Performance

Report

**1800 951 822**

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| Name of service: | Jacaranda Village |
| Service address: | 4-8 Calotis Street RED CLIFFS VIC 3496 |
| Commission ID: | 3451 |
| Approved provider: | Red Cliffs and Community Aged Care Services Inc |
| Activity type: | Site Audit |
| Activity date: | 7 March 2023 to 9 March 2023 |
| Performance report date: | 16 May 2023 |

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 Jacaranda Village (the service) has been prepared by G.Hope‑Simpson, 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.
* other information and intelligence held by the Commission in relation to the service.
* the provider’s response to the assessment team’s report, received on 26 April 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 | **Non-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

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

* Requirement 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.

# Standard 1

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

Findings

Consumers said staff treated them with dignity and respect, and that staff acknowledged their identities, cultures and diversity. Staff knew individual consumer’s needs and what was important to them. During the Site Audit, staff were respectful when interacting with consumers. Care planning documents showed consumers’ preferences and the information within them matched consumers’ information. The service had policies and procedures to encourage staff to protect consumers’ dignity and rights to make decisions about their care.

Consumers said the service respected their cultural background and that staff supported them to express their cultural identity and preferences. For example, consumers of Italian descent said the service served them red wine with dinner, as was their tradition. Staff knew the cultural backgrounds and spiritual preferences of consumers within the service, and how best to support them to express these aspects of their identity. Care plans showed information about consumers’ backgrounds and preferences, and this information was consistent with verbal information from staff and consumers.

Consumers said staff supported them to exercise choice and independence about their care and services. They also said the service supported them to maintain their social connections and relationships. Staff could describe the ways in which each sampled consumer was supported to maintain relationships of choice. Consumers’ care planning documents identified individualised consumer choices for care and services and supports for maintaining independence.

Staff ensured consumers understood the risks connected with their care decisions, and helping consumers decide how they lived their lives. Care planning documents contained information about the specific risks consumers wanted to take, and signed informed consent forms. The service had documented policies on managing risk for consumers, which encompassed dignity of risk. The service also had a range of process documents to guide staff in addressing risk.

Consumers said staff helped them make choices about their lifestyle and care by providing timely, accurate information. This included choices about meal options and other aspects of their care. Staff knew how to engage consumers and what information to provide to enable them to make choices. For example, where a consumer wished to remain in their room, staff enabled them to choose what meals they wanted, which the service then delivered to their room.

Consumers said staff respected their privacy, and ensured their personal information remained confidential. Staff demonstrated this in a variety of ways including by knocking before entering consumers’ rooms, closing doors behind them, drawing curtains and blinds when delivering personal care, storing care documents in secure cabinets, and a range of other practices. The service had policies and procedures to guide staff in protecting consumers’ privacy and personal information, including policies for collecting, disclosing, securing, storing, and using information.

# 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

Consumers said they were satisfied with the care they received, and that staff identified and communicated about risks effectively. Staff documented assessment outcomes in care plans and communicated the outcomes among themselves. Care documents contained information about high impact, high prevalence risks, including those linked to falls, pressure injuries, weight loss, dysphagia and behaviours. The service had a consumer admission process that guided staff in assessing new consumers.

Consumers said staff discussed their current care needs, goals, and preferences, including advance-care planning and end-of-life care. Staff documented consumers’ care preferences, including for sleep, personal hygiene, preferred routines, communication, and in other areas. Consumers’ care plans contained end-of-life care wishes and advance-care directives. Staff knew what aspects of care were important to consumers.

Consumers said they were satisfied with the quality of their care, and that the service partnered with them to assess and plan their care, including how they wanted it delivered and who they wanted involved in it. Staff knew the service’s process for referring consumers to external providers. Care plans showed staff engaged consumers, their representatives and a multi-disciplinary team to assess and plan consumers’ care. This included engaging medical practitioners, physiotherapists, dieticians, podiatrists and other practitioners.

Staff regularly updated care planning documents and the information within was relevant to consumer's needs, goals, and preferences. Updates reflected consumers’ evolving needs and included information about mobility, nutrition, hydration, pain, behaviour management, sleep, skin integrity and other information. Maintained clinical guidance documentation guided staff through the assessment process. Care plans were offered to consumers and representatives.

Consumers said staff notified them when circumstances changed or when incidents occurred, such as falls, pressure injuries, medication incidents or others. Staff knew the service’s reporting processes, including how to record incidents, update care plans and report events in accordance with the service’s obligations under the Serious Incident Response Scheme (SIRS). The service’s policy was to review care plans every three months, or earlier if circumstances or preferences changed. It also had policies and procedures for recording and reporting incidents, and for updating care plans in response to incidents and identified risks.

# 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 said they were satisfied with the care they received and said the service tailored its care to meet their needs and optimise their health and well-being. Staff knew consumers’ individual personal and clinical needs and care planning documents showed care that was safe and effective. The service had policies and procedures to guide staff in delivering various types of care including for wound management, restrictive practices, falls prevention, skin integrity, and pressure injury prevention.

Consumers said the service’s care was appropriate and safe. Consumers’ care files contained information to show the service managed high-impact, high-prevalence risks effectively, including information about risks and associated mitigations. Staff monitored consumers carefully, checking for anomalous fluctuations in weight, diet, fluid intake, behaviours, mood and other areas. The service had a range of policies, processes and tools to guide staff in addressing high-impact, high-prevalence care, including tools such as the Falls Risk Assessment Tool, pain charts, weight charts, and others.

Consumers said staff had spoken to them about advance-care planning and end-of-life care and that the service tailored its care in these domains to meet their needs, goals, and preferences. Records showed that staff attended to mouth care, skin care, pain management and family support during consumer palliation. Where relevant, care planning documents showed advance-care planning information, including choices and end-of-life preferences.

Staff recognised and responded to changes in consumers’ care needs promptly. Consumers said they were satisfied with the service’s care delivery, including that staff recognised deterioration or changes in consumers’ conditions. Staff could cite recent examples of when they recognised and responded to deterioration or changes, such as when they detected consumers had coronavirus (COVID-19). Planning documents, progress notes and charting showed staff recognised and responded to changes to consumers’ health, capacity and function.

The service had systems and processes to ensure that staff documented and communicated information about consumers’ care effectively, including communicating among themselves and with others involved in consumers’ care. Consumers said they were satisfied with their care, including with how staff communicated about changes to their care and condition. Staff knew how and when to communicate changes in relation to consumers’ care, including through handovers, meetings and using the service’s digital care system.

Consumers said they were satisfied with the service’s care delivery, including its referral processes. Staff knew the process for making referrals to external health professionals and allied health services. The service had procedures to guide staff through the referral processes and consumers’ care planning documents showed input from other practitioners, such as medical practitioners, podiatry services, physiotherapists, geriatricians, dieticians, and others.

Consumers said they were satisfied with the service’s management of COVID-19 and its infection control practices. Staff said they had received training on infection-minimising strategies including hand hygiene, personal protective equipment (PPE), outbreak management and others. Staff knew how to minimise the need for antibiotics using various interventions. The service had an appointed IPC lead who worked with senior clinical management to oversee infection control. Staff registered incidences of consumer infection on the service’s electronic care management system (ECMS) and they used the resulting data to inform improvements for consumers. The service had policies to guide infection control practices, including policies for antimicrobial stewardship, infection control guidelines and handwashing.

# 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. | Non-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

For Standard 4, the Assessment Team brought forward evidence to suggest the service had not met Requirement 4(3)(a). Relevant (summarised) evidence brought forward in the site audit report is outlined below.

The service facility comprised multiple buildings including self-contained cottages (‘the Cottages’) and a larger secure building (‘the Manor’). Consumers living in the Manor are environmentally restricted. The service also featured a communal space where it hosted lifestyle activities for those consumers living in the Cottages, that consumers living in the Manor were also free to attend. The Assessment Team’s main finding in relation to the lifestyle program, was that the service’s activities offerings for consumers residing in the Manor were not sufficient to optimise consumers’ independence, well-being and quality of life.

Three interviewed consumers and consumer representatives raised concerns about the quality and quantity of lifestyle activities provided to consumers living in the Manor. One consumer considered there was a need for more activities at the service, a second consumer was reportedly bored at the service and not properly supported with the resources needed to continue with their preferred hobby, and a third consumer’s representative raised concerns that lifestyle staff did not support the consumer to go for walks outside the service as they enjoyed doing. The Approved Provider’s response, received 26 April 2023, disagreed with the Assessment Team’s ‘not met’ recommendation for Requirement 4(3)(a) and took issue with each item of consumer/representative feedback outlined above. The response stated that the first named consumer was offered activities but they declined to participate and that clinical and physiotherapy staff, rather than lifestyle staff, had responsibility for supporting the second named consumer to go for walks. The response considered the representative of the second named consumer was not in a position to know if staff supported the consumer to go for walks at times they were not visiting. Lastly, while the response did provide further context and some clarification about the third named consumer’s gardening, it did not demonstrate lifestyle staff in the Manor had taken steps to ensure the consumer continuously had access to the resources they needed to maintain their hobby garden.

The Assessment Team also found the number of activities staff employed within the service was limited to 2 staff members and that a dedicated activities officer for the Manor had resigned and not been replaced. Activities in the service’s Hub were predominately attended by consumers who resided in the Cottages. The Approved Provider’s response held that there had been a 6 staff member alternating activities roster in place since January 2023. However, evidence provided with the response did not demonstrate this, showing only that the roster commenced in April 2023, after the site audit. The supporting evidence showed that from April 2023, there has been coverage of one activities staff member each during weekdays for the Cottages and Manor. The response demonstrated that those staff occupied dual roles and showed there were no activities staff rostered on in the Manor of a weekend, and none across the service of a Sunday. Additionally, the response contended there was a minimum of 2 group activities in the morning and 1 activity after lunch since the roster changes, however no evidence was provided with the response to substantiate this.

The Assessment Team also found there were less weekly group exercise sessions scheduled for consumers in the Manor, when compared to those scheduled for the Cottages. Consumers of the Cottages could participate in two sessions per week, but Manor consumers could participate in only one. Care staff interviewed told the Assessment Team that consumers were more settled in the Manor after they had their one weekly exercise class and the two interviewed staff considered there was a lack of activities in the Manor since the dedicated activities staff member had resigned. The Approved Provider’s written response noted that exercise classes in the Manor had increased during March 2023, but no evidence was provided with the response to substantiate this. The response contained only a monthly activities ‘save the date’ extract from the service newsletter, which reflected a lack of both variety and quantity in lifestyle activities on offer at the service. The response did note the contracted physiotherapists had implemented recent changes and each consumer had been assessed and allocated an individual program as a result, however again, evidence was not provided to support this aspect of the response.

Lastly, during the site audit, the Assessment Team observed a group of consumers who remained in comfort chairs in the Manor loungeroom, in front of the television, throughout the day. The Assessment Team observed that these consumers were not included in any activity or moved throughout the day. The Approved Provider’s response disagreed that the consumers were not moved throughout the day, and demonstrated the consumers likely received support for personal care, but it did not address the core concern, which was that the consumers should be engaged with stimulating activities.

The site audit report also brought forward other evidence that was either insubstantial, not relevant or that the Approved Provider addressed sufficiently in their response. I have not considered that evidence or the response to it, in reaching my decision.

The Approved Provider’s response included a Plan for Continuous Improvement (PCI), which showed that it had commenced work to address some of the adverse findings outlined above. This included commencing engagement with external consultants for support in improving its’ lifestyle program and introducing regular lifestyle team meetings to plan activities. While I acknowledge the planned actions, having considered the entirety of evidence, I nonetheless, find the service is not compliant with Requirement 4(3)(a).

Consumer and representative feedback supported the overall finding that consumers in the Manor did not have access to a variety of stimulating activities and the quantity activities was not sufficient. While the response outlined an increase in the number of lifestyle staff, evidence did not show the change has been implemented for long enough to realise sustained improvements. Increases to activities offered were outlined in the response, but evidence was not provided to demonstrate the quantity and nature of new offerings. Observations during the site audit demonstrated consumers in the Manor were subject to extended periods of inactivity and staff evidence showed that consumer behaviours could be improved through more access to exercise classes, in particular. While the service provided some information to show it has taken steps to address concerns, at the time of writing, the service’s plans are not sufficiently concrete or progressed enough to show the issues are unlikely to persist. I therefore find the service non-compliant with Requirement 4(3)(a).

I am satisfied the service is compliant with the remaining requirements of Quality Standard 4.

The service had supports to promote emotional, spiritual and psychological well-being, such as church services for Catholic and Pentecostal denominations. Staff supported consumers to attend and facilitated contact between consumers and visiting spiritual leaders at the service.

Consumers said the service supported them to participate in their community within and outside the facility as they chose. For example, staff organised outings for consumers and facilitated video conference calls between consumers and their loved ones. The service had a bus, which the activity staff used to organise outings, such as trips to local restaurants. The service had a walking group, run by its physiotherapist. The group held walking excursions in the local area around the service.

Consumers said staff knew their preferences for services and supports, and that staff met these preferences in collaboration with other providers. Staff communicated consumer care needs among themselves during handovers and by using system messaging. The service had processes for identifying and recording each consumer’s condition, needs and preferences for daily living, including when their preferences changed.

The service’s records showed it referred consumers to other individuals, organisations and providers promptly and appropriately. Staff knew how to refer consumers to other providers and could cite recent examples of having done so. Care planning documents corroborated staff information. Consumers also confirmed staff referred them to external providers as needed.

Consumers said they were satisfied with the variety, quality and quantity of the service’s food. They said they could order from the service’s menu each day, which generally included 2 main meals, dessert, and an alternative of sandwiches and salads if they did not want the menu items that day. Staff communicated about consumers’ dietary preferences either verbally or in writing, and they emailed consumers and their representatives, as a record of any changes.

Consumers reported having access to equipment, including mobility aids, shower chairs and manual handling equipment, to assist them with their daily living, leisure and lifestyle activities. Staff had access to equipment when they needed it and they knew how to keep equipment safe, clean, and maintained.

# 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

Consumers said the service environment was welcoming, easy to understand and that it optimised their sense of belonging, independence, interaction, and function. During the site audit, the environment was welcoming, with plenty of space for consumers, no clutter and clear signage to aid navigation.

Consumers said the service environment was clean, well maintained, and comfortable. During the site audit, the environment was safe, clean, and well maintained, with accessible outdoor areas that consumers were using. Staff and consumers knew what to do if they identified a hazard or safety issue, and staff knew the processes for managing maintenance.

Consumers said the service’s furniture and equipment was safe, clean, well-maintained, and suitable. Staff knew the process for logging maintenance requests and maintenance staff knew their roles in responding to requests, including relevant record keeping. The service had processes and policies for equipment maintenance, stock management, and electrical safety. Its electrical safety processes included testing and tagging consumers’ and the service’s electrical devices. Furniture and equipment appeared clean and well-maintained.

# 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

Consumers said staff encouraged and supported them to provide feedback about their care and services and that they felt comfortable raising any concerns. Staff knew the channels available to consumers and representatives if they wanted to raise a complaint, and the process to follow should a consumer raise an issue with them directly. The service had processes and procedures to guide staff in handling feedback and complaints.

Consumers said they were aware of advocacy groups they could contact to raise a complaint, but that they were comfortable raising their concerns with staff. Staff said they act as advocates for consumers by communicating consumers’ concerns to management and assisting them to complete feedback forms. Staff knew how to access interpreter and advocacy services for consumers and the management displayed information about advocacy groups in various locations around the facility. As at the site audit, the service was developing a new complaints brochure featuring translations into 5 different languages, to accommodate all consumers residing in the service.

Consumers said that when they raised a complaint or when an incident occurred, management promptly addressed their concerns. Staff knew the service’s feedback or a complaints process, which included escalating complaints to senior clinical personnel and management. The service’s records showed it responded promptly to complaints and feedback.

Consumers said the service used feedback and complaints to improve its care. Staff knew how to collate and monitor complaints and management aggregated and analysed complaints data for trends and risks, to inform improvement activity. The service engaged consumers to evaluate its improvement activities.

# 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

Generally, consumers said they were satisfied with the number of staff at the service. Some consumers said the service could benefit from more care staff. They said the staff are very busy but that, generally, staff meet consumers’ care needs. Consumers said staff answer call bells promptly and, during the site audit, staff were generally available when consumers needed them. Staff said the service did not often rely on agency staff to fill vacant shifts, and instead staff worked together to ensure consumers’ care needs were met.

Consumers and said staff were kind, caring and gentle when delivering care and that staff respected consumers’ identity, diversity, backgrounds and cultural preferences. During the site audit, staff were kind, caring and respectful during their interactions with consumers. The service had policies setting out the behavioural standards expected of staff and the service monitored the interactions between its workforce and consumers.

Consumers said they were confident staff could meet their care needs. The service had processes for ensuring its workforce was competent and had the qualifications and knowledge to effectively perform its role. Staff members said they felt competent and sufficiently trained to meet consumers’ care needs. The service had policies and position descriptions stipulating qualification and knowledge requirements for each role, and it hired staff accordingly.

Consumers said the service trained and supported its staff to deliver the care consumers needed and that they were confident staff could meet their care needs. Staff provided input and feedback to management about their training and support needs, and how to improve the service’s training program.

The service had established and effective processes to assess, monitor and review staff performance. The service’s management team took consumer feedback into consideration when completing reviews. Management conducted reviews on a 3-monthly basis for new staff and annually thereafter. While annual reviews were behind schedule, the service had a plan to bring them up to date.

# 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 service engaged consumers to develop, deliver and evaluate their care through various channels including Resident and Relative Meetings, Occupational Health and Safety Meetings, feedback forms, surveys, and others. Consumers said they felt involved in the development of their care and the Resident and Relative Meetings provided a forum for them to input into the service’s activities. Meeting minutes showed the participants had discussed items central to consumers’ and their representatives’ experience at the service, including the service’s menu, signage, and groundskeeping. The service responded to consumers’ input by, for example, changing its menu and hiring contractors to tend to the service grounds.

The service’s Approved Provider, Red Cliffs and Community Aged Care Services Inc, promoted a culture of safe, inclusive and quality care and accountability through the experience of its Board members and its oversight processes. The service submitted regular reports to various committees within the hierarchy of its governing body about topics such as clinical data and trends, quality indicators, critical incidents, SIRS incidents, complaints and continuous improvement activity. Committee meeting minutes showed staff within the organisation analysed information and presented it to other groups within the reporting structure, and this fostered safe, quality care and services. The Approved Provider conducted audits and compliance monitoring, which covered finance, care quality, clinical governance, risk and compliance.

The service’s records showed it had effective organisation-wide governance systems concerning continuous improvement, workforce governance, regulatory compliance and feedback and complaints. Consumers and representatives said the service encouraged feedback and complaints and that the service used the data arising from complaints for continuous improvement. Staff knew the service’s governance systems and relevant key principles. The service has policies and procedures that detailed staff guidance processes for each governance system.

The service had risk management systems to monitor and assess high impact, high prevalence risks. This included systems for identifying and responding to consumer abuse and neglect, and systems to support consumers to manage lifestyle risks, and help them live the best life they could. Staff reported and escalated data, such as risk information and consumer feedback. Management reviewed and analysed this data and reported it to the organisation’s senior management team, including its Board. The Board cascaded feedback and direction through meetings and other channels. Staff knew the service’s risk management processes, including key areas of risk and their mitigations.

Staff knew the principles of the service’s clinical governance framework, such as the principles to minimise restrictive practices, implement antimicrobial stewardship and apply open disclosure when things went wrong. Documents such as quality reports and meeting minutes showed the service emphasised these key areas and developed strategies to implement the clinical governance framework, and to adjust their implementation of it as the service’s care evolved over time.

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)