Performance

Report

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| Name: | Huang Ying Jung Nursing Home |
| Commission ID: | 8228 |
| Address: | 25 Bushlands Avenue, GORDON, New South Wales, 2072 |
| Activity type: | Site Audit |
| Activity date: | 26 September 2023 to 28 September 2023 |
| Performance report date: | 17 November 2023 |
| Service included in this assessment: | Provider: 1101 Australian Nursing Home Foundation Limited  Service: 23612 Huang Ying Jung Nursing 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 Huang Ying Jung Nursing Home (**the service**) has been prepared by Denise McDonald, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 6 November 2023.

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **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

The assessment team recommended Requirement 1(3)(d) was not met. I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

The Site Audit report evidenced 5 named consumers were not supported to take risks such as leaving the service independently, using an electric blanket, eating foods of choice; and retaining and self-administering their own medications.

In relation to leaving the service independently, the front doors to the service were locked, with entry and exiting controlled via swipe cards, I have considered this under Requirement 5(3)(b) where it is more relevant.

For 2 named consumers, they said they would like to go for walks independently, however, unless they were accompanied by family or friends, they were not permitted to do so. Management advised they were unaware of one consumer’s desire to go for a walk outside of the service environment and for the other consumer, they had been assessed by a physiotherapist as being unsafe to leave independently and this had been discussed with the consumer’s representative. The representative also had concerns for the consumers safety and arranged to transport the consumer where they wanted to go.

A named representative advised the consumer had been placed on a texture modified diet during hospitalisation. However, after entering the service, the consumer had expressed their wishes to return to consuming food and fluid of normal consistency, however, for a month, the consumer was given food of various consistencies. Management confirmed dietary modifications were given to the consumer at times, however, this was based on the consumers indicated meal preferences for each day and when fluctuations in their swallowing ability were noted.

For another consumer, they advised they had been prohibited from storing some medications within their own room and were prevented from self-administering other medications such as topical steroidal creams. Management confirmed this was accurate as the consumer’s medical officer had deemed it unsafe due to potential side effects from excessive use and these risks had been discussed with the consumer.

Staff confirmed, they were aware of supporting consumers to take risks and had raised with management, a consumer wished to use an electric blanket at night, as it was an effective pain management strategy. Management confirmed this request was denied as electric blankets were not permitted to be used within the service and this information was contained within the consumer handbook.

The provider’s response received 6 November 2023 refuted the findings of the Site Audit report and provided clarifying information and additional documentation, including risk assessments, care extracts and care plans, of how consumers were supported to take risks. The providers response also contained evidence of how the consumers named above were supported to take other risks, such as having knives within their rooms to cut up fruit and self-administering other medications to preserve their own dignity and which, were deemed safe.

The care plans, extracts and risk assessments evidenced that each consumer was supported to live life the way the chose, and where the outcomes of assessment deemed their safety to be at risk, alternate strategies such as storing medication in the nursing station to allow for usage to be monitored, family assisting with transport and staff monitoring swallowing ability following changes in condition, were appropriate.

The service’s position in preventing electric blankets from being used, demonstrates balancing duty of care with individual preferences, due to the fire risk these blankets present to not only, the consumer who requested it, but all other consumers who reside within the service and I note the consumer’s care extracts confirm, other pain management strategies such as a hot water bottle or heat pad, have been used effectively.

Additionally, the response outlined the improvement actions taken, commenced, or planned in response to the feedback provided during the Site Audit which included, communicating with consumers their ability to leave the service independently should they wish, providing staff with additional training on supporting consumer to take risks and changing entry and review processes to ensure risk-based activities were identified and revisited at regular intervals.

I consider these improvement actions have been effective as for the 2 named consumers, evidence supports they have left the service, up to 6 times per week, a further 8 consumers have confirmed their desire to leave the service independently and were having their safety assessed to enable them to do so and consumers were supported to eat the foods of their choice.

Based on the detailed evidence above, I consider the service supports consumers to take risks enabling them to live life the way they choose and have reached a different view to the Assessment Team.

Therefore, I find Requirement 1(3)(d) is compliant.

I find the service is compliant with the remaining 5 requirements of Quality Standard 1, as:

Consumers and representatives said consumers were treated with dignity, respect and their culture valued. Staff were knowledgeable of consumers’ life histories and cultural backgrounds. Care documentation reflected consumers’ lives prior to entering the service and rights to dignified and respectful care were detailed in consumer handbooks.

Consumers confirmed staff understood consumers’ cultural needs and preferences. Staff communicated with consumers in various languages and described facilitating relevant cultural events relevant to consumers’ ethnicities. The activity schedule included culturally-specific games, exercises and art activities.

Consumers said they were supported to make choices regarding their care and services and those involved. Staff were knowledgeable of consumers’ choices, encouraged independence and supported relationships consumers’ chose to maintain. Consumers were observed spending time with visiting family and with other consumers.

Consumers and representatives said they were provided information to assist in making decisions regarding care and services. Staff described communicating with consumers in various languages and consumers were observed using electronic devices to access service information and conversing with staff.

Consumers and representatives said consumers’ privacy was respected and their personal information kept confidential. Staff confirmed they knocked on doors, awaited consent to enter and only discussed consumer information with those involved in their care. Consumer information was secured in a password protected electronic care management system and staff were observed respecting consumers’ privacy.

# 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

Most consumers and representatives confirmed their involvement in assessment and planning to inform tailored care and services. Staff were knowledgeable of individual care needs and managing risks aligned to consumer needs. Care documentation evidenced identification and assessment of risks, including consumers ability to safely mobilise independently outside of the service environment, use of knives, to self-medicate and to use hot water bottles, which ensured safe and effective care and services were delivered.

Consumers’ needs, goals and preferences were identified through assessment and planning, including end of life wishes for inclusion in advance care plans. Staff said end of life wishes were discussed upon entry, during care plan reviews, or when circumstances changed. Care documentation evidenced consumers’ needs and preferences, including advance care plans, where appropriate.

Consumers and representatives said they and other care and service providers are consulted to assess, plan and review consumers’ care. Staff described partnering with various other providers to plan consumer’s care. Care documentation evidenced case conferences with consumers, representatives and health professionals who provide care to the consumer.

Consumers and representatives confirmed staff discussed outcomes of care assessment and planning with them and they could obtain a copy of the care plan if they wished. Staff confirmed updating consumers and representatives regarding care outcomes following assessments and updates in response to consumer changes, were reflected in care documentation.

Consumers and representatives provided positive feedback regarding regular review of care and services. Staff advised and care documentation evidenced, care plans were reviewed every 4 months or in response to changes or incidents. Policies and procedures guided staff through care review processes.

# 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

Consumers generally provided positive feedback regarding personal and clinical care, however one consumer expressed they would like to use an electric blanket to assist with pain management, this has been considered under Requirement 1(3)(d). Staff described care delivered in response to consumers’ individual needs and preferences. Most care documentation identified care strategies which were developed in consultation with medical and allied health professionals to ensure it was safe and effective, however some consumers were not identified as having potential restrictive practice applied due to the locked front door and I have considered this under Requirements 5(3)(b) and 8(3)(c).

Consumers and representatives gave positive feedback regarding management of high-impact and high-prevalence risks. Management described analysing clinical indicators to identify prevalent risks and implement care strategies. Care documentation reflected appropriate risk assessments and interventions tailored to consumer need, including involvement by allied health professionals.

Staff described comfort and pain management for palliating consumers and consulting relevant specialists when planning end of life care. Care documentation for a recently passed consumer reflected their condition, pain and comfort was managed in line with their end of life goals and preferences. Staff were guided by palliative care policies and had recently participated in relevant training.

Consumers and representatives said staff promptly recognised changes in consumers’ condition and responded appropriately. Staff were knowledgeable of signs of deterioration and care documentation evidenced their prompt response to changes in a consumer’s condition, including, ongoing monitoring.

Consumers and representatives provided positive feedback regarding communication of relevant information between staff and other care providers. Staff described exchanging consumer information via written and verbal means, including handovers. Care documentation evidenced staff shared changes to consumer’s needs and preferences.

Consumers and representatives said referrals to other individuals and organisations was timely and appropriate. Staff were knowledgeable of referral pathways to various health professionals including physiotherapists and speech therapists. Care documentation evidenced timely referral of consumers to a range of care providers.

Staff and management were knowledgeable of infection control practices and their relevant responsibilities, as evidenced in policies and procedures. Staff were guided by an infection control lead and understood antimicrobial stewardship. Visitors and staff underwent viral screening at entry and staff were observed practising hand hygiene.

# Standard 4

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

Findings

Consumers said they were supported to participate in activities of interest which enhanced their quality of life and wellbeing. Staff confirmed activities were tailored to consumers’ needs and preferences following entry assessment and consumer feedback. A lifestyle calendar and observations confirmed the availability of various activities tailored to consumer interests and abilities.

Consumers said the service supported their emotional, spiritual and psychological well-being. Staff confirmed facilitating visits by religious representatives and contact with those of importance through electronic devices to support psychological well-being. Care documentation evidenced consumers’ emotional needs and responsive support strategies.

Consumers said they were supported to undertake activities within the service and community, and staff described support available to enable consumers’ participation and maintenance of important relationships. Care documentation identified those of importance to consumers and activities of interest.

Consumers provided positive feedback regarding effective sharing of information with those involved in their care. Staff communicated consumers’ needs, likes, dislikes, preferred activities and support from external providers through handovers and the electronic care management system. Staff were observed exchanging up to date consumer information to support consumers daily living activities.

Consumers provided positive feedback regarding timely and appropriate referral to other care and service providers. Management described engaging external religious volunteers to conduct faith services and organising visits by entertainers. Consumers were observed engaging with visiting care and service providers.

Consumers gave positive feedback regarding the variety, quality and quantity of meals. Staff confirmed the menu rotated every 6 weeks and included alternative options, with consumer input welcomed in menu development. Meal service was observed to be timely with consumers finishing their meals and being assisted by staff, where required.

Consumers confirmed access to equipment, which was safe, suitable, clean and well-maintained. Staff confirmed availability of lifestyle equipment; and mobility equipment, including wheelchairs and hoists, were observed to be clean. Maintenance documentation confirmed regular servicing of equipment for daily living.

# 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 assessment team recommended Requirement 5(3)(b) was not met. I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

The Site Audit report evidenced the service environment was safe, clean and well-maintained. However, consumers gave examples of how they were not able to move freely between the floors of the service and to access the outside community, as the front door and elevator required an access card to release the lock or to operate, and while their representatives had been given an access card, they had not.

In relation to consumers moving between floors, this was restricted to one consumer, who confirmed when they wished to use the elevator, staff readily assisted them to do so; and they felt safer with staff present. No other consumers felt limited in their ability to freely move between floors, or the indoor and outdoor environments. Management confirmed additional access cards had been ordered and were to be distributed to consumers so that they were able to move between floors without requiring staff assistance.

Management advised the front doors were locked for security purposes, and as an infection control measure, with consent for the arrangement having been given verbally by, consumers and/or their representatives. Management confirmed representatives were provided access cards to activate the doors, however, consumers did not have an access card as no consumers had expressed a desire to leave the service independently or had been assessed as safe to do so.

The provider’s response contained clarifying information and additional documentation to support consumers were able to move freely within the service and to access the community. The provider confirmed consumers and representatives were able to use the basement doors to access the community and while the elevator settings, restricted consumer movement between the ground and first floor, this was due to ongoing building works and no such restriction was in place to move between the first and the ground floor. The provider has advised the elevator has been reset and the need for an access card has been eliminated following the conclusion of the building works.

The provider has acknowledged their policy of locking the doors for infection control and security had created confusion for staff and consumers, who felt consumers were unable to leave without family assistance and provided supporting information which confirmed most consumers were aware the front door was locked and know they were able to leave but did not wish to do so.

In response, a new security policy has been created and promoted to consumers. Additionally, the locking mechanism on the front door has been changed from an access card to a keypad system, with the code displayed so that consumers can come and go freely. I consider these actions have been effective as care extracts submitted evidenced consumers have been accessing the community as they wish, however, most still choose to be accompanied by family or friends.

Based on the evidence detailed above, I consider consumers were able to move around and between, indoor and outdoor environments, and have reached a different view from the Assessment Team.

Therefore, I find Requirement 5(3)(b) compliant.

I find the service is compliant with the remaining 2 requirements of Quality Standard 5, as:

Consumers said the service environment was welcoming, easy to understand and made them feel at home. There was navigational signage in relevant languages and dementia-friendly design principles in the memory support unit. Management described undertaking environmental safety audits and consumers were observed to have personalised their rooms with photographs and artwork.

Consumers said, and observations confirmed, furniture and fittings were safe, clean and well-maintained. Staff were knowledgeable of cleaning and maintenance processes and confirmed requests were completed promptly. Consumers were observed using various equipment and furniture which was in good condition.

# 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 assessment team recommended Requirement 6(3)(d) was not met. I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

The Site Audit report contained multiple examples of how feedback had been used to improve the quality of care and services delivered, including the provision of more fruit, during and between meals, allocation of additional staff to assist with labelling consumer’s clothing and following a previous assessment, they had an updated the menu, introduced a food focus group and hired a new chef.

However, some feedback from consumers and representatives raised during this Site Audit, were noted as not having been recorded in the service’s feedback and complaints register and responsive actions had not been included within the continuous improvement plan. Management advised there were instances, where they had not considered the concern raised as a formal complaint and confirmed they had addressed the matters outside of a formal complaint management process including when the feedback given was identified and investigated as a medication incident instead.

Staff demonstrated knowledge of feedback and complaint policies and procedures which included a requirement for all compliments, complaints and feedback to be registered in the complaints management system, however staff described a preference to verbally escalate feedback and complaints to senior staff for action rather than documenting the matter, as this was a more efficient approach.

The provider’s response clarified the service commenced operation in March 2023, with most consumers only entering the service in the 3 weeks prior to the Site Audit being undertaken and that recognition is given the operational practices being continuously adapted in line with the needs of incoming and increasing consumer numbers. The provider acknowledged improvements were needed regarding staff registering feedback and complaints and confirmed a feedback and comments book had been introduced and placed in each wing of the service and a QR code had been implemented to streamline access to the electronic complaints management system.

Additionally, the provider confirmed a full compliment of staff has only recently been achieved within the previous 2 months and all staff continue to be supported to understand and comply with the service’s systems and processes, including through the provision of ongoing training and following a review of complaints policies and procedures, all staff were sent a reminder to reinforce expectations in the management of feedback and complaints.

Based on the detailed evidence above, I consider the service has reviewed feedback and complaints and used these to continuously improve care and services delivery.

Therefore, I find Requirement 6(3)(d) to be compliant.

I find the service is compliant with the remaining 3 requirements of Quality Standard 6 as:

Consumers and representatives said they were comfortable providing feedback or making a complaint and knew the relevant processes. Staff confirmed resolving complaints within their remit or escalating matters to senior staff, where appropriate. A lodgement box and feedback forms, available in both Chinese and English, were located at reception.

Most consumers and representatives said they were aware of advocacy services and that they could also raise issues with staff. Staff were knowledgeable of advocacy services and confirmed bilingual staff were employed in response to cultural background of consumers. Information regarding advocacy services was displayed throughout the service in relevant languages.

Consumers and representatives said staff appropriately responded to complaints and worked to resolve their concerns. Staff described processes to respond to feedback and complaints, including the use of open disclosure. Records confirmed appropriate actions taken in response to complaints, including the use of open disclosure.

# 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

Most consumers provided positive feedback regarding staffing numbers and confirmed their care needs were promptly met. A minority of consumers felt more staff would be beneficial, however, advised their care was not adversely impacted. Management confirmed ongoing recruitment activity was occurring and rosters evidenced a full complement of staff with unexpected vacancies filled by ongoing or casual employees.

Consumers and representatives said staff were kind, caring and respectful. Staff were observed interacting with consumers in a kind and caring manner, including speaking in consumers’ preferred languages. Records confirmed staff had participated in training regarding workplace conduct and culturally inclusive care.

Consumers and representatives said staff were competent, skilled and experienced. Management described reviewing candidate competencies during the onboarding process, new staff participating in orientation training and initial support from experienced staff. Staff described being supported in their roles and records confirmed staff were security vetted and held professional registrations.

Consumers felt staff had been appropriately trained to perform their duties. Staff confirmed participating in mandatory training and ongoing professional development opportunities supported by management. Records evidenced a high proportion of staff had completed training for serious incidents and further training was planned regarding restrictive practices and dignity of risk.

Staff confirmed participating in probationary performance appraisals and processes were in place for annual appraisals yet to be undertaken as the service has been in operation for less than a year. Management described processes to address underperformance, including additional training, and records evidenced staff had participated in probationary performance appraisals.**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

The assessment team recommended Requirement 8(3)(c) was not met. I have considered the assessment team’s findings; the evidence documented in the site audit report and the provider’s response and have found:

The Site Audit report evidenced effective systems were in place to support information management, continuous improvement, financial and workforce governance. However, governance systems regarding regulatory compliance, feedback and complaints were deemed ineffective due to verbal feedback not being recorded by staff and the locked entrance door had not been identified as potential restrictive practice.

I have considered the omission of recording some verbal concerns under Requirement 6(3)(d) and have come to a finding of compliance. While I acknowledge there were some instances were concerns had been raised verbally with staff, I have placed weight on the evidence which supports feedback has been received from a variety of sources, including through consumer meetings, surveys and via feedback forms and where the concern was unable to be resolved at the time it was received, it was escalated appropriately, actioned accordingly which supports feedback and complaints governance systems have been effective.

At the time of the Site Audit, the service’s policy of locking the front doors and preventing consumers who expressed a desire to leave and who were physically and cognitively able, from leaving, reflected consumers were subject to an environmental restrictive practice, as they did not have access to a swipe card, or they required staff assistance to exit.

However, as evidenced in the providers response, the locking mechanism on the front door has been changed to a keypad, and consumers have ready access to the code, therefore, those consumers who were restricted to the service’s environment, no longer have a restrictive practice applied. Additionally, the services policies and procedures regarding restrictive practices have been reviewed.

Based on the detailed evidence included within this report, including under Requirements 1(3)(d) and 5(3)(b), I have reached a different view from the Assessment Team.

Therefore, I find Requirement 8(3)(c) to be compliant.

I find the service is compliant with the remaining 4 requirements of Quality Standard 8 as:

Consumers and representatives provided positive feedback regarding their involvement in the design and delivery of consumers’ care and services. Consumers and representatives were involved through meetings and feedback processes. Meeting minutes evidenced consumer involvement in discussions regarding continuous improvements, cleaning, maintenance and lifestyle programs.

The organisational governing body promoted delivery of safe and inclusive care and services and was informed of clinical service operations through monthly reporting. Management confirmed the governing body evaluates members’ understanding of relevant standards and legislation and shares peak body information with management and staff. Meeting minutes confirmed governing body consideration of the service’s clinical data and actions taken to ensure the quality of care.

Staff were knowledgeable of high-impact and high-prevalence risks, including best practice processes. Management described processes to report serious incidents and records evidenced investigation of all incidents in accordance with service policy. Policies, procedures and care documentation supported consumers were supported to take risks, with alternate strategies put in place in response to some activities being deemed unsafe.

Management confirmed collaborating with an allied health professional to manage antimicrobial stewardship and staff were knowledgeable of antimicrobial stewardship and the principles of open disclosure. Staff participated in training for open disclosure and could apply relevant principles aligned to their roles.

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)