Performance

Report

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| Name: | Jimbelunga Nursing Centre |
| Commission ID: | 5468 |
| Address: | 259 River Hills Road, EAGLEBY, Queensland, 4207 |
| Activity type: | Site Audit |
| Activity date: | 13 May 2024 to 15 May 2024 |
| Performance report date: | 17 June 2024 |
| Service included in this assessment: | Provider: 591 Aboriginal and Torres Strait Islander Community Health Service Brisbane Limited  Service: 3758 Jimbelunga Nursing Centre |

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 Jimbelunga Nursing Centre (**the service**) has been prepared by S Turner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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
* other information about the service that is held by the Commission including the service’s compliance history

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

Consumers and representatives said consumers were treated with dignity and respect, with their identity, culture and diversity valued. Consumers provided examples of how the service supported their identity and culture including by assisting them to participate in events such as National Aborigines’ and Islanders’ Day Observance Committee (NAIDOC) Week and other cultural events. Management and staff spoke about consumers in a respectful manner and provided examples of how they demonstrated respect when providing care to consumers by asking for consent, acknowledging choices and taking time to understand their background, life history and needs. Care planning documentation outlined information about the consumers’ background and interests.

Management and staff described the service’s admission process, which involved working with consumers and their representatives to understand each consumer’s cultural background. They said they collated information provided by the consumer and their representatives into a lifestyle assessment and a tailored care plan.

Staff described how consumers’ cultural needs influenced the delivery of day-to-day care and services. Care planning documentation evidenced specific cultural needs and preferences for consumers such as strategies to engage with consumers with sensitivity to their culture and background. Consumers and representatives said the service recognised and respected the consumers’ cultural background and provided care that was consistent with cultural traditions and preferences.

Consumers and representatives said consumers were supported to maintain significant relationships and exercise choice and independence when making decisions about their care including when family, friends and carers should be involved in their care; this information was reflected in care planning documentation. Management and staff described how each consumer was supported to make informed choices about their care and services and how they supported consumers to maintain relationships of choice.

Consumers and representatives described how the service supported consumers to take risks to enable them to continue to do the things they wanted to do. Management and staff were familiar with the risks taken by consumers and outlined how they supported consumers by informing them of the potential risks and how they could be minimised, before completing a risk assessment in consultation with consumers and their representatives. Care planning documentation included risk assessments, dignity of risk forms and the safeguarding mechanisms in place to facilitate risk-taking.

Staff described different ways information was provided to consumers, including for consumers with cognitive and sensory impairments. Information was provided through newsletters, verbal reminders and notices displayed through the service. Lifestyle and care staff said they distributed information through consumer meetings, fliers, noticeboards and announcements; care staff said they explained the meals offered to the consumers on the day. Information was observed displayed throughout the service and included menus and activity calendars; consumers were observed with copies of the service newsletter. Consumers and representatives said they were provided with information to make informed choices and could follow up with staff members if they required additional information.

Consumers said their privacy was respected and said staff knocked before entering their room, sought consent to deliver personal care and closed doors. Staff said they received annual mandatory training on privacy and confidentiality and described strategies to promote consumers’ privacy and secure confidential information; they said they did not discuss private matters in front of other consumers. Nurses’ stations were observed to be locked throughout the Site Audit and the electronic care management system was password protected.

The service had policies and mandatory training on diversity, respect and dignity which outlined its’ commitment to ensuring a supportive workplace and aged care environment that supported diversity and inclusion and treated all consumers with dignity and respect. Staff were observed interacting with consumers, greeting them and acknowledging them in a kind and respectful manner.

For the reasons detailed, I am satisfied consumers are treated with dignity and respect, can maintain their identity and make informed choices about care and services. I find Standard 1 is Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

Consumers and representatives said consumers received the care they required and described how they were involved in the initial and ongoing assessment process. Management and staff explained the care planning process, including the involvement of consumers, representatives, registered nurses and allied health professionals, and how risks for individual consumers were considered. Care planning documentation including for consumers with chronic and complex care needs such as diabetes mellitus, evidenced consideration of individual risks and mitigation strategies that influenced the delivery of care and services.

Consumers and representatives described how the service had involved them in the assessment and planning of care, including advance care planning, during entry to the service, at scheduled case conferences, or when there was a change in circumstances. Management and staff described how they approached conversations around end-of-life care planning, and this was reflected in care planning documentation.

Consumers and representatives described how they participated in the assessment and planning of care, and said they were able to provide input to ensure consumers’ needs were being met. They said the service regularly communicated changes relating to care and services with them, and that staff explained things to them if needed. Further, most consumers and representatives said they were offered a copy of the care plan following a scheduled review. Management, clinical staff, and allied health professionals explained how the service kept consumers, representatives, and shared providers of care informed on outcomes of assessment and planning through telephone calls, via emails and during face-to-face conversations at scheduled case conferences or as needed.

Management and staff explained the process for scheduled review of care planning documentation. Consumers’ care planning documentation demonstrated care and services were reviewed regularly and when circumstances changed, or when incidents occurred which impacted on the needs, goals, or preferences of the consumer. Care plans had been reviewed in line with the service’s policy. Additionally, there was input from a range of external providers such as medical officers, physiotherapists, dietitians, and speech pathologists.

For the reasons detailed, I am satisfied consumers are a partner in assessment and care planning that identifies the consumers’ needs, goals and preferences and optimises their health and well-being. I find Standard 2 is Compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers advised they received safe and effective personal and clinical care that met their needs and optimised their well-being.

The service had policies, procedures, and guides for key areas of care, including restrictive practices, wound care, and pain management. Management and staff demonstrated an understanding of these procedures and described how they applied them in their day-to-day roles to ensure best practice care was delivered to consumers in a safe and effective manner.

Care planning documentation demonstrated comprehensive care plans which included assessments, progress notes, medication and other relevant charting that reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of each consumer.

Consumers who were subject to restrictive practices such as chemical restraint or environmental restraint relating to the key-coded front door had documentation demonstrating discussions had been held with the consumer or their representative, consent had been provided, behaviour support plans were in place, risks had been identified and alternative strategies trialled. There was evidence restrictive practices were reviewed regularly. Management and clinical staff described how they trialled alternative strategies such as non-pharmacological options, prior to implementing restrictive practice and staff were familiar with personalised behaviour management strategies.

Consumers with complex wounds or pain management needs spoke highly of the care they received and said it optimised their well-being. Wound care was provided in accordance with wound care directives and care plans outlined strategies to manage pain that included non-pharmacological interventions such as massage and heat packs. There was evidence staff monitored the consumer’s condition and escalated the situation when a need was identified; consumers confirmed this.

High impact and high prevalence risks were effectively managed by the service through monitoring of clinical data, trending, reporting and the implementation of appropriate risk mitigation strategies. Consumers and representatives were satisfied with how risks were managed by the service and described how the interventions that had been put in place for each consumer were effective. Care planning documentation reflected consideration of risks to individual consumers.

Consumer representatives described how the consumer’s needs, goals and preferences were recognised and met at the end of life, with measures taken to ensure the consumer’s comfort. Management and staff described how they recognised and addressed the needs and preferences of consumers nearing end of life and how they maximised the consumer’s comfort and dignity. Care provided included oral and hygiene care, regular repositioning, analgesia, culturally appropriate practices and family support and engagement.

Policies and procedures provided guidance for staff on how to react if deterioration or change in a consumer’s health was observed and staff described how they managed this in partnership with allied health professionals, medical officers and relevant specialists. Care planning documentation for consumers who had experienced an incident or change in health demonstrated close monitoring of the consumer and involvement of the clinical staff, discussions with representatives, and referral to the medical officer and allied health professionals.

Consumers and representatives said the consumer's preferences and care needs were communicated effectively with them, between staff and with external providers involved in the consumer’s care. Staff described how information about consumer needs, conditions, and preferences were documented and communicated within the organisation and with others where responsibility for care was shared. Care planning documentation provided detailed information to facilitate care delivery. Clinical and care staff explained how information was shared within the service across staff at different levels through staff huddles, handover, and through the service’s electronic care management system; staff demonstrated a shared understanding of consumers’ clinical and personal care needs. A staff handover was observed, and it was noted that staff discussed consumer changes and updates for the previous shift including incidents, appointments, and medication changes.

Management and clinical staff described how referrals were made to other organisations and providers of care and services to supplement the care delivered at the service and ensure quality outcomes for each consumer. Care planning documentation evidenced the involvement of the medical officer, allied health professionals and other providers of care. Consumers and representatives were satisfied consumers could access other organisations and health professionals and that referrals were timely.

Consumers and representatives expressed confidence in the minimisation of infection-related risks and said staff were always observed to be using the appropriate personal protective equipment (PPE) and practiced hand hygiene. Management and staff demonstrated an understanding of precautions to prevent and control infection risk and the steps they could take to minimise the need for antibiotics. The service had implemented policies and procedures to guide staff related to antimicrobial stewardship and infection control management and had support of an infection prevention and control lead. The service had systems in place to ensure screening of all visitors, staff and returning consumers.

For the reasons detailed, I am satisfied consumers receive safe, effective, quality personal and clinical care that optimises their health and well-being. I find Standard 3 is Compliant.

# Standard 4

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

Findings

Consumers and representatives described how the service supported consumers to engage in activities that met their needs, goals, and preferences and further expressed satisfaction at how consumers’ quality of life was maximised. Lifestyle staff and management explained how they partnered with consumers to conduct a lifestyle assessment upon the consumer’s entry to the service, which collected information about the consumer’s preferences, their likes, dislikes, interests, and social, emotional, cultural and spiritual needs. Staff had a sound understanding of consumers’ needs and preferences and could explain what was important to them and what they liked to do; this aligned with information in the consumer’s care plan. The activity schedule detailed activities that included bingo, cultural walks, church services, trivia, exercise classes, men’s group and women’s group. Consumer meetings were a forum for discussing current and future consumer activities.

Consumers and representatives said consumers were supported when they were feeling low, and described how the service promoted consumers’ emotional, spiritual and psychological well-being. They provided examples of how staff and family visited consumers, checked in with them, and provided one on one support. Some consumers described how their spiritual beliefs were supported and others spoke of counselling services that were available. Care planning documentation included information on consumers' well-being, their needs and preferences. Management and lifestyle staff advised that consumer’s emotional, social and psychological needs were supported by facilitating connections with people important to the consumer, and by delivering religious services.

Staff described how consumers participated in their community within and outside the service environment and consumers and representatives confirmed consumers were supported to keep in touch with people who are important to them and to do things of interest to them. Consumers described being supported by staff to maintain relationships through letters, video calls and visits. Lifestyle staff said volunteers and entertainers visited the service; further, volunteers shared language and cultural background with the consumers they visited. Consumers were observed throughout the Site Audit spending time with each other in their rooms and common areas, outside in courtyard areas socialising and walking, and entering and exiting the service to participate in group activities.

Staff said they communicated changes during shift handovers and documented this in the electronic care management system. Care planning documentation provided sufficient information to support safe and effective care related to services and supports for daily living. Information about consumers’ dietary needs was accessible to hospitality staff in the central kitchen and staff could accurately describe consumers’ dietary requirements. One consumer with specific food allergies provided positive feedback about the communication processes at the service and advised their dietary requirements were always met. Kitchen staff described how they were informed of consumers’ dietary needs and preferences by clinical staff and care staff. They said this occurred verbally and they were provided with a copy of each consumer’s nutritional profile summary; they said consumer information was updated every time a change occurred.

Policies and procedures provided staff with guidance in making referrals to relevant organisations and external providers of care. Lifestyle staff and management said a range of external services had been engaged by the service to enhance lifestyle services and provide support to consumers including community services, visiting musicians and performers, visiting religious services and volunteers, including a volunteer that runs men’s group and music memories sessions and two volunteers that do craft activities. Care planning documentation evidenced a variety of referrals to other providers of care such as mental health service providers and dementia specialists.

Most consumers and representatives expressed satisfaction with the quality, quantity and variety of meals provided at the service and said they can provide feedback and comment on the food which is acted upon. Staff described how they ensured that consumer choices were supported and arranged alternatives if the consumer wished. The service’s menu was rotated every month and changed in response to feedback from food focus meetings, feedback forms and verbal feedback from consumers and their representatives. Hospitality staff confirmed that they consistently sought verbal feedback from consumers during the meal service and provided sandwiches and salads as alternative options when consumers were not satisfied with the meal options available on the day. Observations indicated that meal services in dining areas were punctual and well-coordinated, with staff providing supervision and assistance as needed. A small amount of negative feedback was received about the quality or variety of some meals. The service demonstrated how it engaged with consumers who raised concerns about the meals including through case conferences, through discussions at consumer meetings and food focus groups and through complaints resolution processes. I am satisfied the service delivers nutrition and hydration in accordance with consumers’ needs and preferences and that consumers are engaged in menu planning.

Equipment provided to consumers was safe, suitable, clean and well maintained. Consumers reported having access to clean equipment, including personal equipment to assist them with their mobility needs. Staff were able to describe how the equipment was kept safe, clean and well maintained. Lifestyle staff said they could access equipment and supplies in the activities room, such as board games and books, to support the delivery of daily living services and supports without any issues. Lifestyle staff said management approved purchases of additional equipment and supplies for lifestyle activities. Staff said they have received training in the correct use of equipment and felt confident in their ability to use the equipment safely.

For the reasons detailed I am satisfied consumers receive safe and effective services for daily living that optimises their health, well-being and quality of life. I find Standard 4 is Compliant.

# Standard 5

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

Findings

Consumers and representatives said the service environment was welcoming and easy to understand. Management and staff described features of the service that helped each consumer to feel welcomed and optimised their sense of belonging, independence, interaction, and function. The service environment was well lit, included handrails to support consumers to move around, and clear signage was visible throughout. Management and staff said they supported new consumers by orientating them to the service and encouraging them to personalise their rooms, in line with their preferences, using furniture, pictures, memorabilia and other items of interest to them; consumers confirmed this.

The service consisted of a single storey building that included consumers’ rooms, courtyards and lounge, dining and activities areas. Consumers were observed throughout the Site Audit mobilising independently and with family members and staff, in communal lounges and in the outdoor spaces.

The majority of consumers and representatives said they thought the service environment was safe, clean, and well-maintained and allowed consumers to move around freely as they wished. Staff described how the service environment was cleaned and maintained in accordance with a cleaning schedule. They described how high touch points were cleaned daily, with a deep clean of each consumer’s room performed weekly. Cleaning logs were reviewed and confirmed that cleaning was taking place as scheduled.

Management and staff described the procedure relating to the reporting and recording of hazards or maintenance concerns. Management said a maintenance book was used to manage reactive maintenance, and that staff contacted maintenance directly for any urgent repairs. Maintenance staff said reactive maintenance was actioned promptly and provided documentation demonstrating the completion of monthly environmental audits that identified any potential hazards and ensured the service was safe, clean and well maintained.

Staff described their role and the processes for cleaning and maintaining personal equipment, furniture, and fittings in the service and how they were made suitable for each consumer; consumers confirmed this. Maintenance staff said that the preventative maintenance schedule was regularly checked to ensure adherence to the schedules and audits which included ensuring furniture, fittings and equipment was suitable and safe.

The kitchenettes, laundry, equipment, and cleaning storage trolleys were observed to be clean and in good working condition, with materials appropriately stored. The call bell system was observed to be working and within reach for consumers, with some consumers having multiple call bells in their rooms, attached to a cord next to the bed, next to the chair or next to the toilet. Call bell enunciators were displayed for staff. Maintenance staff said, and provided evidence of relevant documentation to confirm, that staff check the call bell system regularly as part of their interactions with consumers.

For the reasons detailed, I am satisfied the service environment optimises consumers’ sense of belonging, their independence and interaction. I find Standard 5 is Compliant.

# Standard 6

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

Findings

The service had procedures and systems to ensure consumers and their representatives were encouraged and supported to provide feedback or make complaints, including through the use of paper feedback forms that could be submitted in locked letterboxes, through electronic channels or during monthly consumer meetings.

Consumers and representatives understood how to give feedback or make a complaint and said they felt comfortable doing so. Management and staff described the processes in place to encourage and support consumers and representatives to provide feedback and make complaints. Staff described the feedback and complaints management procedure which included resolving the feedback if it was within the scope of their role by developing a plan with the consumer or representative or escalating to management or senior staff when appropriate.

Consumers and representatives said they were aware of and had access to advocates, language services and other methods for raising and resolving complaints but preferred to raise concerns directly within the service. Advocacy material and complaints information was observed to be readily available to consumers and representatives across the service and was provided during the entry process and as required.

Most consumers and representatives said the service responded to and resolved their complaints or concerns when they were raised and described how the service practiced open disclosure. Management and staff demonstrated an understanding of open disclosure, explaining how they would act in response to a complaint by acknowledging the issue, apologising to the consumer and their representative, and by keeping them informed throughout the investigation process. Complaints that had been made were reviewed and had been resolved in a timely manner with open disclosure followed in the resolution process.

Feedback and complaints forms were observed to be readily available and accessible throughout the service and locked letterboxes were in place for the anonymous submission of forms. Review of consumer and representative meeting minutes from 2024 evidenced that consumer feedback was a standing agenda item, and that management had followed up on feedback that was raised during these meetings.

Consumers and representatives were satisfied with the service’s feedback and complaints process, including how they were reviewed to improve the quality of care and services. Management and staff were able to speak to feedback they had received, and the actions taken or proposed actions to be completed, including how feedback was trended to identify areas of improvement. The continuous improvement plan had been informed by feedback from various sources including verbal and written feedback and complaints, surveys and consumer meetings. Management provided examples of improvement initiatives that were underway.

For the reasons detailed, I am satisfied consumers are encouraged and supported to provide feedback and make complaints. I find Standard 6 is Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

Most consumers and representatives felt the service had sufficient staff to meet consumers’ care and service needs and consumer feedback included that they did not have to wait long for staff when they requested assistance. Management and staff described how they ensured the workforce was planned to enable delivery of safe and effective care. Management described how the service used a roster based on consumers’ clinical care needs and said the service was staffed to an adequate level. Documentation demonstrated staffing levels were appropriate and that call bell response times were monitored.

Management explained that in instances of unplanned leave, shifts can be filled by having clinically trained management support the staff on the floor and having clinical staff deliver care. Examples of where this had recently occurred were brought forward and demonstrated no negative impact to consumers. Management further described how a digital staff rostering system was used to promote available shifts to existing staff or extend the shifts of staff already rostered. Management said they have a preferred agency staff provider which they utilised if required to cover unplanned and planned leave. Staff were satisfied they could meet consumers’ care needs and confirmed the processes used to address unplanned leave.

Consumers and representatives said staff were kind and caring and were always gentle when providing care and services. They described how staff took the time to learn about consumer backgrounds and delivered care that was in line with any specific requirements. Management and staff demonstrated they were familiar with each consumer’s individual needs and identity. Staff were observed consistently interacting with consumers in a positive, caring, and respectful manner and using each consumer’s preferred names in greeting, in line with their choice. The service had various policies, procedures, and staff guidelines to guide staff practice and behaviour and provided education on respectful consumer interactions.

Management described how they supervised staff competency through education, assessment, and monitoring, and further how they supported new staff. New staff had a position description, a probationary period and were supported as they transitioned into the workplace, including through the provision of buddy shifts. Staff said they received training and education which allowed them to stay up to date on best practice and they had the necessary skillset to carry out their roles. Staff demonstrated an understanding on topics including the Serious Incident Response Scheme reporting, open disclosure, and restrictive practices, and were additionally able to explain their roles and responsibilities when it came to management of these areas. Consumers confirmed staff were competent and had the necessary knowledge and skills to perform their roles.

Staff said they were supported by management during performance reviews and provided with opportunities for improvement. Management described how the performance of staff was monitored through the annual formal performance review process, continuous informal monitoring and review, and ad-hoc performance management when a need arose. Processes were in place to monitor the completion of performance reviews and to follow up where required.

For the reasons detailed, I am satisfied consumers receive safe, quality care and services from staff who are knowledgeable, competent and caring. I find Standard 7 is Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives said the service was well run and described their involvement in the development, delivery and evaluation of care and services including through participation in consumer and representative meetings, food focus groups, the completion of feedback forms and during care plan reviews. Consumers said they were able to provide feedback about the operations of the service and management provided practical examples of how this occurred. Consumers and representatives were actively engaged in the development, delivery and evaluation of care and services.

Management and staff described a variety of mechanisms in place to ensure consumers and their representatives provided input and made decisions about the care and services provided. Management described the organisation-wide implementation of consumer engagement committees, including a consumer advisory body. Documentation was reviewed which evidenced the consumer advisory body enabled consumers to provide information to the governing body on consumer experience and proposals for continuous improvement.

Management described a robust organisational and governance structure to ensure the delivery of quality care and services and the systems that were in place to support this, including regular monitoring from the governing body through compliance reporting, internal and external audits, and consumer feedback. Service documentation demonstrated how the Board was kept up to date with service-level information that included clinical governance, regulatory and legislative compliance and updates, audits, improvement initiatives, workforce management, feedback and complaints, high-impact and high-prevalence risks, outbreak management, hazard analysis and risk management, maintenance, and incidents.

Management and staff described processes and mechanisms for effective organisation-wide governance relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Staff feedback aligned with processes specified in the service’s policies and procedures. Observations and documentation that was reviewed corroborated information outlined in these policies and demonstrated procedural information was translated into practice.

The service had systems, policies and procedures related to identifying high-impact and high-prevalence risks such as falls, elder abuse and neglect, minimising the use of restrictive practice, and infection risk. Management described how monthly clinical audits and reporting was used to track high-impact and high-prevalence risks with these reports being sent to regional management and the organisation’s governing body for oversight. Management outlined how the Board reviewed clinical indicators across all the organisation’s services to benchmark each service and identify risk areas. Management said this process enabled them to identify where high-risk trends may lie and in response apply the necessary responses and safeguards. The organisation’s incident management systems were robust and included guidelines to enable appropriate reporting and monitoring of serious incidents both within the organisation and to the Commission.

The organisation had policies, procedures, frameworks, and guidelines around antimicrobial stewardship, restrictive practice, and open disclosure, as well as an organisational clinical governance framework; staff were familiar with their responsibilities in these areas. Management said the service has an antimicrobial stewardship policy and that clinical staff work closely with medical officers to minimise the use of antibiotics. Management advised the governing body was kept informed about antimicrobial stewardship, such as tracking of infections, wound swabs and testing, through the organisation’s medication advisory committee. Management described how the use of restrictive practice was regularly reviewed to ensure maximum efficacy and explained that it was only used as a last resort and the governing body was kept informed about changes to restrictive practices through quality indicators, incident data and the organisation’s legislation register. Management said the service had an open disclosure policy and that staff were trained and supported to practice open disclosure. Staff said they felt safe and supported by management when there was a need for open disclosure and were able to describe open disclosure principles.

For the reasons detailed, I am satisfied the organisation is well run and the governing body is accountable for the delivery of safe, quality care. I find Standard 8 is Compliant.

1. The preparation of the performance report is in accordance with section 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)