Performance

Report

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| Address: | 7 Piesse Street, KATANNING, Western Australia, 6317 |
| Activity type: | Site Audit |
| Activity date: | 30 July 2024 to 2 August 2024 |
| Performance report date: | 16 September 2024 |
| Service included in this assessment: | Provider: 93 Uniting Church Homes  Service: 4625 Juniper Bethshan |

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 Bethshan (**the service**) has been prepared by D 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 10 September 2024

# 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 | **Not Compliant** |
| **Standard 5** Organisation’s service environment | **Not 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.

* Services and supports for daily living assist each consumer to participate in their community within and outside the organisation’s service environment, and have social and personal relationships and do the things of interest to them.
* The service environment is safe, clean, well maintained and comfortable and enables consumers to move freely, both indoors and outdoors.
* Feedback and complaints are reviewed and used to improve the quality of care and services.
* 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.
* Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.
* The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.
* Effective organisation wide governance systems.

# 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

All consumers sampled described feeling valued as individuals and told the Assessment Team staff treated them with dignity and respect when providing care. Staff were able to detail consumer preferences and how they provide care based on a consumer’s identity and culture. Sampled care planning documentation contained detailed information reflecting consumers’ cultural, emotional and personal needs. The Assessment Team observed staff communicating with consumers in a kind and respectful manner.

Consumers and representatives interviewed outlined that staff were aware of the consumers’ cultural backgrounds and what was important to them. Staff interviewed demonstrated an understanding of consumer preferences, in relation to their cultural background and described how they ensure each consumer’s preferences are respected. Care plans and assessments reviewed accurately reflected consumers’ cultural background and individual preferences for the delivery of care.

Consumers expressed they are supported by the service to make their own choices and decisions around their care and those involved in their care. Consumer representatives expressed satisfaction with the level of involvement in decision making regarding consumers’ care. Staff were able to describe how they support consumers to maintain relationships with the people important to them. Care plans and assessments reviewed demonstrated consumers are consulted throughout the process. The Assessment Team observed consumers participating in activities of their choice at the service.

Consumers sampled described ways in which they are supported to continue to live the life they choose and do things important to them. Staff could describe the areas where consumers want to take risks and were able to explain how consumers are supported to understand the benefit and potential harm when they are considering decisions regarding risk taking. Care planning documentation for all sampled consumers showed information captured in individual risk profiles for each consumer when necessary. The service has a policy which includes consumer risk taking and choices.

Overall, consumers and representatives sampled told the Assessment Team that they are provided with up-to-date information that enables them to make decisions in relation to their daily living and care. The Assessment Team observed staff verbally sharing information with the consumers.

Consumers and representatives explained how their personal privacy is respected and noted they believe that their information is kept confidential. Staff interviewed were able to describe how the service respects and protects each consumer’s privacy and how confidential information is stored securely. The service had policies which guide staff practice in respecting consumer privacy and protecting personal information. The Assessment Team observed staff adhering to practices to protect consumers’ private information.

I find this standard 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 reported the service assesses for and provides care that addresses identified risks. Management could describe how the assessment and care planning process ensures risks are identified and managed. Overall, consumer care plans reflected individual risks, including complex care needs, falls, pressure area care, weight loss and behaviour management with tailored risk mitigation strategies. The service had policies and processes in place to guide staff in the assessment and management of risks to consumer 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. Care planning documentation for sampled consumers included documented advance care directives or goals of care with individualised goals and preferences. Management could describe how they obtain information related to advance care wishes, which was supported by relevant procedures.

Consumers and representatives reported the service involves them and others they wish to be involved in care planning discussions, and other health professionals and specialist services are involved as required. Management described review processes and how consumers, representatives and relevant others are involved in assessment and care planning to inform care and services. While the service had identified a gap in completion of annual case conferences, the Assessment Team found there was evidence of regular communication and involvement of consumers and/or representatives in care planning conversations.

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.

Consumers and representatives reported the service communicates with 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 care plans for sampled consumers were updated as scheduled and in response to changes.

I find this standard 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 and representatives expressed satisfaction with the standard of personal and clinical care. Management and clinical staff were knowledgeable regarding the services procedures around restrictive practices, wound management, medication management and pain management. Care planning documentation showed the service monitors and evaluates the use of restrictive practices, medications and pain interventions effectively, leading to positive outcomes for consumers. The Assessment Team observed record keeping deficiencies in respect of medication storage temperature – there was no positive evidence that this comprised clinical are or personal care and I do not consider the observation determinative of non-compliance.

Consumers and representatives reported the service identifies and manages risks for consumers. Management identified falls and wounds as the main clinical high-impact and/or high prevalence risks for consumers at the service and 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. A review of sampled consumers’ care planning documentation demonstrated identification of risks as well as strategies in place for management.

No consumers at the service were receiving palliative care at the time of the Site Audit, however consumers and representatives interviewed reported that the consumer’s wishes and preferences around end of life were recorded and respected. Management and clinical staff were able to describe processes and procedures around palliative care. Care planning documentation reflected and evidenced steps taken to meet the needs and wishes of consumers. The service has policies and resources available to guide the delivery of palliative and end of life care.

Consumers and representatives reported the service is responsive in identifying and responding to changes in their 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 mental health services. 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.

Consumers and representatives reported staff follow infection control protocols, including wearing personal protective equipment (PPE), and are satisfied with the standard of cleanliness at the service. Staff were able to describe their roles in infection control and associated processes and procedures, which were supported by relevant policies.

I find this standard 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. | Not 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 that the supports for daily living met their needs, goals and preferences while also optimising their independence and well-being. Lifestyle staff and management were able to provide evidence that consumer preferences and needs were considered when providing individualised supports for daily living. A review of care planning documentation captured the needs and preferences of individual 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. multi-skilled carers and lifestyle staff discussed their role in promoting consumers' well-being. Care plans reviewed encompassed details about consumers’ spiritual, emotional needs and preferences. The Assessment Team observed staff interactions to be kind and caring.

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.

Sampled consumers and representatives reported receiving support from additional providers of other care and services when required. The Therapy Assistant stated 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, and that the advice from external providers/organisations was documented and followed.

Sampled consumers expressed satisfaction with the meals, highlighting the available choices, temperature, and quantity of food during mealtimes. Kitchen staff could explain the systems for preparing meals according to specific dietary needs for consumers and explained choices available to consumers regarding the menus. 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 that the food storage preparation were done correctly according to relevant practices.

Sampled consumers gave feedback that the equipment they use, such as mobility aids and activity resources, are 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 that equipment is safe and suitable for consumers. The Assessment Team observed equipment used to provide personal care and lifestyle equipment was suitable and well-maintained and available throughout the service.

Requirement 4(3)(c)

Consumers and their representatives reported receiving support to maintain social relationships and do the things of interest to them.

Some consumers and representatives stated there were not enough activities at the service. Some consumers reported they are often bored and do not have options to undertake activities or external visits. Some resorted to watching television often. This was attributed to both a lack of programmed activities and understaffing.

Management were unable to provide lifestyle calendars for the period from December 2023 to July 2024 and unable to evidence activities that had occurred during this time. Lifestyle staff outlined their role in facilitating communication with consumers’ family and friends. The Therapy Assistant noted due to lack of workforce, lifestyle supports could not always be delivered in line with consumers’ needs. 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.

In response to the site audit report the service provided a large number of documents disclosing activities that have been planned or were undertaken, various staffing or volunteer initiatives, and other things. The service also advised that staff will be or have been recruited into various roles.

The deficiencies and gaps identified by the Assessment Team might be remediated by the initiatives that the service has undertaken or continues to undertake. That cannot however be ascertained on the available information as the initiatives are relatively recent and the impact of, for example, recruitment efforts are not yet established.

I find requirement 4(3)(c) not-compliant for the above reasons. I find the remainder requirements 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. | Not Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers interviewed expressed a sense of being at home within the service and indicated the environment was easy to navigate. Staff members demonstrated an understanding of how to support consumers in moving comfortably throughout the service. Consumer rooms were observed to be personalised and adorned with photos and personal belongings. The corridors and common areas were spacious and provided various living spaces for consumers and their visitors.

Consumers interviewed mentioned that their equipment is kept clean and well-maintained. Staff members sampled could describe how they log maintenance concerns, and maintenance staff explained the procedures for both preventative and reactive maintenance to ensure the fittings and equipment meet consumer needs. Maintenance records showed some gaps in the recording of completion of maintenance jobs, not all maintenance items were completed in a timely manner. The service has advised that these requests were now being actioned.

Requirement 5(3)(b)

Consumers interviewed reported their rooms are regularly cleaned and well maintained. They also expressed they can easily access both indoor and outdoor areas within the service environment. A cleaner described their processes for maintaining cleanliness in consumer rooms and common spaces, however the Assessment Team identified cleaning and laundry tasks were not being completed, and cleaning logs documenting cleaning duties for common areas and consumer rooms were not being completed. The Assessment Team observed, although consumer rooms appeared to be clean, other areas of the service environment were unsanitary and not well-maintained. The Assessment Team observed the laundry and maintenance areas were open and unsupervised on multiple occasions during the Site Audit, allowing for easy access for consumers to chemicals, soiled linen, and other equipment.

The service did not dispute this finding and has undertaken remedial actions.

I find requirement 5(3)(b) not-compliant. I find the remainder requirements compliant for the reasons given.

# 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. | Not Compliant |

Findings

Consumers and representatives interviewed told the Assessment Team they feel comfortable to provide feedback to the service via written feedback forms, direct discussions with staff and management, and at the Resident Meetings. Staff at the service could describe how they support consumers to give feedback about their care and services, and how they ensure this feedback reaches management. Management told the Assessment Team how they encourage consumers and their representatives to provide feedback, compliments, and complaints, and how they ensure an appropriate response is provided to any concerns. The Assessment Team observed information regarding providing feedback, compliments and complaints was accessible to consumers and visitors, with several posters, feedback forms and feedback boxes around the service.

Consumers interviewed stated they were aware of external complaint and advocacy services available to them, however all stated they preferred raising any concerns directly with the service. Management identified external complaints and advocacy services available to consumers and representatives, and described how this information was shared with them. Management also identified language resources staff could use to support consumers should they be required. Information about external complaint options and advocacy services was observed throughout the service, and in information provided to consumers and representatives.

Consumers and representatives sampled, who recently provided feedback or made a complaint to the service, said the service responded to their feedback appropriately and communicated with them to discuss their concerns. Clinical and care staff interviewed described the process of receiving and responding to complaints and feedback, and described the principles of open disclosure which are practiced. Documentation reviewed demonstrated the service records feedback and complaints electronically and details the nature of the feedback received by the service and the action taken in response. The service had policies to guide staff on receiving and responding to complaints, as well as practicing open disclosure.

Requirement 6(3)(d)

Consumers, representatives, and staff interviewed could not identify an example of where the service had implemented changes and improvements to care and services in response to their feedback. Management could describe the process for responding to feedback and complaints, including how this information contributes to quality improvements. However, they were unable to provide any examples of feedback being used to inform changes and improvements to the care and services in the 12 months preceding the Site Audit. The Assessment Team reviewed documentation which showed the service had policies to guide staff on identifying opportunities for continuous improvement, however, a current Plan for Continuous Improvement (PCI) was not provided to the Assessment Team. The PCI was subsequently provided by the service in response to the site audit report.

Requirement 6(3)(c) requires that complaints are appropriately responded to. The current requirement -- 6(3)(d) -- is a different requirement and requires that complaints are reviewed and that that review informs service improvement. This is different to responding to and resolving the complaint. The service could not demonstrate that it reviewed complaints to improve care and services.

For this reason, I find requirement 6(3)(d) not compliant. I find the remainder requirements 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. | Not 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

Requirement (7)(3)(a)

Consumers and representatives interviewed had mixed reports about the staffing levels, and whether there were sufficient staff to meet their needs and provide quality care. Staff interviewed said there was not sufficient staff rostered to provide care and services in accordance with the consumers’ needs and preferences, and staff do not have sufficient time to undertake their allocated tasks and responsibilities. A review of rosters and other documents demonstrated the service was meeting an average of 200 care minutes per consumer and the 24/7 Registered Nurse (RN) requirements as per the legislation. Management reported and documentation confirmed shift vacancies for clinical, care and hospitality staff were appropriately filled. However, management could not demonstrate that lifestyle shifts were being appropriately filled, resulting in the absence of activities for consumers.

As there are deficits in care and services provided to consumers I cannot find that the number and mix of staff deployed meets the requirement. I therefore find that the requirement is not compliant.

Requirement (7)(3)(b)

At audit all consumers and representatives reported the workforce interacted with consumers in a kind, caring and respectful way regardless of cultural background. Management and clinical staff were observed addressing consumers by their preferred name, knocking on consumer bedroom doors prior to entry and using respectful language when assisting consumers.

I find this requirement compliant.

Requirement (7)(3)(c)

Consumers and representatives described the staff as competent and had adequate knowledge to effectively perform their roles. Management described the processes in place to ensure staff have the qualifications and knowledge to perform their roles. A review of documentation demonstrated staff have the appropriate qualifications and knowledge to perform their duties.

I find this requirement compliant.

Requirement (7)(3)(d)

Consumers and representatives 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, however not all staff felt supported by their management to complete their duties due to several changes in management during the 6 months preceding the Site Audit.

Whilst a number of requirements are not compliant, indicating that the outcomes required by the standards are not always being met, I cannot identify based on the above that the cause of this is an absence or deficit in training, support or recruitment.

For this reason I find this requirement compliant.

Requirement (7)(3)(e)

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. The service did not dispute this finding.

I find this requirement is not 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. | Not 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. | Compliant |

Findings

Consumers interviewed reported being able to engage in the development, delivery and evaluation of their care and services, through the use of feedback forms and Resident Meetings. Management described the ways in which they engage consumers in the development and evaluation of care and services. The service could demonstrate the organisation had developed an organisation-wide Consumer Advisory Body (CAB) and that consumers and representatives had been informed of/invited to the CAB.

Management also advised the service has a Quality Care Advisory Group (QCAG), which has had a number of meetings, and these have included consumers and representatives. Following a meeting, a report is prepared and provided to the Care and Clinical Governance Committee and the information is fed to the governing body (the Board). They provided the agenda and minutes for some of the QCAG meetings, which evidenced consumers and representatives attended the meetings.

I find requirement 8(3)(a) compliant.

Requirement 8(3)(b) relates the actions of the organisation’s governing body (not to parts of the organisation that are not its governing body) and specifically require that it *promotes* what is stated in the requirement and is *accountable* for what is stated in the requirement. At audit the Assessment Team did not identify any information specifically relating to how the governing body promoted the required culture. The service’s response to site audit report also did not identify how the governing body promoted this. Evidence was identified at audit, and was reinforced in the response to the site audit report, that clinical quality meetings occur and that clinical quality indicators are collected, measured and acted upon, however these are actions and processes distinct from promoting a certain culture and do not disclose the role the governing body plays.

For this reason I find requirement 8(3)(b) not-compliant.

Requirement 8(3)(c) relates to organisation wide governance systems. 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 to ensure compliance with the Quality Standards. During the Site Audit, the Assessment Team identified gaps across the areas of information management, continuous improvement, workforce governance, and feedback and complaints. Supporting evidence included:

Information management

Management, clinical and care staff indicated that information is communicated via email, noticeboards, consumer and staff meetings and at handovers. Staff told the Assessment Team they have access to the information they need, whenever they need it, including consumer care plans, policies, and procedures. All staff were aware of where they could find this information when needed. For example, staff stated they can access consumer care plans and details through the QMS and policies and procedures were located on the service’s network drive, both of which could be accessed by all computers at the service.

The service’s privacy policy detailed there are systems and processes in place to support the security of all information which enters the service, inclusive of staff and consumer privacy and confidentiality.

Continuous improvements

At audit the Assessment Team were not supplied with evidence of an effective continuous improvement process or governance system. In the site audit report the Assessment Team explained that information on continuous improvement governance processes was not immediately available, became available but with some non-site specific recommendations, and was then tailored and updated to reflect observations during audit. The Assessment Team findings indicated a work in progress.

The service response to the site audit report included a PCI (process for continuous improvement) report but did not evidence an effective organisation wide governance system in relation to continuous improvement. A PCI report may be an element of an organisation wide governance system but does not of itself establish that one exists or is effective.

Financial governance

Management explained they have a budget each year from which they can purchase items, and for equipment which will exceed the budget, they seek approval from the organisation. The RRM provided an example of when they sought changes to budget or expenditure to support the changing needs of consumers to indicate a financial governance system is in place. The financial governance of the service is supported by the a procurement policy and fixed asset capitalisation policy, which outlined considerations and strategies relating to funding and expenditure, including responsibilities of the Board.

Workforce governance

The service had procedures in place for ensuring pre-employment checks, including police checks and/or National Disability Insurance Scheme (NDIS) worker clearance checks, Australian Health Practitioner Regulation Agency (AHPRA) registration and reference checks are completed.

Management were able to describe the processes in place for monitoring of staff mandatory training compliance and the process for incidental staff training that come from feedback and complaints, audits, clinical trends and general day-to-day observations of staff.

Management were unable to demonstrate the service had processes in place to ensure staff performance appraisals were monitored and up-to-date, in accordance with the service’s policy. This issue is discussed further at Requirement 7(3)(e) of the report.

Regulatory compliance

Management reported changes to legislation, regulatory requirements or aged care legislation are monitored by the Quality Team who reports to the Board, with information disseminated to the service. Any changes are fed down to staff through policies and procedures, memos, staff meetings, training, and education. Clinical and care staff stated any changes to legislation, regulatory requirements or Aged Care law are communicated to them via email, at staff meetings, at shift handover and on noticeboards.

Feedback and complaints

Clinical and care staff could describe the processes available to consumers if they wished to lodge a suggestion or raise a complaint and how they could support them through the process. Care staff said they would attempt to address the concern in the first instance, but should they require assistance they would escalate the matter to management. However, while staff had good knowledge of the complaints process at the service and all consumers/representatives sampled were satisfied with the management of complaints at the service, management was unable to demonstrate complaints were being captured, analysed and trended, and used for improvements at the service. This issue is further discussed in Requirement 6(3)(d) of the report.

For the above reasons I find requirement 8(3)(c) is 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, and is discussed further at Requirement 8(3)(b) of the report.

I find requirement 8(3)(d) compliant.

The service had a clinical governance framework and policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Management and staff interviewed had a sound understanding of their accountabilities and responsibilities under the framework and what it meant to them in a practical way in relation to antimicrobial stewardship, the use of restrictive practices, and open disclosure. The Assessment Team undertook a detailed examination of the policies, and their application in practice, in relation to the areas listed above. Sound practice was regularly identified. Deviations noted were minor and not substantive.

I find requirement 8(3)(e) compliant.

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)