Performance

Report

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| Name of service: | IRT Moruya |
| Service address: | 35-39 River Street MORUYA NSW 2537 |
| Commission ID: | 0342 |
| Approved provider: | Illawarra Retirement Trust |
| Activity type: | Site Audit |
| Activity date: | 25 October 2022 to 27 October 2022 |
| Performance report date: | 1 December 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 IRT Moruya (**the service**) has been prepared by Katrina Platt, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 18 November 2022.

# 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

This Quality Standard is compliant as 6 of the 6 requirements have been assessed as compliant.

Consumers interviewed were happy with the way they were treated by staff and visiting services. The Assessment Team noted staff interacted well with consumers and observed agency staff singing to consumer when providing care needs. Consumers from various cultural backgrounds were happy with the care provided and consumer representatives raised no concerns about the cultural safety of the service.

Consumers were able to exercise choice and independence about care delivery and were supported to maintain relationships important to them. One consumer discussed decisions made for personal care needs were respected and how family and friends visited when they wanted.

Consumers interviewed discussed taking risks and living their best life. Two consumers described having flexibility to engage in the local community for shopping and social activities and receiving support from the service to do this safely and independently.

Consumers described receiving information about meals and activities available to them. Staff were observed to engage with consumers about lunchtime meal choices and consumer rooms were noted to contain information about personal care needs and menus. Communication about activities occurred through an internal public address system and the Assessment Team observed noticeboards contained information about upcoming maintenance activities.

The Assessment Team observed consumers had individual rooms with their own private bathroom. One consumer described how staff respected their privacy during personal care provision and this was consistent with observations of the Assessment Team. Management discussed improvements being undertaken to ensure protection of consumer medical information kept at the nurse’s stations.

# 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

This Quality Standard is compliant as 5 of the 5 requirements have been assessed as compliant.

Most consumers and consumer representatives interviewed said they were involved in consumer care on entry to the service. Pre-admission checklists informed initial assessments for consumers entering the service, with reviews by respective medical officers also conducted. Comprehensive assessments were undertaken to inform individualised care plans which captured consumer care needs including medical history and medications. Consumer care and services records observed by the Assessment Team demonstrated effective and comprehensive assessment and care planning and risk identification for complex health care needs including skin integrity, stoma care and challenging behaviours.

Consumers and consumer representatives described involvement with assessment and planning including advance care planning and end of life planning through regular conversations with staff or management. Care planning documentation reviewed by the Assessment Team demonstrated end of life wishes were recorded and personal care needs like pain management were also captured. Management discussed regular communication with consumers, care plan reviews and staff observations were used to inform care delivery and address consumer needs, goals and preferences.

Consumers and consumer representatives interviewed described being involved in planning care and services through regular communication with staff and involvement of others including medical officers. Staff described initiation of conversations with consumers and consumer representatives about care planning through face-to-face engagement or by telephone and engagement of external services like geriatricians. Care planning documentation evidenced case conferencing and involvement of a diverse range of external services including physiotherapists, speech pathologists, podiatrists and dietician services.

The Assessment Team found the outcomes of assessment and planning were not effectively communicated to consumers and consumer representatives. Some consumers and consumer representatives interviewed said they were informed about incidents or falls, however 12 consumers and consumer representatives had not received a copy of the consumer care plan. One consumer representative interviewed discussed engagement in one case conference since their consumer entered the service and had not received a copy of the consumer care plan. The consumer representative described communication was generally provided about falls and wounds, with some delay experienced about a recent referral requested for cognitive review of their consumer.

The Approved Provider responded to the site audit report and noted the action identified in the continuous improvement plan for the consistent sharing of consumer care plans with consumers and consumer representatives, with noticeboards also used to advise consumers and their representatives about the availability of care plans. A message to registered nurses and enrolled nurses was sent on 2 November 2022 to ensure consumers and consumer representatives are offered copies of their care plans as part of the case conference and care evaluation process. Care plans will be available in hard copy or via emailed correspondence.

In response to the comments from the consumer representative, the Approved Provider submitted evidence of high risk case management for the consumer and cognitive review results post-general practitioner assessment. Evidence of case conferencing was provided which discussed dignity of risk and an associated assessment of risk was also conducted for pressure injury management and repositioning. Wound and skin management plan and evaluation records were provided, showing recent assessment of pressure injury including consideration of wound management strategies and interventions.

Whilst I note the findings in the site audit report, I acknowledge the actions of the Approved Provider in ensuring both consumers, consumer representatives and staff have been reminded of the availability of consumer care plans and the commitment made to their provision when requested. I am satisfied appropriate assessment and planning has occurred for consumers requiring high risk management including those with pressure injuries and effective communication has occurred with consumer representatives.

On review of the incident register, the Assessment Team found falls and other incidents were recorded, however follow up investigation and root cause analysis did not occur. For one consumer identified as having multiple falls in the preceding 3-month period, contributing factors were not investigated and alternate strategies not implemented to minimise further occurrence. For consumers requiring wound management, wound charts captured wound size and wound photographs were evident, however measurements were estimated and use of measuring scales was not observed. For one consumer with a staged pressure injury, wound size was estimated and regular review and evaluation was not demonstrated. Inconsistencies were noted for pressure injury management in both documentation and effective evaluation for some consumers, with repositioning charts showing some consumers were moved every 2 hours whilst others were repositioned every 4 hours.

The Approved Provider responded to the site audit report and noted all consumers are commenced on high risk case management and an acute care needs support plan commenced, with continued monitoring under high risk case management until there is resolution or clear improvements in the trajectory of risk. For the consumer identified as having multiple falls, the Approved Provider noted high risk case management commenced in July 2022. Further review has been conducted by the multidisciplinary allied health team to identify reasons for the recent falls which has included review of medications by the Embedded Pharmacist, review by the consumer’s General Practitioner for medications and post-falls assessment, review by the Palliative Aged Care Consultancy Service (PACCS) for falls and general deterioration and physiotherapy review.

The Approved Provider noted improvement of incident documentation and investigation has been identified as an action on the plan for continuous improvement. Further staff education has been identified, with a focus on investigation of contributing factors and evaluation of strategies for effectiveness.

In relation to wound management, the Approved Provider noted additional education was provided by the Clinical Nurse Educator about wound photography and measurements and new wound measuring tapes were available, complimented by an all staff message detailing helpful hints and wound measurements and a wound photography presentation was also included. An education program titled ‘Wound Wednesday’ is being delivered by the Clinical Nurse Educator and an external wound specialist has worked with the Care Manager via telehealth. An action under the plan for continuous improvement has been implemented to ensure continued improvement in wound photography.

The Approved Provider discussed repositioning, noting the multiple areas where repositioning care is utilised at the service including for hygiene, bowel, continence, food and fluid and pain management. For the consumer noted in the site audit report with a staged pressure injury, the Approved Provider described repositioning was completed every 2 hours in accordance with the consumer’s repositioning records, which were supplied for confirmation.

Whilst I note the findings of the site audit report, I find the evidence supplied by the Approved Provider demonstrates care and services are reviewed regularly for consumers, including those noted in the site audit report with pressure injuries, those who experience deterioration and consumers experiencing falls.

Accordingly, I find requirements 2(3)(a), 2(3)(b), 2(3)(c), 2(3)(d) and 2(3)(e) are 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

This Quality Standard is compliant as 7 of the 7 requirements have been assessed as compliant.

The Assessment Team found most consumer care assessments, agreed care and services plans, progress notes, medication charts and monitoring charts reflected individualised consumer care which is safe, effective and tailored to the needs and preferences of consumers. Consumers with restrictive practices in place were monitored and reviewed regularly to ensure alignment with best practice. Consumers with complex pain management needs received individualised interventions including massage and heat pack therapy. Staff demonstrated awareness of particular consumer needs for pain management, wound dressing requirements and behaviour awareness techniques. A physiotherapist interviewed described falls management strategies and regular review mechanisms including high-case management reviews.

Consumers and consumer representatives said the service adequately manages risks to consumer’s health, particularly for falls and behaviour management. The Assessment Team observed consumer care files documented risk mitigation strategies for consumers with challenging behaviours including sight monitoring and staff support whilst walking. For consumers with restrictive practices like chemical restraint, evidence of strategies for reduction or cessation of psychotropic medication was noted. High-risk and high-prevalence incident reports showed data for falls, pressure injuries, challenging behaviours, sudden consumer deterioration and restrictive practices were monitored, with risk mitigation strategies identified and associated trend analysis conducted. Management described high-care case management meetings were utilised for discussions on risks and strategies mitigation and continued monitoring of consumers.

The Assessment Team found consumers nearing end of life received comfort measures reflective of their wishes and directives and were treated with dignity. Care documentation reflected consumer medical and spiritual needs and regular reviews and consultations with multidisciplinary teams during palliation. Consumer representatives interviewed described being consulted about their consumer’s wishes. Staff described support provided to consumers during palliation including outreach to the palliative care team and provision of medication to minimise pain and discomfort.

The Assessment Team found responsiveness to changes in consumer mental health and cognitive function were not demonstrated and care planning documentation did not reflect timely identification and response to deterioration or changes in consumer conditions. For one consumer, the Assessment Team noted nutrition monitoring was inconsistently documented and medication side-effects were not closely monitored and reviewed when signs of discomfort and clinical deterioration were evident. Medication continued at a lower dosage despite the consumer representative requesting cessation due to the presence of side-effects. Communication to the consumer’s representative about a subsequent change in medication was also not demonstrated. For another consumer, deficiencies in post-hospital monitoring were noted, which included cessation of fluid monitoring without medical officer direction and continued lack of ongoing behavioural monitoring for signs of deterioration. Care staff interviewed described reporting changes in consumer conditions to clinical staff for immediate review.

The Approved Provider responded to the site audit report and acknowledged communication to the consumer representative about changes in the consumer’s medication should have been clearer and has undertaken to proactively monitor communication to prevent recurrence. In relation to the nutritional monitoring of the consumer, the Approved Provider noted informal food and fluid monitoring was initiated by the Clinical Manager to maximise comfort for the consumer whilst awaiting dental review. Clinical notes were provided to show oral care and treatment were provided to the consumer, with post-treatment improvements noted after medication cessation and medical officer review.

For the second consumer discussed in the site audit report, the Approved Provider discussed the consumer was commenced on high risk case management on 19 September 2022 due to signs of deterioration. The Approved Provider acknowledged gaps were evident in food and fluid chart monitoring during October 2022, however noted staff continued fluid monitoring and weight monitoring. The consumer became resistive to care and the clinical leadership determined ongoing fluid monitoring was detrimental to the consumer and not representative of person-centred care. Monitoring continued for deterioration and medical officer review occurred.

Whilst I note the findings in the site audit report, I find the evidence from the Approved Provider to be more compelling. Evidence was provided to support timely responsiveness was demonstrated for consumers showing signs of clinical deterioration and ongoing monitoring was evident when required, and in line with consumer preferences.

Consumers and consumer representatives interviewed said care needs and preferences were effectively communicated between staff, with one consumer representative describing how care staff know their consumer needs and information is well coordinated. Staff described information is shared at handover and staff meetings when changes occur and changes are reflected in updated documentation including progress notes and handover sheets.

The Assessment Team found care planning documentation showed timely and appropriate referrals were made to allied health professionals and medical specialists including dieticians, speech pathologists, dentists, physiotherapists, geriatricians, wound care specialists and palliative care consultants. Consumers and consumer representatives and their preferences were noted to be considered in the referral process.

Staff interviewed described infection control procedures for consumers such as hand hygiene and correct use of personal protective equipment including donning and doffing. Staff demonstrated a good understanding of antimicrobial stewardship, with one care staff discussing support provided to consumers with urinary tract infections through fluid encouragement and ensuring adequate personal hygiene care. Care planning documentation supported signs and symptoms of infection were identified through a change in a consumer’s condition. The Assessment Team observed staff performed proper handwashing and hand sanitising techniques after personal care provision and wearing of surgical masks. Infection control policy and procedure were available for staff guidance with the support of an infection prevention and control lead.

Accordingly, I find requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g) are 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

This Quality Standard is compliant as 7 of the 7 requirements have been assessed as compliant.

The Assessment Team found consumers were supported to exercise their preferences and independence about when and where they engaged in activities. Consumers were supported to express their personal preferences about the provision of gender specific staff to assist with personal care needs.

The emotional, spiritual and psychological well-being of consumers were promoted through access to regular religious services and one-on-one social interactions. The Assessment Team observed staff provided psychological support to consumers through direct engagement. Consumers were supported through times of grief, with a tribute book available for consumers to pay their respects and leave messages of condolence.

Consumers were supported to participate within the service community and the local community more broadly. Consumers supported the service community with dining room preparation, by facilitating word activities and supported each other to move within the service including in the courtyard. Consumers attended for social outings with friends and engaged with external organisations like the Country Women’s Association.

Communication about consumer conditions, needs and preferences was well demonstrated between the service and permanent and agency staff, with specific personal care needs of consumers known by agency staff. Consumer representatives discussed receiving communication from the service about changes in their consumer condition. Referrals to external organisations to support consumers were demonstrated and included Vision Australia and Dementia Support Australia.

Consumers interviewed were happy with the meals provided. Consumer preferences about allergies and dislikes were communicated with the kitchen and were updated as required. Kitchen staff discussed capturing consumer food preferences through observation and updating records when needed. The Assessment Team noted meal options were available for lunch and dinner, with alternate selections like sandwiches and frozen meal options also available.

The Assessment Team noted equipment was clean, well-maintained and was suitable for use by consumers. Equipment like lifters and wheelchairs were in good working order, with damaged equipment removed until repaired or identified for disposal.

# 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

This Quality Standard is compliant as 3 of the 3 requirements have been assessed as compliant.

Consumer rooms were single rooms with ensuite and kitchenettes and personalised to each consumer’s preference, supporting a sense of belonging and independence. Rooms were observed to contain artwork, drawings, furniture and equipment including televisions, laptops, printers and internet connection. Consumers were able to personalise the entrance to their rooms with murals which included photographs and things of interest to them.

Consumer rooms were observed to be clean, well-maintained and comfortable. Consumers moved freely both indoors and outdoors, with consumers observed in their rooms, in communal areas and sitting in the courtyards with visitors. Consumers and consumer representatives log maintenance issues into the communication book and preventative maintenance occurs through electronic dashboard monitoring. A third-party supplier is engaged for onsite cleaning, with service audits completed monthly to ensure cleaning is conducted in accordance with the service level agreement.

The Assessment Team noted furniture and fittings were recently replaced in the lounge and dining room areas, with replacement and upgrade of beds occurring as part of a service upgrade. Maintenance activities were conducted by an onsite maintenance team member and furniture and fittings were repaired where possible. Equipment safety checking was completed by a third-party supplier. Contract gardeners were engaged to maintain the gardens particularly during the spring and summer months.

# 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

This Quality Standard is compliant as 4 of the 4 requirements have been assessed as compliant.

All consumers and consumer representatives interviewed were encouraged and supported to provide feedback and make complaints. One consumer said they felt comfortable speaking with staff verbally and were aware of the availability of forms they could complete to provide feedback or make a complaint. Staff described supports provided to consumers to raise a concern including assisting to resolve the issue, helping them complete the form and escalating issues when needed. Management discussed the multiple avenues available for receiving feedback including direct consultation with consumers, consumer and consumer representative meetings, feedback forms, the feedback box, speaking directly with management and the quick response code electronic application.

Most consumers interviewed were aware of how to access advocacy services and other methods of complaints management. Eighteen consumers were noted to attend a presentation from the ‘Senior Rights Service’, a presentation made available to consumers twice per year. The Assessment Team observed posters and brochures throughout the service on external complaints agencies, advocacy services and complaint information from the Commission.

Consumers and consumer representatives interviewed expressed confidence staff and management would always address their feedback and concerns. Consumers provided examples of concerns raised and resolved for matters including personal care needs provision and service maintenance issues. Staff interviewed demonstrated an understanding of open disclosure principles including apologising for any wrongdoing and how to record and escalate concerns.

Consumers and consumer representatives interviewed discussed examples of improvements made at the service from feedback provided and supporting documentation was provided by management to show satisfactory resolution for all parties involved. Monthly leadership meetings were utilised for complaints and feedback review and trend analysis and management review complaints identified with high-risk ratings. Surveys were also used to improve the quality of care and services.

# 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

This Quality Standard is compliant as 5 of the 5 requirements have been assessed as compliant.

Consumers and consumer representatives interviewed said more permanent staff were needed and did not express any concerns about call bell responsiveness. All consumers interviewed said they received good quality care and were confident their needs were being met, even when staff were often rushed. Staff interviewed confirmed working extra hours to ensure consumer needs were being met. Management highlighted recruitment difficulties in the region and discussed several short and long-term strategies implemented to attract staff which included financial and career incentives, career development pathways, overseas education partnerships and sponsorship and a staff accommodation project.

All consumers and consumer representatives interviewed said staff were kind, caring and gentle with care provision. Consumers expressed that staff go above and beyond, they know them well and were kind even when busy. The Assessment Team observed staff interactions were respectful and inclusive.

Consumers and consumer representatives said staff were competent and expressed confidence in their ability to provide care. Staff interviewed discussed annual competency completion including hand hygiene, manual handling, medication handling, fire training, personal protective equipment and COVID-19. Manual competencies also included the Quality Standards and new legislative requirements. Management discussed several ways they address staff competency including minimum certification requirements, new staff buddy shifts, online and face-to-face orientation courses and a specialty educator who assists with targeted education and toolbox talks.

Consumers interviewed confirmed staff knew what they are doing and said there were no particular areas where staff required more training. Staff interviewed described receiving adequate training and were able to request and receive additional training when required. A new organisation-wide learning and development program provides staff with greater access to training and development and as a registered training organisation, the service delivers certificate and diploma courses specific to aged care which staff may access. The Assessment Team observed training records confirmed all staff had attended set competencies and education and training, such as the introduction of the Serious Incident Response Scheme.

The Assessment Team found regular performance reviews were completed for all staff. Performance reviews were undertaken within 3 months of staff commencing and annually, with face-to-face reviews between staff and managers. Management said staff performance was monitored through feedback from consumers and consumer representatives, staff feedback and observations and supervision of staff practices.

# 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

This Quality Standard is compliant as 5 of the 5 requirements have been assessed as compliant.

Consumers interviewed said they felt included and encouraged to provide input into decisions made at the service and felt the service was well run. Regular consumer and consumer representatives meetings were well attended and consumers voiced their opinions and suggestions freely. Consumers were consulted on changes to the service and provided input on the furniture refurbishment project. Management engaged with individual consumers regularly to discuss their care and services. Promoted roadshows provided consumers with direct access to the chief executive officer and board chair.

Consumers expressed feeling safe and included and were proud of the service as their ‘home’ of choice. The Assessment Team observed communication with consumers and consumer representatives and staff occurred through committees, meetings, email correspondence, posters and training. The organisation’s strategic plan outlined the service’s approach to providing a culture of safe and inclusive quality care and services and the diversity action plan promoted inclusion of all diverse communities. All board members, including two clinicians, accessed the service ‘dashboard’ which highlighted performance and areas of concern and monthly board reports monitored performance against the Quality Standards.

The Assessment Team found effective organisational-wide governance systems were in place. Information management systems included electronic care planning, risk management, compliance, complaints, maintenance, education and training and human resources. Continuous improvement was driven by the leadership team with support from the continuous quality improvement committee and management, with consumers encouraged to provide feedback and identify opportunities for improvements to care and services. A comprehensive plan for continuous improvement was observed. The board provides oversight of financial governance including operational, investment and acquisition activities. A workforce governance framework identified clear responsibilities, accountabilities and delegations. Internal mechanisms monitor regulatory compliance and formal communication and education for consumers and staff accompany legislative change.

The Assessment Team noted effective risk management systems were in place for high-impact and high-prevalence risk, identification and responsiveness to abuse and neglect of consumers and incident management and prevention. A Critical Incident Management Team reviewed high risk areas. Staff confirmed receipt of education about the various policies and discussed examples relevant to their work, including procedures for escalation to the Serious Incident Response Scheme (SIRS) and incident notification.

The Assessment Team found a clinical governance framework outlined the approach to the provision of safe and quality clinical care and services, with support from the board and clinical governance committees for review and improvement of clinical activities and a pharmacist to assist with medication management. Policies were evident for antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff demonstrated an understanding of antimicrobial stewardship and the use of adequate hydration and infection identification through pathology to reduce urinary tract infections in consumers. Staff described assistance provided to consumers when they raised concerns, which included reporting and being open and honest.

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)