Performance

Report

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| Name of service: | Homewood Gardens |
| Service address: | 60 Regent St, Bexley, NSW, 2207 |
| Commission ID: | 0967 |
| Approved provider: | Home Care Pty Limited |
| Activity type: | Site Audit |
| Activity date: | 16 August – 18 August 2022 and 22 August 2022 |
| Performance report date: | 14 October 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 Homewood Gardens (**the service**) has been prepared by S. Hicks, 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; 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 7 October 2022.

# Assessment summary

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

**Standard 2:**

* **Requirement 2(3)b**
* Review and improve planning and assessment in relation to consumers current needs including wound management.
* Ensure that all improvements are applied in practice consistently.
* **Requirement 2(3)e**
* Improve the process for capturing and recording information when circumstances change or when incidents occur to enable effective care and services for consumers.
* Ensure analysis is completed to determine strategies to mitigate the risk and ensure the consumer’s safety.
* Ensure changes are recorded accurately and in a timely fashion.

**Standard 3:**

* **Requirement 3(3)a**
* Review, improve and deliver safe and effective personal care. This relates specifically to wound care.
* Ensure that all improvements are applied in practice consistently.
* **Requirement 3(3)b**
* Review current consumer high prevalence and high impact risks to ensure the Approved Provider is responding and mitigating consumer risk.
* Develop and implement a robust system for the effective management of high impact and high prevalence risk.

**Standard 5:**

* **Requirement 5(3)b**
* Ensure that the service is regularly completing safety checks to ensure that all staff are following protocols so that consumers are not placed in any kind of safety risk.
* Ensure consistency of maintenance across both levels of the service.
* **Requirement 5(3)c**
* Ensure staff have access to cleaning products and conduct inventory regularly.
* Ensure that cleaning task are checked regularly for quality and consistency.

**Standard 8:**

* **Requirement 8(3)d**
* The Approved Provider needs to continue to implement improvements for risk management systems and practices, with particular focus on high prevalence and high impact consumer risks.

# Standard 1

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

Findings

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

The Assessment Team found that consumers and representatives provided feedback that consumers are treated with respect and they shared information about the consumer’s identity, culture and diversity being valued. They also said that the care and services are culturally safe. This was confirmed by the Assessment Team in care and service records of sampled consumers showing the things that are important to them and is being respected and supported by staff. In addition, privacy and confidentiality is maintained as confirmed

Consumer/representative feedback, document review and staff interviews demonstrated that consumers are supported to exercise choice, make and communicate decisions, and make and maintain connections and relationships with others of their choice. For example, numerous consumers spoke of having a choice of meals, deciding what they do with their time each day, and making friends with other consumers at the service. Additionally, this is supported by effective communication within the service.

In general, consumers are supported to take risks to live their best life. One consumer example was facilitating bus outings for them where there are mobility challenges and falls risk.

Based on this evidence, I find the following requirements are compliant:

Requirement 1(3)(a)

Requirement 1(3)(b)

Requirement 1(3)(c)

* Requirement 1(3)(d)

Requirement 1(3)(e)

Requirement 1(3)(f)

# 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. | Non-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. | Non-compliant |

Findings

This Quality Standard is assessed as Non-Compliant as two of the five specific requirements have been assessed as Non-Compliant.

The Assessment Team found that the service was unable to demonstrate compliance with some of the requirements for this Quality Standard.

The service was not able to demonstrate that it had policies and procedures in place that guide the provision in clinical care that would align to best practice. This in turn has meant that the assessment and care planning for most consumers sampled did not inform the delivery of safe and effective care. The risks of consumers were not consistently identified, and interventions were not always implemented to manage various risks which led to poor outcomes for some consumers, for example, skin integrity maintenance, wound and pressure injury management, pain management and diabetes management. While the staff were able to explain how they use assessment and planning for the delivery of safe and effective services, this was not demonstrated through the Assessment Team’s review of clinical documentation. The service was unable to demonstrate that it has a schedule of clinical audits that monitor the effectiveness of the care and services provided and that assessments and care planning are completed within a timely manner.

During the site audit the Assessment Team identified that these care plans did not include all of the relevant information relating to the consumer. In addition, the service was unable to demonstrate that care and services are reviewed regularly for effectiveness. Review of care assessments and care planning did not demonstrate that current interventions are evaluated for their effectiveness, or that further interventions are implemented to prevent further incidents from occurring.

From this evidence the Assessment Team determined that compliance with requirement 2(3)(a) was unmet however the Approved Provider submitted a response in relation to this unmet requirement. The response provided a more detailed thorough overview of their policies and procedures and was able to show that the evidence that the Assessment Team had not seen was captured in other components of the consumer’s care records. This combined with the fact the Approved Provider had fixed one error on a record immediately indicates that there is not a systemic issue in relation to care planning and assessment informing consumer care. Therefore, I am satisfied that the Approved Provider has demonstrated compliance with 2(3)(a) of the Quality Standards.

The Approved Provider also submitted a response relating to the other two unmet requirements of 2(3)b and 2(3)(e). In part this evidence did show that the Approved Provider was actively seeking to amend the shortfalls identified by the Assessment Team and for 2(3)(b) the Approved Provider did agree that there were improvements required to ensure compliance with the Quality Standards. For requirement 2(3)(e) whilst the approved provider did present some context around the timing of some of the wound care I did not find it compelling enough to dispel the findings of the Assessment Team particularly when considering consumer impact.

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Non-Compliant:

* Requirement 2(3)(b)

Requirement 2(3)(e)

The Assessment Team found that the service was able to demonstrate compliance with some of the requirements for this Quality Standard.

The service was able to demonstrate that assessment and planning is an ongoing partnership with consumers/representatives and includes other health care providers. This was confirmed within sampled care plans and also confirmed that other individuals or care providers are able to be involved in consume care. In addition, the service demonstrated it has effective processes in place to communicate information to consumers/representatives regarding their care plan, and this plan is made available to consumers.

The service also demonstrated it has processes in place to communicate information to consumers and their representatives in relation to the care plan, and the care and services plan is readily available. Some consumers and all representatives interviewed confirmed that discussions with them had occurred about the consumer’s care, and that a care plan had been offered to them. The Assessment Team had confirmation from consumers/representatives that they had recently participated in a care conference and been offered a copy of the care plan. In addition, the Assessment Team saw that staff have discussions with representatives advising them of the consumer’s changing health care needs

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Compliant:

Requirement 2(3)(a)

Requirement 2(3)(c)

* Requirement 2(3)(d)

# 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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 Non-Compliant as two of the seven specific requirements have been assessed as Non-Compliant.

The Assessment Team found that the service was unable to demonstrate compliance with some of the requirements for this Quality Standard.

The service has ineffective personal care and clinical care in place to ensure each consumer is receiving care that is best practice, tailored to their needs and optimising their health and well-being. A review of documentation, feedback from consumers, representatives and staff, and the Assessment Team’s observations of the service identified deficits regarding consumer care needs not being met in the areas of pain management, wound care and restrictive practices. In addition, a review of consumers with high impact or high prevalence risks shows a lack of clinical oversight in the management of their care. Deficits and inconsistencies were identified in the management of consumers with a range of specialised care needs, including medication management, diabetes management and nutrition and hydration management.

The Approved Provider also submitted a response relating to the unmet requirement 3(3)(d). The Approved Provider submitted persuasive documentary evidence that indicated the steps they had taken to address consumer deterioration in a timely manner. With this evidence being specific to the consumers identified by the Assessment Team as having shortfalls in the recognition of their deterioration, I am satisfied that the Approved Provider is responding appropriately and in a timely fashion to consumer deterioration. Therefore, I find that the Approved Provider is complaint with requirement 3(3)(d).

Upon review of the evidence submitted by the Approved Provider I am satisfied that the Approved Provider had implemented door locking due to lockdown protocols and that neither consumers or representatives felt that this was restricting them from leaving the service. In addition, since this was highlighted during the audit the Approved Provider has sought approvals and now has the appropriate paperwork in place. It is also acknowledged that the Approved Provider does have appropriate methods of pain management that are varied and were unseen by the Assessment Team on the day of the site audit. However, the information presented by the Approved Provider in relation to wound care and high prevalence high impact risks was less compelling and therefore I am not satisfied that the Approved Provider is complaint for requirements 3(3)a and 3(3)b.

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Non-Compliant:

Requirement 3(3)(a)

Requirement 3(3)(b)

The Assessment Team found that the service was able to demonstrate compliance with some of the requirements for this Quality Standard.

The service has a system to ensure the comfort and dignity of terminally ill care recipients is maintained and that consumers/representatives are involved in the planning. In addition, regular liaison occurs with doctors, staff, consumer representatives, and palliative care specialists are accessed. Staff showed knowledge of a range of interventions employed when caring for consumers at the end of life to ensure their pain is managed and their comfort and dignity is maintained.

The service was able to demonstrate that the consumer’s information is communicated within the organisation and with others involved in their care. The Assessment Team saw service has systems for communication including handover, care notes, observations and monitoring charts. Consumers’ clinical and personal care needs, and preferences are documented and are accessible to all staff. In addition, the service has an effective system to refer consumers to a range of health services including their choice of doctor and appropriate health specialists to meet their needs and preferences. Documents reviewed showed care recipients are referred to health professionals when necessary including behaviour management specialists, dietitian, geriatrician, podiatry and specialist physicians and surgeons.

The Assessment Team also found there is effective infection prevention and control program which minimises infections. The service has an infection surveillance program including monitoring, appropriate treatment and follow up review of any infections to reduce the likelihood of further infections. In addition, all staff interviewed had a good understanding of the importance of infection control and anti-microbial stewardship

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Compliant:

Requirement 3(3)(c)

Requirement 3(3)(d)

Requirement 3(3)(e)

Requirement 3(3)(f)

Requirement 3(3)(g)

# Standard 4

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

Findings

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

The Assessment Team found that the service was unable to demonstrate compliance with some of the requirements for this Quality Standard.

Information about the condition, needs and preferences of each consumer is not being communicated effectively within the organisation or with others where responsibility for care is shared. In addition, the Assessment Team found that there was been mixed feedback from consumers and representatives about the meals, which overall has been positive; and observations show consumers ate the meals, were assisted by the staff and a pleasant dining experience was facilitated. However, communication systems to support the catering service are not robust, it was not demonstrated nutritious meals are being provided, and there are some gaps in relation to food safety and cleanliness.

The Approved Provider also submitted a response relating to the unmet requirement 4(3)(d) and 4(3)(f). The Approved Provider submitted information providing context and clarity regarding what the Assessment Team had seen. From the submission relating to 4(3)(d) it provided context and further information to explain the issues identified on site. Therefore, I have been able to determine that the Approved Provider has been effectively communicating to others involved in shared care. From the submission relating to 4(3)(f) I have been able to determine that the kitchen processes are effective in meal provision and the service has a new, very competent experienced chef. There was also evidence to show that some recommendations made by a dietician were not followed due to consumer preference. In addition, it should be noted that when reviewing the Assessment Team evidence, I am not convinced that there is a systemic issue that is impacting consumers in relation to the shared care communication and meal provision. So, in considering all the evidence combined I am satisfied that the Approved Provider is complaint with both 4(3)(d) and 4(3)(f).

The Assessment Team found that the service was able to demonstrate compliance with some of the requirements for this Quality Standard.

Most consumers and representatives provided positive feedback and information in support of consumers’ daily living needs goals and preferences being met through services and support which optimise their independence, health, well-being and quality of life. Assessment Team review of the care and service records of those consumers and interviews with the staff confirmed this. In addition, most consumers/representatives provided positive feedback about the consumer being supported emotionally, spiritually and psychologically with management and staff were able to explain the range of emotional and psychological services available to consumers as well as emotional support provided by the staff, was evident for consumers in their care and service records.

Consumers/representatives shared that consumers are being supported to participate in community life and have social and personal relationships. For example, one pair of consumers said that staff respect and support their relationship. This was consistent with information in the care and service records of those consumers and through staff interviews.

Furthermore, consumer/representatives provided feedback that the consumer is supported to do things of interest to them and that services and supports are provided for their daily living, so they can participate in community life, have relationships and do things of interest to them.

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Compliant:

Requirement 4(3)(a)

Requirement 4(3)(b)

Requirement 4(3)(c)

Requirement 4(3)(d)

Requirement 4(3)(e)

Requirement 4(3)(f)

Requirement 4(3)(g)

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

Findings

The Quality Standard is assessed as Non-Compliant as two of the three specific requirements have been assessed as Non-Compliant.

The Assessment Team found that the service was unable to demonstrate compliance with some of the requirements for this Quality Standard.

Consumers and representatives interviewed thought the consumer was safe living at the service. However, some safety issues/hazards were identified by the Assessment Team that posed risks to consumer safety. There were also inconsistencies in maintenance logbooks and processes between the two floors of the service. In addition, The Assessment Team made observations showing that furniture, fittings and equipment are not thoroughly clean and that cleaning products were not readily available to staff should they be required.

The Approved Provider also submitted a response relating to the other two unmet requirements this included a continuous improvement plan and actions taken to rectify some of the Assessment Team findings. Whilst these actions have been noted, from the evidence there did appear to be some risk to consumers that was seen by the Assessment Team and an inconsistency in both cleaning and maintenance within the service as a whole. For these reasons I am not satisfied that the Approved Provided has demonstrated compliance with requirements 5(3)(b) and 5(3)(c).

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Non-Compliant:

Requirement 5(3)(b)

* Requirement 5(3)(c)

The Assessment Team found that the service was able to demonstrate compliance with some of the requirements for this Quality Standard.

Consumers/representatives provided feedback about the service environment being welcoming and did not raise any concerns about it supporting consumer independence, interaction and function. The management team explained how they try to make the service environment welcoming and the Assessment Team observed the results of those efforts. For example, the lounge was homely for consumers to gather to watch television and/or socialise with each other. In addition, the service environment has been optimised to support belonging, independence and function for some consumers.

Based on the Assessment Team evidence, I find the following requirement is Compliant:

Requirement 5(3)(a)

# Standard 6

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

Findings

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

The Assessment Team found that the Service is providing an environment where consumers/representatives are encouraged and supported to provide feedback, both positive and negative. They also feel safe to raise any concerns and were able to describe several avenues open to them to provide feedback.

The Assessment Team found that complaints were handled as per the service’s policies and procedure and staff interviewed demonstrated an understanding of open disclosure and how it is relevant to complaints. Overall, the service is responding to the feedback in an open and transparent manner. In addition, the service is consulting with consumers/representatives, regarding concerns and issues raised to improve the quality of care and service.

Information about advocacy services and how to access them is provided to consumers. They are displayed throughout the service.

Based on this evidence, I find the following requirements are Compliant:

Requirement 6(3)(a)

Requirement 6(3)(b)

Requirement 6(3)(c)

Requirement 6(3)(d)

# 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 competent, and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

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

The Assessment Team found that the service was unable to demonstrate compliance with some of the requirements for this Quality Standard.

There are some systems and processes to support a qualified, knowledgeable and competent workforce and some competency assessments are being completed by the staff. However, a robust system is not in place to monitor and be able to demonstrate that all staff have completed all required competencies. It has not been demonstrated, based on the Assessment Team’s findings across other Standards, that staff knowledge and skills developed through training are being embedded and impact their practices.

The Approved Provider also submitted a response relating to the unmet requirement 7(3)(c). The submitted information provided context and clarity regarding what the Assessment Team found in relation to staff performance review schedule. This information was very compelling in showing how they complete the performance appraisals process and how the service ensures that staff are suitable for their roles and are suitably qualified. In addition, it should be noted that when reviewing the Assessment Team evidence, I am not convinced that there is a systemic issue that is impacting consumers in relation to the suitability of the employed staff. So, in considering all the evidence combined I am satisfied that the Approved Provider is complaint with 7(3)(c).

The Assessment Team found that the service was able to demonstrate compliance with some of the requirements for this Quality Standard.

Some consumers/representatives provided feedback that there were enough staff to meet the consumers’ needs and preferences and that staff are responsive to their needs and preferences. In addition, all consumers/representatives interviewed said staff are kind and respectful and have established positive relationships with them or their representative. The Assessment Team observed staff kind and respectful interactions with consumers noting some staff were able to communicate in the consumer’s native language demonstrating they were familiar with consumer individual needs and identity.

Most consumers and representatives interviewed felt confident staff members have the skills, knowledge and expertise to support their/their relative’s clinical and personal care needs and preferences. Consumers said care staff know what they are doing, and RNs are competent in providing required the medication and clinical care. Management and staff were also able to show that they are recruited, trained, equipped and supported to deliver the outcomes required by these standards and that they have regular performance appraisals for staff.

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Compliant:

Requirement 7(3)(a)

Requirement 7(3)(b)

Requirement 7(3)(c)

Requirement 7(3)(d)

Requirement 7(3)(e)

# 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. | Non-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 Assessment Team found that the service was unable to demonstrate compliance with some of the requirements for this Quality Standard.

Staff advised they can access policies and procedures and can access other information they need to perform their roles. However, the Assessment Team raised from review of a sample of policies and procedures it seems they have not been implemented and are not informing staff practice. Management was able to explain that an ongoing implementation strategy was in place as the suite of policies and procedures were new and needed to be tailored to the service’s needs.

The Assessment Team found that the Approved Provider has not provided enough evidence to substantiate robust systems for information management, continuous improvement or regulatory compliance. There are system gaps in some key areas underpinning effective care and service delivery, including documented practical guidance, ongoing self-assessment of performance, and core areas of aged care regulatory compliance. In addition, the organisation’s clinical governance framework is ineffective in some areas as the organisation has not ensured that service performance in relation to consumer clinical care is being self-assessed and reported on.

The Approved Provider submitted a response relating to the unmet requirements 8(3)(c) and 8(3)(e). The Approved Provider submitted information provided context, clarity and system documents relating to systems utilised, computer access for staff, trend analysis and context relating to continuous improvement. This evidence was persuasive and was able to dispel the issues raised by the Assessment Team. In addition, it should be noted that when reviewing the Assessment Team evidence in relation to 8(3)(e) it was not compelling enough to indicate shortfalls, particularly in relation to antimicrobial stewardship and open disclosure. Furthermore, I am not convinced that there is a systemic issue that is impacting consumers in governance and management systems. So, in considering all the evidence combined I am satisfied that the Approved Provider is complaint with 8(3)(c) and 8(3)(e).

However, in relation to 8(3)(d) the Approved Provider response did not provide enough detail to show how in practice how the risk prevention frameworks are utilised to prevent risk. Particularly in managing high impact or high prevalence risks associated with consumer care. It is acknowledged that the Approved Provider has shown compliance with identifying and responding to abuse and neglect of consumers and managing and preventing incidents but as there are still identified shortfalls in the risk management system as a whole I am not satisfied that the Approved provider is complaint with requirement 8(3)(d).

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirement is Non-Compliant:

Requirement 8(3)(d)

The Assessment Team found that the service was able to demonstrate compliance with some of the requirements for this Quality Standard.

The service was able to demonstrate established processes to support consumers to engage in the development, delivery and evaluation of care and services. For example, consumers/representatives are engaged in a variety of ways, including monthly resident meetings, regular surveys, care planning conversations and conferences, and a robust feedback management system. In addition, the organisation’s values demonstrate the governing body’s promotion of a culture of safe, inclusive and quality care and there is regular reporting to the board against key performance indicators.

There is regular reporting to the board against key performance indicators. Discussions are held at board meetings about safe and quality care and services and compliance with the Quality Standards. Overall, it was found that the board is promoting and being accountable for the delivery of safe, inclusive and quality care and services.

Based on the Assessment Team evidence and considering the submission from the Approved Provider, I find the following requirements are Compliant:

Requirement 8(3)(a)

Requirement 8(3)(b)

Requirement 8(3)(c)

Requirement 8(3)(e)

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-1)