Performance

Report

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| Name: | Harold Williams Home |
| Commission ID: | 0027 |
| Address: | 267 Eyre Street, BROKEN HILL, New South Wales, 2880 |
| Activity type: | Site Audit |
| Activity date: | 20 August 2024 to 22 August 2024 |
| Performance report date: | 17 September 2024 |
| Service included in this assessment: | Provider: 744 Southern Cross Care (Broken Hill) Ltd  Service: 43 Harold Williams Home |

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 Harold Williams Home (**the service**) has been prepared by M Glenn, 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.

# Material relied on

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

* the Assessment Team’s report for the site audit, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others; and
* a performance report dated 18 April 2023 for a site audit undertaken from 14 February 2023 to 17 February 2023.

The provider did not submit a response to the Assessment Team’s report.

# 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 and representatives interviewed said consumers are treated with dignity and respect, and they feel accepted and valued. Consumers and representatives described how the service recognises, values and accommodates consumers’ diversity, cultural needs and preferences to ensure care and services provided are culturally safe. Care files sampled include what is important to each consumer, for example, preferred name, religious beliefs and days the consumer wishes to celebrate, in line with their cultural preferences. Staff have completed cultural diversity training and said the training has assisted them to recognise what is important to consumers and they align and deliver care and services accordingly. Staff described what treating consumers with dignity and respect means and said if they saw another staff member treating a consumer in a disrespectful way, they would report this to registered staff or management.

Consumers are supported to take risks to enable them to live the best life they can, and consumers described undertaking activities they enjoy safely with appropriate supports. Where consumers are identified as undertaking an activity which includes an element of risk, risk assessments are completed in discussion with the consumer or representative. This includes discussions relating to risks involved, development of mitigating strategies, and obtaining consent. Where required, allied health professionals contribute to the risk assessment process. Risks are reviewed every four months or in response to changes in the consumer’s condition, needs or preferences.

Consumers are supported to exercise choice and independence, make decisions about their care and services, including when others should be involved, and communicate their decisions. Staff said all consumers have preferences relating to the way care and services are delivered and when, and confirm they accommodate these preferences. Information is provided to consumers through various avenues, including information booklets, activity programs, noticeboards, meeting forums and newsletters in relation to what is happening at the service. Staff described how they communicate with consumers with sensory impairment or where English is not their primary language, through hand gestures, written words, picture cards and words provided by the family in the language spoken by the consumer. Consumers and representatives said consumers receive the information needed to make informed choices. There are processes to ensure each consumer’s privacy is respected and personal information is kept confidential.

Based on the Assessment Team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant, therefore, the Quality Standard is compliant.

# 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

**Requirements (3)(a), (3)(b) and (3)(e)** were found non-compliant following a site audit undertaken in February 2023 as assessment and planning, including consideration of risks to consumers’ health and wellbeing, did not inform delivery of safe and effective care and services; assessment and planning did not identify or address consumers’ current needs, goals and preferences; and review of care and services did not consistently occur when circumstances changed or incidents impacted on consumers’ needs, goals and preferences. In response to the non-compliance, the provider has implemented a range of improvements, including, but not limited to, a clinical support/enrolled nurse role to provide oversight and support to clinical staff; regular monitoring of annual care planning/reassessments, four-monthly reviews and monthly resident of the day reviews to capture changes; mandatory education to staff on assessment and care planning; engagement of various allied health professionals to support consumers to develop specific strategies, goals and wishes; and monthly clinical team meetings.

At the site audit in August 2024, care files sampled show a range of assessments are completed using validated assessment tools, and risks and consumers’ individual needs and preferences are identified. A range of assessments which consider personal, clinical and lifestyle aspects of care are completed on entry and ongoing with the consumer and their representative, with scheduled assessments occurring through annual, quarterly and monthly reviews processes, or when consumers’ circumstances change. Consumers and representatives interviewed feel included and engaged in the assessment and planning process, stating staff discuss consumers’ needs, goals, and preferences, as well as associated or potential health risks and management strategies.

Care files record specific and personalised information to support consumers’ needs, goals and preferences, such as personal and clinical care needs and choices for social, emotional and spiritual support, as well as end of life care wishes if the consumer is willing to discuss and implement. Discussions relating to advance care and end of life planning occur as part of the entry process, through care plan reviews or where changes to consumers’ condition occur. The service utilises end of life direction for aged care resources and has developed a good relationship with the external palliative care team which has engaged a palliative nurse care practitioner and recently provided education sessions for the region.

Consumers and representatives confirm staff regularly engage them in assessment and planning discussions and consumers can choose who is involved in making decisions about their care and services. Clinical, care and lifestyle staff described how they partner with consumers during assessment and planning, as well as with other organisations and providers of care, which was confirmed through care files sampled. There are processes to ensure outcomes of assessment and planning are communicated to consumers, representatives and staff, with care plans offered to consumers and their representatives, and accessible to staff through an electronic care system. Clinical and care staff said all consumers are discussed daily during handover processes, and they have access to handover sheets and other documentation related to consumers’ care to ensure they are kept up to date with consumers’ changing needs.

Consumers’ care and services are reviewed on entry, through monthly resident of the day processes, quarterly assessment reviews and annual reviews. Where incidents or changes occur, staff liaise with consumers, representatives and health providers to update care documentation to ensure consumers’ needs, goals or preferences are correct and enable appropriate supports. Monitoring processes facilitate regular review of consumers, including daily staff handovers, monthly clinical meetings, fortnightly resident risk meetings and assessment reviews.

Based on the Assessment Team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant, therefore, the Quality Standard is compliant.

# 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

**Requirements (3)(a), (3)(b), (3)(d) and (3)(f)** were found non-compliant following a site audit undertaken in February 2023 as each consumer did not receive safe and effective clinical care that was best practice, tailored to their needs and optimised their health and wellbeing; high impact or high prevalence risks associated with consumers’ care were not effectively managed, specifically behaviours; deterioration or change of a consumer’s physical condition was not recognised and responded to in a timely manner; and consumers were not referred to medical officers and other health specialists in accordance with their needs. In response to the non-compliance, the provider has implemented a range of improvements, including, but not limited to, an external wound provider; an electronic high risk register; staff handover, high risk meetings, clinical team meetings and monthly monitoring of risks; monthly clinical trending reports which include a high impact or high prevalence risk summary; regular engagement with other providers of care to aid identification of deterioration and improved monitoring practices; mandatory education for staff on wounds, infections and deterioration; and a monthly referral list to track referrals to allied health and practitioner services.

At the site audit undertaken in August 2024, consumers and representatives interviewed said the care consumers receive positively impacts and improves their health and wellbeing and is individualised to their needs. Care files include tailored preferences, including for hygiene, sleep, dietary needs and clinical care, such as diabetes, wounds and behaviours. There are processes to identify, assess, plan for, manage and monitor high impact or high prevalence risks relating to consumers’ care. Care files evidence effective management of risks relating to diabetes, wounds, falls, and choking, as well as involvement of allied health professionals and specialist services. Clinical and care staff described systems and strategies in place to support clinical care objectives and for reporting changes in consumers’ presentation.

Care files show needs, goals and preferences of consumers nearing end of life are recognised, respected and addressed. A care file for one consumer records regular updating of the end of life care and management plan, supports for care needs, regular observations for pain, and implementation of as required palliative crisis subcutaneous medications. Charting also demonstrates provision of one to one emotional support to the consumer, as well as the consumer’s family. Staff described their approach for ensuring consumers’ comfort and preserving dignity during end of life care, highlighting their collaboration with consumers, families, the palliative care team and the medical officer.

Deterioration or changes in a consumer’s physical or mental health presentation is identified and responded to, with appropriate and timely referrals to medical officers and allied health professionals initiated, where required. Various tools are available to staff to assist to identify and respond to deterioration, including a flowchart. Clinical staff confirm regular, daily discussions and monitoring of consumers presenting with deterioration, and said they have received training in recognising and responding to deterioration and access to procedural pathways. Consumers and representatives expressed confidence in staff taking prompt actions to support consumers’ health and wellbeing, stating staff know them well enough to identify changes.

Care files evidence individualised personal and clinical care, with management plans and strategies based on assessment of needs and discussions with consumers and representatives. Staff said they have regular input and are apprised of changes to consumers’ condition and needs through handover processes, electronic alerts, progress notes and meetings. Consumers and representatives confirm they are kept up to date regarding changes to consumers’ care and services and staff consistently seek input before implementing any changes. Clinical staff described how they communicate with other providers of care, with related amendments made to consumers’ care planning. Progress notes for four consumers record consultation with consumers and next of kin regarding care changes and outcomes of external consultations and recommendations.

There are systems and processes to support the minimisation of infection related risks, monitor infections and promote appropriate antibiotic prescribing. Staff described regular monitoring and reporting of immunisations, outbreaks and use of antimicrobials, with regular education and auditing for effectiveness. Clinical staff described the antimicrobial stewardship pathway, with swabbing for pathology and minimisation of antibiotic usage, and the importance of good hygiene practices and encouraging fluids. Staff confirm completion of mandatory infection control training, including hand hygiene and personal protective equipment, and were observed practicing good infection prevention techniques.

Based on the Assessment Team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant, therefore, the Quality Standard is compliant.

# 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

**Requirements (3)(a) and (3)(c)** were found non-compliant following a site audit undertaken in February 2023 as each consumer did not receive safe and effective services and supports for daily living, specifically two consumers who were living with dementia; and each consumer did not receive services and supports for daily living to assist them to do things of interest to them. In response to the non-compliance, the provider has implemented a range of improvements, including, but not limited to, an external leisure and lifestyle consultant to review the lifestyle staff structure and activity programme; a consumer liaison officer position; a leisure and lifestyle audit and consumer survey; reviewing leisure and lifestyle care plans; and referring consumers with cognitive impairment to specialist services for recommendations to assist in tailoring activities.

At the site audit undertaken in August 2024, each consumer was found to receive safe and effective services and supports for daily living that meet their needs, goals and preferences and optimises their independence, health, wellbeing, and quality of life. Staff described how they adapt services according to consumers’ needs and preferences each day. Consumers and representatives said consumers are supported by staff to undertake individual and group activities which are important to them and improves their quality of life, health, wellbeing and independence. Consumers and representatives also described improvement in consumers’ wellbeing in response to services and supports provided, including involvement of specialist services. This includes improvement in mobility and behaviours. Where changes to a consumer’s emotional, spiritual and psychological wellbeing are identified staff said they offer emotional support to consumers and report their concerns to clinical staff. Where required, timely and appropriate referrals to medical officers or allied health professionals are initiated.

Consumers receive services and supports for daily living to assist them to participate in their community, have social and personal relationships, and do things of interest to them. Information about consumers’ family, social, work history and hobbies is gathered through discussions with the consumer and representative on entry and used to develop an individualised lifestyle care plan. Consumers provide information and suggestions for activities they wish to be considered or included in the activity program. These suggestions are discussed with all consumers at consumer meeting forums and included in the activities program, as appropriate.

Information about consumers’ condition, needs, and preferences is communicated within the organisation and others, where required. Consumers and representatives sign a consent form on entry authorising the service to share their personal information both within the organisation and with other health professionals where the responsibility of care is shared. Information relating to consumers’ changing needs is communicated to staff through handover processes, the electronic care management system, and meeting forums. Consumers and representatives interviewed said staff know consumers’ needs and care is delivered in line with their needs and preferences.

Meals provided are varied and of suitable quality and quantity. Meals are prepared fresh on-site in line with a seasonal, four-week rotating menu, with food moulds used to enhance presentation of modified textured meals. Information relating to consumers’ individual dietary requirements and preferences is available to staff to guide meal preparation. Consumers and representatives interviewed described how consumers can choose their hot meal the day before and on the day can choose another meal if they wish, and alternative options are available. Consumers were observed enjoying their meals in a relaxed and comfortable environment, with staff offering more food, drinks, and alternate options.

Consumers are provided with safe, suitable, clean and well-maintained equipment, which is fit for purpose, and assists consumers with their daily living activities. Equipment is monitored and maintained through scheduled checks and a maintenance program, and repairs are prioritised to ensure consumers’ safety.

Based on the Assessment Team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant, therefore, the Quality Standard is compliant.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

The service environment is welcoming, easy to understand, and optimises consumers’ sense of belonging, independence, interaction and function. The service is a single-story building with single rooms which are personalised and include an ensuite. The service has a large communal and activity room, numerous dining areas, and several small sitting areas. There are multiple corridors with handrails, and the environment is easy to navigate with wayfinding signs. The internal communal environment displays various artworks and floral decal. There is a small chapel outside the main building accessed via an undercover walkway. The external environment incudes an undercover gazebo area, barbeque area, and raised garden beds for consumers to access. Consumers and representatives said they feel welcome at the service and consumers can bring personal items from home to decorate and personalise their room.

Consumers and representatives confirm the environment is safe, clean, well maintained and comfortable, and they can move freely indoors and outdoors, including to the chapel. Cleaning of consumer rooms and common areas is undertaken in line with a schedule which includes duties to be completed each day. Preventative and reactive maintenance processes, supported by external contracted services, are in place, as well as security processes. Furniture, fittings and equipment are safe, clean and well maintained and suitable for consumers. Designated equipment is checked each week as scheduled and when needed. Ad hoc maintenance is prioritised and completed, including repair or servicing of equipment, fittings and furniture. Equipment maintenance and audit outcomes has resulted in equipment being repaired or replaced.

Based on the Assessment Team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant, therefore, the Quality Standard is compliant.

# 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

**Requirements (3)(c) and (3)(d)** were found non-compliant following a site audit undertaken in February 2023 as appropriate action was not taken in response to complaints; and feedback and complaints were not reviewed and used to improve the quality of care and services. In response to the non-compliance, the provider has implemented a range of improvements, including, but not limited to, staff education relating to feedback, complaints handling and open disclosure; reviewing complaints policies and procedures; review, analysis and trending of the complaints and compliments tracker; and a plan for continuous improvement workshop for management.

At the site audit undertaken in August 2024, consumers and representatives said they are aware of how to provide feedback, and they feel encouraged and supported to do so. They are also aware of advocates, and external complaints handling services for raising and resolving complaints. Consumers and others are encouraged to provide feedback through feedback forms, surveys and meeting forums. Management has an open-door policy to capture feedback, suggestions or concerns from consumers and representatives who prefer a more confidential way to verbalise their feedback. Staff said they encourage consumers to provide feedback or concerns and assist consumers who wish to complete a feedback form. Feedback forms are available throughout the service, and information about advocacy services, and internal and external complaints avenues is noted in the resident handbook, newsletters, and displayed around the service. The service has implemented and provided education to staff on the use of a translating and interpreting service.

Consumers and representatives said the organisation responds appropriately and promptly to their feedback or concerns and are open and transparent when things go wrong. A complaint and compliment tracker is maintained and shows timely action of complaints, with apologies recorded where things have gone wrong. The tracker includes complaints made by consumers and representatives, with dates of the event, acknowledgement and the source of how the feedback or complaints were lodge. Feedback and complaints data is reviewed and analysed monthly to identify trends and opportunities for improvement, with reports developed and tabled at consumer and relative meetings, and higher-level management meetings, including board meetings.

Based on the Assessment Team’s report, I find all requirements in Standard 6 Feedback and complaints compliant, therefore, the Quality Standard is compliant.

# 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

**Requirements (3)(a) and (3)(c)** were found non-compliant following a site audit undertaken in February 2023 as the workforce was not planned to enable delivery and management of safe and quality care and services; and the workforce was not competent or had knowledge in all relevant aspects of clinical care to effectively perform their roles. In response to the non-compliance, the provider has implemented a range of improvements, including, but not limited to, daily trending of call bell response times; reviewing the existing structure and rostering to align hours with consumer acuity; an internal program to support staff upskilling; a mandatory education schedule covering main areas of clinical care, including high impact or high prevalence risk areas; morning huddles to discuss clinical or non-clinical issues; and reviewing workforce governance systems to monitor staff competency and professional qualifications.

At the site audit undertaken in August 2024, consumers and representatives expressed satisfaction with staffing levels and said staff are always available to provide safe and quality care and services, and staff interviewed said they have enough time to undertake their daily duties. A roster is maintained and regularly reviewed. A range of factors are considered when creating the roster, including consumers’ acuity and preferences, and trends from feedback, complaints and incident data. Call bell response times are reviewed, and extended response times are followed up with consumers and staff. Current rostered hours are above the care hours allocated to consumer acuity, providing a buffer when shifts are unable to be covered and ensuring there is no impact on consumer care. A registered nurse is available onsite 24 hours a day seven days a week. There are processes to cover planned and unplanned staff leave.

Consumers and representatives expressed satisfaction with staff conduct, stating staff are always kind and respectful and know consumers well. Staff interactions with consumers are monitored, including through feedback processes, meetings, surveys and face to face conversations. Staff are familiar with consumers’ backgrounds and care preferences and were observed interacting with consumers in a kind and caring manner. Staff said while they do not have any concerns about their colleagues’ conduct with consumers, they described processes for escalating any concerns.

There are processes to ensure the workforce is competent, trained, equipped and supported to deliver the outcomes required by the Quality Standards. Recruitment processes consider reference checks, professional registrations, and police clearances, and ensure the workforce has the right qualifications and are competent to perform their roles. Staff onboarding processes include an induction day, a buddy shift, and role specific training. Job descriptions set out requirements for specific roles and duty statements are available. Staff practices are monitored, and additional training needs identified through observation, feedback, auditing, and incident data. Where malpractice is identified, additional training and one to one support is provided to the staff member. Staff are required to complete mandatory training requirements, with additional training needs identified based on consumer and staff feedback, incident data and internal audits. Training records show all staff have completed and are up to date with annual training and competencies. Staff confirm they have attended training and complete annual competencies, allowing them to feel more comfortable to undertake their duties. Consumers and representatives are satisfied with staff skills, knowledge and competency, and are confident in their ability to provide the care and services needed.

Regular assessment, monitoring, and review of staff performance occurs. Staff appraisals are completed six-monthly through the probation period, then annually. Staff performance is monitored ongoing through observations, feedback, consumer consultation, and audits, and there are processes to manage poor staff performance.

Based on the Assessment Team’s report, I find all requirements in Standard 7 Human resources compliant, therefore, the Quality Standard is compliant.

# 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

**Requirements (3)(b), (3)(c), (3)(d) and (3)(e)** were found non-compliant following a site audit undertaken in February 2023 as the organisation’s governing body did not promote a culture of safe, inclusive and quality care and services or accountability for their delivery; and effective organisation wide governance systems, specifically information management systems, continuous improvement, workforce and feedback and complaints; risk management systems and practices relating to high impact or high prevalence risks and managing and preventing incidents; and a clinical governance framework were not demonstrated. In response to the non-compliance, the provider has implemented a range of improvements, including, but not limited to, two-way communication between the board and staff; completion of training on the Quality Standards, restrictive practices, and open disclosure by board members; tracking and analysing feedback, and reporting to a board director; included workforce governance in board meetings; a new process for monitoring wounds; mandatory training for staff on management of wounds, behaviours and emergencies in aged care; risk meetings to discuss consumers identified with high impact or high prevalence risks; and reviewing the clinical governance framework and provided feedback to the board.

At the site audit in August 2024, consumers said they are engaged and supported in the development, delivery and evaluation of care and services through a range of avenues, including feedback and complaints processes, meeting forums, surveys and newsletters. A consumer advisory body meets six-monthly to discuss staffing levels and mix, the food and dining experience, work health and safety, activities, and what consumers would like to see improved. Consumers are also invited to attend monthly board meetings.

The organisation’s governing body promotes a culture of safe, inclusive, and quality care and services and is accountable for their delivery. The organisation is governed by a board, supported by the chief executive officer and various sub-committees. The board meets monthly to discuss various organisational matters, including, but not limited to, current significant issues, updates on strategic plan implementation, performance and quality indicators, risk and compliance, consumer voice, major complaints, the serious incident response scheme, workforce issues, and updates from each sub-committee and residential service. The facility manager prepares a monthly clinical report, which includes information on incidents, high risk consumers, complaints and compliment trending, and is discussed at the residential care committee and reported to the board. The facility manager also reports any feedback, changes, or suggestions from the board to staff and consumers through various meeting forums.

A governance structure is in place to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. There are processes to ensure these areas are monitored and the governing body is aware of and accountable for the delivery of services. The organisation demonstrated effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. A clinical governance framework is supported by policies, procedures and training to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

Based on the Assessment Team’s report, I find all requirements in Standard 8 Organisational governance compliant, therefore, the Quality Standard is compliant.

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)