groups, movie sessions, ball games, quizzes, happy hour, musicians and other entertainers, and bus trips. Allied health staff said that a men’s exercise group had commenced that focussed on strength, endurance, balance, confidence, and mobility; participants have an individualised program to follow.

Consumers and representatives agreed that communication at the service is effective and supportive. Staff explained how they communicate the consumer’s care requirements with their colleagues and said the information management system is accessible to all staff. A team ‘huddle’ occurs every morning between clinical and care workers, with an update of any changes or priorities for consumers’ care or preferences.

The service is linked with other organisations and referrals are made where appropriate to ensure consumers’ specific needs are being met. One representative provided an example of how volunteers visit their family member each week and spend time with the consumer doing activities of interest. The occupational therapist explained the volunteer program and said visits can be arranged for consumers who may need additional social connection. Consumer files demonstrated the involvement of a dementia advisory service in the development of a lifestyle plan that included behaviour support and meaningful activities.

Consumers provided mixed feedback about the food but agreed that they have input into the menu. One representative said their family member says they receive ‘good wholesome food’ and that their individual requests are accommodated; another consumer felt that at times the food was cold. Management and staff advised they were aware of the consumers’ feedback and that improvement actions had commenced. In December 2022 a menu and mealtime assessment was completed by a food and nutrition peak body with key recommendations contributing to the Hospitality Service’s Mealtime Management Project for 2023. This included reviewing menus and nutritional levels, and increased availability of easy to eat fruit, high protein mid-meals and snacks. The Hospitality Manager explained their new role and that it included a focus on improving the consumers’ meal experience, good nutrition and staff training related to serving the meal.

The approved provider’s response to the site audit report includes results from food satisfaction surveys completed in October 2022 and March 2023. Results indicate that there has been significant improvement overall in food and catering with positive results in relation to staff assistance, presentation, temperature of the food and involvement in planning. The approved provider stated it will be continuing to focus on improvements in variety and temperature of food. I am satisfied that consumers are provided with varied meals of appropriate quantity and quality.

Consumers and representatives said equipment is appropriate, clean, and well maintained. Allied health staff and maintenance staff provided examples of how equipment is prescribed, managed, and maintained; equipment was observed to be stored safely.

# 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 environment is warm, welcoming, bright, accessible, and friendly. The Assessment Team observed the service to have open and bright indoor and outdoor areas for consumers to move around in. Soft furnishings were colour coordinated and there was artwork, Royal Australian Air Force Association historical mementos, quilts made by a quilting group were displayed, and flowers and fragrance sticks evident. Dining room table place settings were provided for each consumer.

There was a specific wing for people living with dementia. This area had a very calm, light, and airy feel, and had views to a large lake and parklands with bird life. There was a kitchen and dining area within this wing, and a private dining and lounge area if visitors wished to dine with a consumer.

Consumers and representatives agreed the environment is safe, comfortable, well maintained and facilitates freedom and wellbeing. Throughout the assessment, consumers were observed moving inside and outside the service, with some consumers going to feed the ducks at the nearby lake. Staff were able to provide examples of support and care that promotes the consumer’s movement and independence, with evidence included in care planning documentation. Staff were observed cleaning rooms, corridors and dining areas and maintenance staff were equipped to manage repairs and maintenance concerns.

Consumers and representatives were satisfied with the equipment that was available to them and said it was clean and well-maintained. Allied health staff and maintenance staff described how they manage equipment, furniture, and fittings to ensure it is suitable, clean and in working order. There are procedures that provide staff with guidance including in relation to equipment use and corrective and preventative maintenance.

# Standard 6

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

Findings

Consumers and representatives are provided information about and have access to feedback and complaints processes. Management explained feedback is encouraged and welcomed by the service and staff said they participate in training about feedback and complaints processes. Consumers felt they could speak with management and staff should they have any concerns with the service. One consumer provided an example of a complaint they had raised and said it was resolved to their satisfaction. The Assessment Team reviewed complaints processes including the complaints register and found complaints were managed efficiently and effectively and reflected the principles of open disclosure.

Management advised information about feedback and complaint processes is provided to consumers on entry to the service, with feedback forms and suggestion boxes available within the service; an additional suggestion box was placed outside the dining area in response to consumer feedback. Consumer and representative meetings are conducted every second month and are used as means of receiving feedback and providing information to consumers.

Management advised that in response to feedback about food they have introduced a Food Focus Group to ensure consumer feedback about food is heard and acted on, and to obtain consumer input in planning the seasonal menus. Staff could describe their responsibilities when receiving a complaint from a consumer and provided examples of how they attempt to resolve the issue to the consumer’s satisfaction.

Management explained consumers have access to translation and interpreter services and advocacy services; consumer representatives confirmed this. Management said an aged care advocacy service provides education programs at the service to increase awareness of consumers’ rights, raise awareness of elder abuse, and increase the capacity of people working in aged care to protect and champion the rights of older people. Education records demonstrated the advocacy service provided education at the service in February 2022. Staff advised they implement the consumers’ preferred communication method to assist with understanding their needs and the Assessment Team found consumer files included information about a consumer’s language and communication requirements.

The Assessment Team observed a range of brochures and posters available to consumers about their rights including the Charter of Aged Care Rights, Aged Care Quality and Safety Commission complaint processes and information about translation and interpreter services, and advocacy.

Consumer feedback and complaints are reviewed on a case-by-case basis by management who advised that changes or improvements are made in response as required. Management advised feedback and complaints data is included in the plan for continuous improvement and that progress is monitored with a timeframe for completion established; this was confirmed by the Assessment Team who found that service improvements had resulted from consumer 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

Consumers provided positive feedback about their care and described staff as ‘caring’, ‘wonderful’, kind, and respectful of their individual identity and preferences. Staff advised they learn about the person, their support needs, interests, and preferences initially through the care plan, and then through getting to know the person and their family and learning about their life. Staff advised they had participated in online cultural awareness training.

Management described the workforce planning and rostering processes and said that it included a varied mix of skills; examples were provided of how staffing is adjusted to meet changes in consumers’ needs. Staff described the processes for ensuring they have up to date information about consumers’ care needs and said they have sufficient clinical and care staff to provide safe, quality services. Care staff advised that registered staff and allied health professionals provide them with on-the-job support.

When leave occurs the service’s internal staff are initially used to fill the shift, this is followed by accessing staff from other parts of the organisation such as other residential services or home care services. Where necessary, the service will access agency staff and there is an established Memorandum of Understanding with preferred agencies detailing the qualifications, skills, and compliance requirements of agency staff. It was advised there had been zero unfilled shifts in the previous six months.

Consumers described staff as competent and capable. Management advised staff are recruited in accordance with the relevant position description criteria identifying the skills, knowledge or qualifications required for the role. Staff said they participate in training and are supported on-the-job to effectively do their job. Documented processes and records included individual staff training records, qualifications, credentials, and record of professional registration as required.

Management provided examples of how it is ensured staff have the skills to provide care in the more challenging circumstances of an infection outbreak, such as COVID-19. They said Specialist Care Task Training was developed for staff to support their skills in relation to undertaking basic clinical tasks when entering a consumer’s room during lock downs, where entry to the rooms was limited to reduce the risk of transmission. Records indicated this training was delivered in November 2022 and included monitoring and reporting vital signs, urinalysis, simple wound dressing, and blood glucose level monitoring. Management advised the training ensured the surge workforce was trained and available if required.

Management explained staff complete a three month probation and this period can be extended if required for staff to demonstrate they have the required competencies for the role. Staff complete buddy shifts during probation to ensure they have the experience of working varied shifts prior to being rostered; additional buddy shifts can be arranged for staff to further develop knowledge, skills and confidence if required. Ongoing training, including mandatory annual refresher training is conducted and examples of training provided includes manual handling, fire safety, use of personal protective equipment and medication administration.

The quality and safety of care delivery is monitored through clinical indicator data, discussions with registered staff, handover processes, staff meetings, meetings with allied health professionals, call bell data and feedback from consumers. The Assessment Team found that actions had been taken by management and registered staff when an increased trend in call bell response times had been identified.

Management described how staff performance is assessed, monitored, and reviewed through processes including staff supervision and participation in performance reviews. There are processes for monitoring completion of mandatory training, professional registrations, and national criminal history checks. Staff advised they feel supported in their jobs and that the training provided is relevant and useful to their roles.

# 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 are provided with information about feedback and complaints processes on entering the service and consumers confirmed they know how to provide feedback. Management advised there are various pathways available to consumers to provide feedback including through feedback forms, consumer, and representative meetings, via email and in response to surveys. The Assessment Team found the service initiates improvements in care and service delivery in response to consumer feedback.

The organisation has a governing body, the Division Council, that promotes a culture of safe, inclusive, quality care and service delivery. A Division Councillor advised there is clinical expertise on the Council and that the Council receives information about service safety, quality, risk, and consumer satisfaction through digital systems, reporting mechanisms and the meeting structures that are in place. The service demonstrated how reporting mechanisms capture clinical indicators, key risk areas, incidents including those relating to the Serious Incident Response Scheme, complaints, audits, and continuous improvement initiatives.

Management explained the service is currently developing a Cultural Diversity and Inclusion Framework which recognises the broader interpretation of culture to further promote an inclusive service environment and workplace. Management explained culture to include all things about a consumer’s life, their lived experience, and identity.

There are effective governance systems and processes relating to information management continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. The organisation’s quality management system consists of policies, procedures, manuals, and documented guidelines; the system is maintained digitally, and staff have access via the intranet. The service maintains a plan for continuous improvement whereby improvement initiatives are identified, planned, and implemented. Financial governance processes include documented delegations of authority, budgets are planned annually and the Chief Financial Officer attends Council meetings. There are processes in place to monitor regulatory compliance, and policies and procedures reflect current requirements.

Management explained the risk assessment processes for high impact or high prevalence risks relating to consumer care. Staff training includes incident management processes, mandatory reporting, and elder abuse. Incident management systems and Serious Incident Response Scheme processes are in place. Incident management processes indicated the service manages and responds to incidents appropriately, maintains records of incidents including internal and external reporting requirements, and reviews incident data to identify areas for change or opportunities for improvement.

The organisation’s clinical governance framework outlines the clinical governance process and actions taken by the service to ensure safe, quality clinical care is provided. The framework incorporates clinical care, quality and safety, antimicrobial stewardship, restrictive practice, and open disclosure. There are processes for monitoring antimicrobial prescribing and the use of restrictive practice. Restrictive practice processes reflected legislative requirements requiring any restriction to be used as the last resort with the least restrictive option implemented with consent. The principles of open disclosure are outlined in a document providing guidelines for how this should be implemented in practice and include identifying when things go wrong, apologising, or expressing regret and learning from the experience.

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)