Performance

Report

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| Name of service: | Performance report date: |
| Harbison Moss Vale | 15 July 2022 |
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| Approved provider: | Activity date: |
| Harbison Memorial Retirement Village | 24 May 2022 to 26 May 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 Harbison Moss Vale (**the service**) has been considered by Melissa Buhagiar, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 undertaken 24 May 2022 to 26 May 2022; 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 29 June 2022.
* the following information given to the Commission, or to the Assessment Team for the site audit of the service - 17 consumers and five consumer representatives provided feedback to the Assessment Team.
* the following information received from the Secretary of the Department of Health (**the Secretary**): Exceptional Circumstances Determination dated 31 August 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 | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-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 7(3)(e) The approved provider must demonstrate that regular assessment, monitoring and review of the performance of each member of the workforce is undertaken as staff appraisals are overdue.

Requirement 8(3)(c) The approved provider must demonstrate effective organisation wide governance systems related to information management, continuous improvement and workforce governance. The gaps identified related to staff handover and care staff meetings are not conducted consistently. The absence of a consolidated continuous improvement plan for the service and action items under improvement plans are not being consistently tracked, monitored and closed off. The service was unable to demonstrate effective workforce governance in relation to workforce planning and performance appraisals.

# Standard 1

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| Consumer dignity and choice | | Compliant |
| 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 six of the six specific requirements have been assessed as Compliant.

The Assessment Team found that overall, sampled consumers consider that they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

The Assessment Team interviewed consumers and representatives who confirmed that staff are respectful towards them, and their individual identity, culture and diversity is recognised and valued. They are encouraged to do things independently, including taking risks which enables them to live the best life they can. Consumers and representatives advised they are provided with information which enables the consumer to make decisions, including who is to be involved in their care, their participation in activities and selection of meals. Consumers confirmed their personal privacy preferences are met, including during interactions with staff, and their information is secured to ensure confidentiality.

The Assessment Team interviewed staff which demonstrated that they respect consumers and representatives and have knowledge of what is important to consumers, including maintaining their independence. Staff could describe how they ensure that consumers’ preferences are understood and respected. Staff demonstrated an understanding of consumers’ backgrounds, the people who are important to them, and how they are supported to maintain relationships with family and friends.

The Assessment Team reviewed care planning documentation and observed it to be stored securely to ensure confidentiality. The documentation includes information which reflects each consumer’s background, identity, cultural practices, individual preferences and choices.

Policies and education modules provide guidance to staff on fostering consumer choice, respecting diversity, interacting respectfully and meeting consumer preferences and legislative requirements for privacy and confidentiality. Further, organisational policies, consumer and staff information handbooks and meeting minutes demonstrated how the service understands and supports consumers to live their best life by promoting choice and their right to take risks.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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 five of the five specific requirements have been assessed as Compliant.

The Assessment Team interviewed consumers and representatives who confirmed the service involves them with their initial and ongoing assessments and care planning preferences and goals, which was demonstrated in the consumers’ care documentation. The consumers advised that preferences in relation to personal care are accommodated by the service, wherever possible. Consumers and representatives confirmed they were informed about the outcomes of assessment and planning and could readily access their care and services plan. Consumers and representatives advised care and services were reviewed regularly, when circumstances changed, or incidents occurred, and they were informed of changes to care.

The Assessment Team reviewed care planning documentation and identified consumers’ end of life (EOL) preferences were included in their care plan documentation. Care plan documentation for sampled consumers reflect the involvement of other health professionals and those persons who are important to the consumer. A review of care documentation for sampled consumers notes a suite of comprehensive risk assessments are completed upon entry to the service and are reviewed every 3 months or when changes occur.

The Assessment Team interviewed staff who could demonstrate an awareness of the highest risks to individual consumers and could describe strategies in place to minimise the risk for individual consumers.

# Standard 3

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| Personal care and clinical care | | Compliant |
| 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 seven of the seven specific requirements have been assessed as Compliant.

The Assessment Team interviewed consumers and representatives who confirmed that they receive personal care and clinical care that is safe and right for them. Consumers and representatives interviewed advised they were very happy with the care and services provided by the service and that they get the care they need, delivered according to their preferences and goals. Consumers and representatives advised they have access to a Medical Officer or other health professional when needed.

The Assessment Team reviewed documentation which demonstrated consumers receive appropriate personal and clinical care in relation to their End of Life care and where they experience a deterioration or change in their status. Care documents for the consumers sampled provide adequate information to support effective consumer care and reflected timely and appropriate referrals and input and recommendations from Medical Officers, a range of allied health and other medical professionals. A review of sampled consumer files (including care plans, assessments, progress notes, medication charts, monitoring records and relevant correspondence) identified individualised care delivery that is safe, effective and tailored to the specific needs and preferences of each consumer. For the consumers sampled, care documentation indicates the service identifies risks associated with the care of the consumer and implements actions to remove or minimise the risk of harm. Risks and actions are documented in care assessments and plans and communicated to staff.

The Assessment Team identified that the service has policies and processes for minimising restrictive practices available to guide staff practice. The service maintains a psychotropic medication register to facilitate management of consumers’ psychotropic medication. Review dates and actions are documented in the register. The register identifies all consumers on psychotropic medication have had their medication reviewed by a Medical Officer within the last month. The service discusses psychotropic medication usage at the Medication Advisory Committee Meeting (MAC) which is attended by a clinical pharmacist, Clinical Care Manager and registered staff.

The Assessment Team noted that consumers with active pressure injuries, wounds or injuries to skin integrity including rashes and bruises have a wound care plan and chart which are completed following treatment and at every review. Wound care assessments include current treatment, photographs, the wound measured against a tape measure and the presence of infection if applicable. Wound charts consistently demonstrate wound review and dressings are scheduled due to need and not day and were attended when scheduled. A review of the wound management list for May 2022, up to and including 24 May 2022, notes all wound treatments had been completed as scheduled.

# Standard 4

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| Services and supports for daily living | | Compliant |
| 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 seven of the seven specific requirements have been assessed as Compliant.

**The following requirements have been assessed as Compliant.**

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.

The Assessment Team found that the service was unable to demonstrate consumers in high care residential wings and the Memory Support Units receive safe and effective services and supports for daily living that optimizes their independence, health, wellbeing and quality of life.

The service does not have a specific activity schedule catering to consumers in high care residential wings and the Memory Support Units. Whilst management advised that consumers from these areas are encouraged and supported to attend daily activities within the main activity room, the Assessment Team observed only a small number of those consumers attending with assistance from staff.

The Assessment Team observed multiple consumers in the high care residential wings and Memory Support Units common dining areas sitting in reclining chairs or dining chairs asleep and unsupervised with no form of engagement.

The Assessment Team interviewed staff who confirmed they do not have enough time to engage with consumers from these high care areas and provide activities.

The approved provider responded to the Assessment Team report and furnished evidence of activities that the consumers have involvement in, including the activities schedule, compliments and survey results. The provider advised that the past two month’s consumer satisfaction surveys had improved with 5/5 and 4.8/5. The provider also advised that none of the wellbeing staff had been interviewed during the Site Audit to obtain a greater understanding of what was occurring at the service.

I have considered the approved provider’s response and documentation to support their compliance and find that the provider was compliant at the time of assessment.

Requirement 4(3)(b) Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

Requirement 4(3)(c) Services and supports for daily living assist each consumer to:

(i) participate in their community within and outside the organisation’s service environment; and

(ii) have social and personal relationships; and

(iii) do the things of interest to them.

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.

Requirement 4(3)(e) Timely and appropriate referrals to individuals, other organisations and providers of other care and services.

Requirement 4(3)(f) Where meals are provided, they are varied and of suitable quality and quantity.

Requirement 4(3)(g) Where equipment is provided, it is safe, suitable, clean and well maintained.

The Assessment Team found that most consumers sampled consider that they receive the services and supports for daily living that are important for their health and well-being and that enable them to do the things they want to do.

The Assessment Team interviewed consumers and representatives who said they are supported to engage in activities they are interested in, both inside the service and in the wider community. Most consumers said the service supports and facilitates them to maintain personal and social relationships and remain in contact with people who are important to them. Most consumers and representatives said the activity schedules are varied and adequate to meet the consumers’ needs and preferences, and that the service involves other individuals and external organisations to supplement the activity schedules as required or when beneficial to the consumer.

Consumers advised the Assessment Team that the service meets their emotional, social, spiritual and psychological needs by way of the internal support provided by Lifestyle staff, volunteer pastoral workers, volunteer workers, and referrals to external counsellors. Most consumers provided positive feedback in relation to the meals and stated that they are afforded a wide variety and quantity of meals of their choice.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 three of the three specific requirements have been assessed as Compliant.

**The following requirement has been assessed as Compliant.**

Requirement 5(3)(b) The service environment:

(i) is safe, clean, well maintained and comfortable; and

(ii) enables consumers to move freely, both indoors and outdoors.

The Assessment Team observed the service environment generally enables consumers to move freely, indoors and outdoors, however the Assessment Team found one locked door and one obstructed door in the Memory Support Unit which restricted the consumers ability to access the garden area and move freely in and out of the secured area. The Assessment Team observed several areas of the service environment both indoors and outdoors which did not appear to be safe, clean or well maintained.

The Assessment Team observed staff cleaning consumer rooms, common areas and shared/public toilets throughout the Site Audit. Some areas that were observed not to be clean or safe for consumers were immediately acted upon by management. The service has been impacted by the mice plague, however this is being controlled with increased baiting and mice faeces observed were immediately cleaned.

The approved provider responded to the Assessment Team’s report and provided documentation to support the cleaning and mice plague activities that are in place and their compliance with the requirement. I have reviewed the information that the provider has furnished and acknowledge that the provider was very reactive in attending to any issues of cleanliness on the day of the Site Audit.

I find that the approved provider is compliant with this requirement.

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.

Requirement 5(3)(c) Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

The service was welcoming with a mixture of communal areas and quiet outdoor spaces. Consumers were seen to be engaging with each other and their visitors, and consumers were observed sitting inside and outside at various areas at the service enjoying quiet time and engaged in activities with staff and other consumers.

The Assessment Team observed the environment generally to be spacious, clean, well maintained and welcoming. The main entry to the service comprises of well-maintained gardens, clean and well-presented main foyer. The service has created a ‘Town Hub’, that includes an entry foyer, café, library and hairdresser.

The Assessment Team observed the service has wide, well lit, unobstructed corridors that optimise consumers’ independence and safety when mobilising and clear signage that provides direction to each wing within the service. The name of each wing is emblazoned on the entry door to the wing as you approach. Each consumer has their name a different coloured door to their room to assist the consumer to recognise and locate their room.

The Assessment Team did not observe consumers appearing to be lost or requiring assistance to locate their rooms while at the service.

# Standard 6

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| Feedback and complaints | | Compliant |
| 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 four of the four specific requirements have been assessed as Compliant.

The Assessment Team interviewed consumers and representatives who considered they are encouraged and supported to give feedback and make complaints, and that appropriate action is taken in response to complaints. Consumers and representatives were aware of the service’s formal processes for raising a complaint, and said they felt safe raising any issues directly with staff or management and did not express concern about potential retribution if they were to provide feedback.

Most consumers and representatives sampled were satisfied appropriate action was taken in response to feedback and complaints and felt confident that if there were any issues in future, these would be promptly resolved by the service.

The Assessment Team reviewed the organisation’s approach to reviewing and acting on complaints through discussion with management and an examination of the service’s policies, complaints data and continuous improvement action plans. The review demonstrated the service has effective processes and systems for dealing with feedback and complaints which informs continuous improvement in care and service delivery.

The Assessment Team reviewed the service’s complaints register which captures information on complaints received via different avenues, and actions planned and implemented to improve outcomes and prevent recurrence.

The Assessment Team reviewed the service’s various continuous improvement actions plans which identify feedback and complaints are used to inform continuous improvement.

# Standard 7

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| Human resources | | Non-compliant |
| 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. | Non-compliant |

## Findings

The Quality Standard is assessed as Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

**The following requirement has been assessed as Non-compliant.**

Requirement 7(3)(e) Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.

The Assessment Team found that the service was unable to demonstrate regular assessment, monitoring and review of the performance of each member of the workforce is undertaken as staff appraisals are overdue. Whilst the service is moving to implementing a new performance assessment system and a continuous improvement plan in this regard is currently open and underway since 1 November 2021; the service has not ensured staff appraisals are consistently completed and records updated during this period.

The Assessment Team interviewed staff who advised they have not undergone regular performance appraisals or were unable to recall having completed a performance appraisal recently. Sampled staff who had joined the service within the last year due for their probationary appraisal advised this has not been discussed with them. Sampled staff said they could not recall discussions with their supervisor regarding their performance and feedback on areas for improvement and further training as their appraisals were overdue.

The approved provider responded to the Assessment Team’s report and refuted the team’s finding and advised the service’s policy is to complete a performance appraisal at least once every two years. I have reviewed the information that has been furnished by the approved provider, however do not agree that the provider is conducting regular assessment, monitoring and review of the performance of each member of the workforce.

I find that the approved provider is not compliant with this requirement.

**The following requirements have been assessed as Compliant.**

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.

The Assessment Team found that the service was unable to demonstrate the number and mix of members of the workforce deployed enables safe and effective care and service delivery. Most consumers/representatives interviewed expressed concerns regarding staff shortages and provided examples of where this has impacted consumers’ care and service delivery. Staff interviewed also expressed concerns regarding care staff shortages and being unable to deliver care in accordance with individual consumers’ needs and preferences and in a timely manner.

The Assessment Team interviewed consumers and representatives who raised concerns regarding adequacy of staff numbers at the service, providing examples of where this has impacted consumers personally including missing out on daily cares and assistance with hygiene and toileting, and lengthy wait times for staff assistance. The feedback included where consumers who are incontinent, being left soiled and not changed in a timely manner, clothing not being changed in several days and meals being left out of reach. One representative considered the issue related to staff shortages rather than the behaviour of staff and found the staff to be ‘very caring’.

The Assessment Team interviewed consumers who advised that they often miss out on showers due to staff shortages and how staff are always rushing with no time to stop and engage for a chat.

The approved provider responded to the Assessment Team’s report and provided documentation and evidence to support their compliance with this requirement.

I find that the approved provider is compliant with this requirement.

Requirement 7(3)(b) Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.

Requirement 7(3)(c) The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.

Requirement 7(3)(d) The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.

The Assessment Team interviewed consumers and representatives who confirmed that the staff are kind, caring and treat consumers well. Consumers felt that staff are qualified and generally well trained and equipped with the knowledge and skills to deliver safe and quality care and services.

The service demonstrated policies, processes and systems in place to ensure the recruitment and training of a competent workforce who are equipped, trained and supported to deliver the responsibilities of their role.

The Assessment Team identified that most consumers and representatives sampled expressed their dissatisfaction with care staff numbers at the service providing examples of where staff shortages have impacted consumers’ care and service delivery. Staff interviewed expressed concerns regarding care staff shortages; being unable to deliver care in accordance with consumers’ needs and preferences in a timely manner and how this impact both consumers as well as staff personally.

The Assessment Team reviewed the service’s mandatory training records and identified some discrepancies regarding total number of staff listed for each training module and completion rates for medication competency and manual handling. Feedback was provided to management who advised discrepancies were due to current manual data entry required to capture training compliance for all staff as the service’s online training system has not been in place for a full year. An improvement plan was created to ensure formal reconciliation and ongoing management of mandatory training compliance records until the service’s online system can generate reports reflecting training data for a full 12 months.

# Standard 8

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| Organisational governance | | Non-compliant |
| 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. | Non-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 Non-compliant as one of the five specific requirements have been assessed as Non-compliant.

**The following requirement has been assessed as Non-compliant.**

Requirement 8(3)(c) Effective organisation wide governance systems relating to the following:

(i) information management;

(ii) continuous improvement;

(iii) financial governance;

(iv) workforce governance, including the assignment of clear responsibilities and accountabilities;

(v) regulatory compliance;

(vi) feedback and complaints.

The Assessment Team identified that the provider could not demonstrate effective organisation wide governance systems related to information management, continuous improvement and workforce governance. Care staff handover and care staff meetings are not conducted consistently. There is currently no consolidated continuous improvement plan for the service and action items under improvement plans are not being consistently tracked, monitored and closed off. The service was unable to demonstrate effective workforce governance in relation to workforce planning and performance appraisals.

The Assessment Team interviewed staff who advised that whilst handover information is available on the Electronic Care Management System for staff to review at the start of each shift, staff are not consistently provided with a verbal handover from registered staff regarding changes to consumers’ needs and condition. Staff advised they often do not know who the allocated Registered Nurse on the shift is. This was confirmed by the Assessment Team during an interview with another care staff member who was asked the name of the Registered Nurse on the afternoon shift on Day 3 of the Site audit and responded, ‘I do not know’. Staff meetings are not regular and can often be cancelled when the service is short of staff.

At the time of the site audit, there have been no continuous improvement meetings at the management level in place to track, monitor and close off action items. However, Executive management have discussed and reviewed continuous improvement twice a year and seconded staff to the quality manager role to undertake quality improvement activities.

The Assessment Team found that the service currently has a 93-page document capturing open action plans. Review identifies planned actions are not consistently monitored or implemented. This contains some areas for improvement including call bell analysis and effective communication, the service was unable to demonstrate actions have been completed or initiated.

The provider was unable to demonstrate effective workforce governance in relation performance appraisals.

The approved provider responded to the Assessment Team’s report and advised that the same process is in place at another one of the organisations services and has been deemed compliant. It is however apparent that each service or organisation may have different processes on the ground that are not meeting the requirements of the Quality Standard. I have reviewed the response from the provider however the information has not persuaded me that there are effective organisation wide governance systems in place for information management, continuous improvements actions and workforce management.

I find that the approved provider is not compliant with this requirement.

**The following requirements have been assessed as Compliant.**

Requirement 8(3)(a) Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.

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.

Requirement 8(3)(d) Effective risk management systems and practices, including but not limited to the following:

(i) managing high impact or high prevalence risks associated with the care of consumers;

(ii) identifying and responding to abuse and neglect of consumers;

(iii) supporting consumers to live the best life they can

1. managing and preventing incidents, including the use of an incident management system.

Requirement 8(3)(e) Where clinical care is provided—a clinical governance framework, including but not limited to the following:

(i) antimicrobial stewardship;

(ii) minimising the use of restraint;

(iii) open disclosure.

The Assessment Team interviewed consumers who consider that the organisation is well run and they can partner in improving the delivery of care and services.

The Assessment Team interviewed management and reviewed documentation and identified the organisation’s governing body promotes a safe and inclusive culture at the service and is accountable for the delivery of safe and quality care and services.

The organisation has an effective clinical governance framework embedded into systems and practices with policies, procedures and training available to guide staff practice.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)