Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name: | Juniper Bethavon |
| Commission ID: | 7131 |
| Address: | 107 Duke Street, NORTHAM, Western Australia, 6401 |
| Activity type: | Site Audit |
| Activity date: | 23 July 2024 to 26 July 2024 |
| Performance report date: | 2 September 2024 |
| Service included in this assessment: | Provider: 93 Uniting Church Homes  Service: 4659 Juniper Bethavon |

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 Juniper Bethavon (**the service**) has been prepared by Dean Saunders, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 30 August 2024

# Assessment summary

|  |  |
| --- | --- |
| 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 | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not 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.

* The service should establish and use a complaints register so that complaints can be recorded, tracked and reviewed.
* Staff assessment, monitoring, and review should be conducted in accordance with organisational expectations and relate to each member of the workforce.
* Organisational governance systems should be established for all five areas listed in requirement 8(3)(c) and, to be effective, should identify all deficiencies within those areas.
* A clinical governance framework should, at least, identify deficiencies within the three listed areas in requirement 8(3)(e).

# Standard 1

|  |  |  |
| --- | --- | --- |
| 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 sampled stated they are treated with dignity and respect by all staff, and staff know them and what is important to them. Staff interviewed described how they ensure consumers are treated with dignity and respect, and how they support consumers to live their lives as they wish to. Care plans reviewed included information about each consumer’s personal background and history, as well as their cultural needs and preferences. The Assessment Team observed staff treating consumers with dignity and respect throughout the Site Audit.

Consumers and representatives sampled stated they felt staff at the service were aware of and respected consumers’ backgrounds, personal identities, and cultures. Staff interviewed described how the service provides culturally safe care and services, and how they adapt their care approach to suit individual needs and preferences. Care plans reviewed demonstrated the service documents the consumer’s background and their cultural needs and preferences. The service had policies to guide staff on providing culturally safe care to consumers.

Consumers interviewed said they are supported to make informed choices to maintain their independence, maintain relationships and make their own choices. Staff were able to explain how they assist consumers to stay in contact with the people important to them and how they support consumers to maintain personal relationships and make their own choices. Document review and observations by the Assessment Team during the assessment, demonstrated that the service supports consumers to make decisions and choices around their care and relationships.

Consumers and representatives sampled said they felt supported to take risks, to live their life the way they choose, and do things they enjoy. Management was able to describe how consumers are supported to take risks, and to understand the benefits and possible harm when they make decisions about taking risk. A review of consumer care planning documents identified the service supports consumers to take risks and manage the risks taken. The service had policies concerning risk activities.

Consumers and representatives sampled stated they were satisfied with the information provided by the service regarding activities, upcoming events and meals. Staff were able to explain how the service provides up to date information in a timely manner to consumers through meetings, activity calendars, menus and verbally speaking to the consumers. Review of documentation and observations by the Assessment Team highlighted the service ensures information is provided to consumers and their representatives in a timely manner and in a variety of ways.

Consumers sampled said they felt their privacy is respected by staff who always knock on their doors before entering their rooms. Care staff described how they maintain each consumer’s privacy and dignity whilst providing care, and how they ensure the confidentiality of consumers’ information. The service had policies and procedures in place to guide and support staff to ensure each consumer’s privacy and confidentiality is maintained. Observations by the Assessment Team indicated that staff were ensuring they maintained consumers’ privacy and confidentiality is respected and maintained.

For the above reasons I find this standard compliant.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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 interviewed confirmed they were involved in assessment and care planning, and management said planning considered the consumer’s risks, and care delivered met the consumer’s needs. Staff interviewed demonstrated they were aware of assessment and care planning processes, which identified risks to the consumer’s safety, health, and well-being. Care planning for a range of consumers was reviewed and noted to be individualised and included identified risks to each consumer’s health and well-being.

Consumers and representatives reported they receive care that aligns with their needs, goals, and preferences, and are asked about their end-of-life wishes. Management could describe how they obtain information related to advance care wishes, which was supported by relevant policies. Care planning documentation for sampled consumers included individualised goals and preferences.

Consumers and representatives reported they are involved in care planning discussions and there is an ongoing partnership with the service in planning and assessment of care. Clinical staff advised that allied health professionals including physiotherapists, dietitians, dentists, speech pathologists, GPs and other specialist providers are involved in the care of consumers and were able to explain the referral processes. Care plans sampled showed regular consultation with consumers and their representatives through care conferences.

Consumers and representatives reported they had been offered a copy of their care plan and knew they could request to view a copy. Management described how care plans are provided to consumers and representatives during reviews or on request, and care planning documentation detailed discussion of care plan evaluation with consumers and their representatives. Staff described how consumers and their representatives are advised of the outcomes of care reviews and changes to care and services, including being offered/provided with a copy of the care plan.

Consumers and representatives reported the service communicates and engages with them during regular reviews, when incidents occur and when care needs change. Management described the frequency of care plan reviews and processes in place to ensure all aspects of care and services are reviewed for effectiveness. Care planning documentation showed that care plans for sampled consumers were updated as scheduled and in response to changes.

For the above reasons I find this standard compliant.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 and representatives sampled expressed the service provides safe and effective clinical care that addresses their needs. Clinical staff interviewed demonstrated an understanding of individual consumer’s personal and clinical care needs in relation to monitoring and reporting, such as consumer’s pain relief needs, promoting and maintaining good skin integrity including providing pressure area care, and consumer’s nutritional, transfer/mobility and hygiene care needs and preferences. A review of care planning documentation for a large range of consumers with a large range of complex health needs, including those consumers sampled, identified individualised care that was safe, effective, and tailored to the specific needs and preferences of the consumer.

Consumers interviewed were satisfied with the care and services they receive, and how risks that effect their care are managed. Management identified falls, pressure injuries and infections as high-impact and/or high-prevalence risks for consumers at the service. Management and clinical staff were able to describe how these risks are identified and managed in accordance with relevant policies, which was demonstrated in individual consumer’s care planning documentation. Care planning documentation reviewed demonstrated the use of risk assessments in appropriately assessing and responding to risks associated with individual consumers.

Consumer and representative feedback confirmed they have had discussions with clinical staff regarding the consumer’s end-of-life care. Clinical staff demonstrated an understanding of the way care delivery changes for consumers nearing end of life. Care planning documentation reviewed reflected general end-of-life wishes, for example sacrament and pastoral care requirements and funeral directives, via the advance care planning and palliative care plans. Consumers’ Advance Care Directives (ACD) and/or other end-of-life directives, such as Goals of Care (GoC), had copies retained by the service and were reflected in the consumer’s care plan.

Consumers and representatives reported the service is responsive in identifying and responding to changes in the consumer’s health status and condition. Clinical staff were able to describe steps taken in response to signs of deterioration, including referral to other services, documentation, and monitoring. The service had policies in place to support staff in identifying and managing deteriorating consumers.

Consumers and representatives reported staff are well-informed of their needs and preferences. Management and clinical staff described the processes in place for communicating information, including handover, use of progress notes and care plans to document information. Management, clinical and care staff interviewed were knowledgeable regarding consumers’ current needs and preferences, as well as recent changes. The service has policies in place to ensure information is handed over effectively and efficiently.

Consumers and representatives reported involvement of other services in care, including allied health practitioners, GPs, geriatricians, and wound specialists. Management described resources available to consumers and triggers for referral. Care planning documentation showed evidence of prompt and appropriate referral for consumers. The service’s policies also outlined where referral is required in response to incidents and deterioration.

Through interviews with consumers and representatives it was identified staff are following safe COVID-19 infection control processes. The clinical nurse manager described the processes and protocols they follow to support the minimisation of infection related risks through the implementation of infection prevention and control principles, and the promotion of antimicrobial stewardship. Clinical staff interviewed described how infection related risks are minimised and were able to describe processes used to reduce the prescription of antibiotics at the service. Documents were reviewed which evidenced the service’s protocols in response to infectious outbreak, including a COVID-19 outbreak.

For the above reasons I find this standard compliant.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 expressed the supports for daily living met their needs, goals and preferences while also optimising their independence and wellbeing. Lifestyle staff provided evidence consumer preferences and needs were considered when providing supports for daily living. A review of care planning documentation effectively captured the needs and preferences of individual consumers. The Assessment Team reviewed the activity calendars which showed a variety of activities are offered to consumers. Consumers were observed participating in different activities suited to their needs and preferences.

Consumers and representatives interviewed spoke about how the service effectively supports their emotional, spiritual, and psychological well-being. Care and lifestyle staff discussed their role in promoting consumers' well-being. Care plans reviewed encompassed details about the consumer’s spiritual, emotional needs and preferences. The Assessment Team observed consumers being supported emotionally.

Consumers interviewed reported receiving support to maintain social relationships and do the things of interest to them. Lifestyle and care staff outlined their role in facilitating communication with consumers’ family and friends. Care plans reviewed specified consumers’ preferences for activities, outings, and maintaining relationships. The Assessment Team observed visitors interacting with consumers throughout the Site Audit. The Assessment Team observed staff encouraging consumers to participate in activities.

Consumers and representatives expressed satisfaction with the effective communication between staff regarding consumers’ needs and preferences. The service demonstrated a commitment to sharing relevant information between stakeholders involved in care and services through communication during handovers, through their electronic management system and verbal updates. Care planning reviews outlined consumers’ individual needs and preferences. The Assessment Team observed staff sharing specific consumer information regarding changes in needs and preferences during handover.

Consumers and representatives interviewed reported receiving support from additional providers of other care and services when required. The service collaborates with external organisations and individuals to complement the existing activity program and provide additional support. A review of documentation including referrals and care plans showed external providers were engaged in a timely manner to assist consumers to participate in activities and improve their well-being.

Sampled consumers expressed satisfaction with the meals, highlighting the available choices, temperature, quality, and quantity of food during mealtimes. Hospitality staff could explain the systems for preparing meals according to specific dietary needs for consumers and how consumers could choose their menu. Care planning documents identified the dietary requirements, preferences, and level of assistance for sampled consumers. The Assessment Team observed the kitchen to be kept clean and the food storage preparation were done correctly according to relevant practices.

Consumers gave feedback that the equipment they use, such as mobility aids and activity resources, is clean and well-maintained. Staff from all areas of the service reported they have access to the supplies and equipment they need to support consumers, and said equipment is safe and suitable for consumers. Cleaning records and maintenance logs showed the service actively monitors and maintains equipment for safety, suitability, and cleanliness. The Assessment Team observed suitable and well-maintained equipment available throughout the service to enable consumers to participate in activities and socialising.

For the above reasons I find this standard compliant.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 sampled stated they feel at home at the service, and that they and their loved ones find the service environment welcoming. Staff and management both stated they aim to ensure the environment is welcoming by ensuring all consumers can use the space in a way which supports their independence. The service’s residential accommodation is split across one level and had a mix of main shared spaces and quiet lounge spaces throughout. Many group activities were held in the large lounge room, and the service environment supported interactions between consumers whilst also providing spaces for quieter activities both indoors and outdoors. The service environment was clean and tidy, with wide clear hallways, and handrails to support the independence of consumers of varying mobility levels.

Consumers said they felt comfortable within the service environment, could freely mobilise, and felt the service was clean and well-maintained. Care staff described how they assisted consumers to freely mobilise throughout the service. The cleaning staff explained the cleaning processes and demonstrated documentation in place to assist them. The Assessment Team observed the service to be clean and consumers were moving freely indoors and accessing outdoor areas within the service.

The service’s entry/exit door was fitted with a keypad that required a code to be entered in order to unlock the door. Consumers required a staff member to input the code in order the exit/enter the service, and management had not considered this a potential environmental restrictive practice. All samples consumers and representatives were content with this security arrangement.

Consumers and representatives sampled identified equipment is kept clean and well maintained. Staff sampled described how they request maintenance assistance where possible, identified that broken equipment is taken out of use until repair or replacement, and stated consumers and representatives were welcome to raise requests for maintenance or repair either directly with care, clinical or social support staff who will then who will then log the maintenance request. Maintenance staff described how they ensure furniture, fittings and equipment are safe and suitable, and outlined the process of fixing and removing these if issues arise. The Assessment Team observed equipment, furniture, and fittings to be clean and suitable for consumer use.

For the above reasons I find this standard compliant.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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. | Not Compliant |

Findings

Consumers and representatives reported they felt comfortable making complaints and were encouraged and supported to provide feedback at the service. Management and staff described methods in place for consumers and others to provide feedback at the service. Documentation reviewed outlined the service encouraged consumers to provide feedback about the service at the Consumer Meetings. The Assessment Team observed feedback forms and collection boxes around the service. I find requirement 6(3)(a) is compliant.

Consumers and representatives were aware they could access external methods of making complaints if they wished to or could have someone advocate on their behalf. Management explained how they inform consumers of advocates, language services and other methods of making complaints, and ensured they were able to access these if they wish to. Staff were able to describe external methods of making complaints and how they would assist consumers to access these supports if needed. The Assessment Team observed information throughout the service relating to external complaints management services, advocacy services and language services. I find requirement 6(3)(b) is compliant.

Consumers and representatives interviewed said they were satisfied with the service’s response and the outcome when concerns were raised, however could not provide examples of an apology being offered. Management and staff members interviewed were aware of open disclosure and could describe how they practice it in their roles in regard to complaints or when things go wrong, however were unable to provide examples of when this had occurred. All interviewed consumers and representatives were happy with the responses and remedial actions received in relation to complaints they had made. I find requirement 6(3)(c) is compliant.

Consumers sampled said they felt listened to, and they felt changes were made in response to feedback and complaints provided. While management could explain the service’s process for capturing consumer feedback and placing longer term improvements into the plan for continuous improvement (PCI), the service was unable to demonstrate how the complaints management process is used to identify opportunities to improve the quality of care and services. Further management and staff interviewed, were unable to provide the Assessment

Team with any examples of improvements to care and services arising from consumer feedback. The Feedback policy outlined to ensure the service record and analyse information arising from feedback and use it to improve services. Furthermore, a review of the feedback and complaints register identified management was not capturing any complaints on the register, and there was no evidence to show how these complaints were used to inform change or improvement at the service.

The service responded to this aspect of the Assessment Team report but did not provide any information to suggest that it recorded complaints or systematically reviewed complaints to improve care and services. The service has explained that it will commence put a system in place to ensure the feedback received is captured into the quality management system.

As the service has not recorded complaints and could not demonstrate how a review of complaints had led to any improvements, I find that requirement 6(3)(d) is not compliant.

For the above reasons I find this standard not compliant.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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. | Not Compliant |

Findings

Consumers interviewed reported there were sufficient staff to provide quality care, and consumers stated they felt safe at the service. Management described how the workforce is planned to ensure the appropriate number and mix of staff are available to meet consumer needs, including ensuring the service meets the legislative requirements for care minutes and Registered Nurse (RN) hours. Staff advised they have sufficient staff on shift to deliver safe and effective services. Management reported any shift vacancies are adequately filled. A review of the rosters and other documents demonstrated the service has sufficient staff to fill shifts to deliver safe and quality care and services. I find requirement 7(3)(a) is compliant.

All consumers and representatives interviewed said the workforce interacted with the consumers in a kind, caring and respectful way inclusive of consumers’ identity, culture, and diversity. Management and clinical staff were observed addressing consumers by their preferred name, knocking on consumers’ bedroom doors prior to entry, and using respectful body language and conversation when assisting consumers. I find requirement 7(3)(b) is compliant.

Consumers and representatives interviewed said they felt staff were competent, capable, and experienced in their roles. Management could describe how they determine whether staff are competent and capable, during the recruitment and induction process, and through ongoing review and monitoring. A review of documentation demonstrated staff have the appropriate qualifications, knowledge, and experience for their assigned roles. I find requirement 7(3)(c) is compliant.

Consumers sampled reported they were satisfied staff are adequately trained and equipped to do their jobs and to meet the needs of consumers. Management described how they train staff, including an induction and orientation program, then providing ongoing online and face-to-face training. Clinical and care staff interviewed stated adequate training was received to perform their assigned duties. A review of documentation showed the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Aged Care Quality Standards (the Quality Standards). I find requirement 7(3)(d) is compliant.

Management could describe how staff performance is being regularly assessed, monitored, and reviewed to help ensure that staff are providing the best possible care for consumers. Staff were able to explain the process for their performance reviews. Policies, procedures, and documentation are in place to guide the workforce duties and responsibilities to enable the provision of safe and quality care and services for consumers. However, the Assessment Team identified the service was not conducting staff performance appraisals in accordance with the policy, and at the time of the Site Audit, most staff members employed by the service were overdue for their performance appraisals. The service, in its response to the Site Audit Report, agreed that this requirement is not met and is in the processed of remediating. I find requirement 7(3)(e) not compliant.

For the above reasons I find this standard not compliant.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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. | Not 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. | Not Compliant |

Findings

Consumers interviewed reported being able to engage in the development, delivery and evaluation of their care and services. Management described the ways in which they engage consumers in the development and evaluation of care and services and Resident Meeting minutes identified consumers were encouraged to provide feedback at meetings. The service management provided evidence of consumers being invited to and present at advisory group meetings. Review of minutes demonstrated a large number of consumers were in attendance and were supported to give feedback and input on food, activities, staffing and their care/services. Consumer input was recorded, and actions to be taken were listed. I find requirement 8(3)(a) compliant.

Consumers and representatives said they feel safe living at the service, and they receive the care they need. Management described how the Board is involved in the oversight and delivery of care and services through the organisational governance structure. Management described how the Board is informed of what is happening at the service including incidents, feedback, and regulatory compliance. I find requirement 8(3)(b) compliant.

While the organisation had governance systems in place to guide the areas of information management, financial governance, workforce management, feedback and complaints, continuous improvement and regulatory compliance, the service could not always demonstrate processes were being followed. During the Site Audit the Assessment Team identified gaps across the areas of information management, continuous improvement, workforce governance, regulatory compliance, and feedback and complaints.

Management was unable to demonstrate that they were capturing information such as complaints/feedback and open disclosure, and how they were providing service level information to the Board and disseminating relevant information to staff. Workforce governance failed to identify that staff appraisals were not occurring in accordance with policy. Governance in relation to feedback and complaints did not identify that complaints were not being recorded or periodically reviewed. The service, in its response to the Site Audit Report, identified remedial actions that it has planned and commenced. I find requirement 8(3)(c) not compliant.

The service’s risk management framework establishes the foundations and arrangements for designing, implementing, monitoring, and ensuring that current and emerging risks are identified, and their potential consequences understood so appropriate and effective steps are taken to mitigate and manage the identified risks. Management and staff could describe the processes in identifying and managing high-impact and high-prevalence risks, prevention of abuse and neglect, and incident management, and described how the service supports consumers to live their best life. Reporting lines were in place where risks are escalated to management at service level, however the service was unable to demonstrate this information was being provided to the Board which has the overall responsibility for the oversight of risk, and the systems and processes of risk management. I find requirement 8(3)(d) compliant.

The service provides clinical care and therefore requires a clinical governance framework that, at least, addresses antimicrobial stewardship, minimising the use of restraint, and open disclosure. At audit the Assessment Team found that the service had a clinical governance framework in place that included policies, procedures, service practices and mandatory training covering areas including antimicrobial stewardship, restrictive practices, and open disclosure. The Assessment Team reviewed documentation, including policies and training records which supported this.

The Assessment Team did not find any deficiencies in relation to antimicrobial stewardship.

The Assessment Team, in relation to minimising the use of restraint, identified instances where the service had not recognised and/or not taken steps to minimise the use of environmental and chemical restrictive practice. The service has responded to these findings and commenced remedial actions.

The Assessment Team did not identify any deficiencies in relation to the governance of open disclosure.

As the service initiated remedial actions in relation to clinical governance are recently commenced, and not yet established, I find requirement 8(3)(e) not compliant.

For the above reasons I find this standard not 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-1)