Performance

Report

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| Name of service: | Kubirri Residential Care Centre |
| Service address: | 49 Johnston Road MOSSMAN QLD 4873 |
| Commission ID: | 5783 |
| Approved provider: | The Salvation Army (Queensland) Property Trust |
| Activity type: | Site Audit |
| Activity date: | 21 February 2023 to 23 February 2023 |
| Performance report date: | 20 March 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Kubirri Residential Care Centre (**the service**) has been prepared by K. Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* other information and intelligence held by the Commission in relation to the service.

# 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 were treated with dignity and respect. Staff had a sound knowledge of consumers’ background and preferences which was consistent with consumer goals and well-being needs. Consumer care documentation reflected consumers’ individual needs and preferences with tailored support strategies to deliver personalised care. Staff were observed to be treating consumers with respect and in a kind and caring manner. Language used in care documentation was respectful and demonstrated care documentation was completed together with the consumer, their representatives where applicable, and staff.

Consumers and representatives expressed satisfaction about the service meeting consumers’ cultural needs. Staff described how they supported consumers to maintain their culture and what was important to them. Care documentation included information related to the consumers’ country of birth, relationships, religion, ethnic cultural observations and spiritual needs. Staff discussed the varied cultural needs of consumers and demonstrated an individualised approach when caring for consumers with cultural differences.

Consumers were supported to exercise choice and maintain their independence by making decisions according to their preferences. Consumers were supported to make their own decisions about the way care and services were delivered and identified who they would like to be involved in their care and services. The service supported the indigenous cohort of consumers to maintain connections with the local community and families, which may include periods of absence from the service.

Consumers were supported to take risks which enabled them to live their best lives or lives they chose. Staff were aware of the risks taken by consumers and supported the consumer’s wishes to take risks to live the way they chose. Risk assessments and dignity of risk forms were completed and signed by the medical officer and consumer or representative, where required, for consumers who chose to undertake risks such as food preferences which did not align with recommendations by the Speech pathologist. The service was guided by a Dignity of Risk and Consumer Choice guideline, assessment and form, and Customer Risk Safety Assessment.

Consumers and representatives were provided with information that was current, accurate and timely and was communicated in a way that was clear, easy to understand and enabled consumers to exercise choice. Consumers and representatives confirmed enough information was provided to enable them to make informed decisions about the consumer’s care and services. Consumers and representatives were invited to attend monthly consumer and lifestyle meetings to provide feedback and communicate ideas for improvement, and a monthly newsletter provided communication to consumers and representatives. Lifestyle activity calendars were observed on noticeboards and within consumers’ rooms throughout the service and staff were observed advising consumers of their meal choices prior to serving their requested selection.

Consumers and representatives confirmed consumers’ privacy was respected and personal information was kept confidential. Staff described how they respected consumers’ privacy and maintained consumers’ personal information confidentiality. The organisation was guided by consumer privacy policies and procedures. Staff respected consumers’ privacy by knocking before entering consumers’ rooms, closing doors when providing care, speaking privately behind closed doors and not talking to consumers about other consumers.

This Standard is Compliant, as all six Requirements are 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 considered assessment and care planning delivered safe and effective care and services. Documentation reviewed considered potential risks to consumers’ health and wellbeing including falls, diabetes management and skin integrity. Registered staff described the assessment and care planning and review process. The organisation had policies and procedures available to guide staff practice in the assessment and care planning process. The process of assessment and planning included consultation with the consumer or representative, other health professionals and documentation such as hospital discharge information to inform the development of individualised care plans.

Review of consumer care documentation demonstrated and interviews with consumers and representatives confirmed, consumers’ current needs, goals and preferences were addressed, and this included advance care planning if the consumer or representative wished. Staff advised there was discussion about a consumer’s end of life wishes when a consumer entered the service, at care plan review and if a consumer’s condition deteriorates. There was a summary page for each consumer in the electronic care system that contained key information including their diagnoses, end of life wishes and current needs and preferences in relation to risks, communication, mobility, diet and continence.

Care planning documentation and consumer interviews demonstrated planning was completed in partnership with consumers and others they wished to be involved. Where it was assessed as necessary, other health care providers and organisations were included in assessment and planning for consumers. Staff described the assessment and planning process and how consumers and representatives were included. Review of care documentation confirmed, staff consult with individual consumer’s representatives via telephone, face to face and through electronic messages.

Consumers and representatives confirmed staff discussed consumers’ care needs and the information in the consumers’ care plan. Staff advised they had access to care plans for consumers through the electronic care system and information shared at handover. A review of consumer files demonstrated the outcomes of assessment and planning was documented. The Assessment Team observed care planning documents were readily available to staff delivering consumer care and services. Outcomes of assessment and planning of consumers were communicated through case conferences and copies of care plans were offered. Registered staff advised consumer care plans were available for consumers and their representatives should they require a copy.

Care plans were reviewed monthly by a Registered nurse, when circumstances changed or if there was an incident involving a consumer. The Care Manager and registered staff advised care plan reviews were scheduled through a monthly review process with alerts on the electronic care system. Consumers and representatives reported staff discussed consumers’ care needs or preferences with them and were responsive when there was a change to these. Staff described how, when an incident occurred, this triggered a review of the care plan which includes relevant Allied health professionals when necessary. Review of consumers’ care documentation identified their care plans had undergone reviews in line with the service’s process or following a change in circumstances or care needs.

This Standard is Compliant, as all five Requirements are Compliant.

# Standard 3

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

Findings

Care planning documentation was reviewed for consumers requiring management of wounds, falls prevention, diabetes, challenging behaviours, pain, catheter care and maintenance of skin integrity. This demonstrated, and consumer and staff interviews confirmed, consumers were receiving individualised care which was safe and right for them and was based on best practice. Management knew care was safe and effective because they monitored consumers’ condition, referred consumers to other health providers when required, received feedback from consumers about their care, reviewed care documentation and analysed incidents to identify any emerging concerns or care needs. The service had contemporaneous policies and procedures to guide staff care delivery, and these were readily available to staff via the online portal.

High impact and high prevalence risks to consumers were managed effectively via clinical review and high-risk management plans which included other health professionals when required. Staff described the main risks to the consumers and the risk mitigation strategies in place. Strategies to mitigate risks were implemented, management reviewed, trended and analysed clinical incident and quality indicator data which was reported both within the organisation and externally. The service had a suite of policies to guide staff in the identification and management of high impact and high prevalence risks associated with the care of consumers.

Care delivery for consumers at end of life ensured their needs were addressed, pain was managed, and the consumer’s dignity was maintained. Management and staff advised palliative care support was available from the local hospital when a consumer was assessed as being at end of life. Staff described ways in which they maintained the comfort of consumers at the end of life stage, including one-on-one support for the consumer and their family.

Changes in consumers’ health and well-being were recognised and responded to in a timely way. Care documentation for consumers identified staff recognised, reported and responded to changes in consumers’ condition. Clinical staff advised actions taken included assessment of the consumer, discussion with the consumer or representative, referral to the Medical officer or other Allied health professionals and transfer to hospital if necessary. Care staff notified clinical staff if they had concerns about a consumer’s condition.

Consumers and representatives confirmed consumers’ care needs and preferences were effectively communicated between staff and consumers received the care they needed. Care planning documentation contained adequate information to support effective and safe sharing of the consumer’s information when providing care. Consumers’ files demonstrated staff notified the consumer’s Medical officer and their representatives when the consumer experienced a change in condition, experienced a clinical incident, was transferred to or returned from hospital, or was ordered a change in medication. Staff received up to date information about consumers at handover and through the electronic care system. Consumers’ care documentation identified correspondence from health professionals, test results and referrals were accessible to staff and other health professionals.

The service demonstrated referrals to other healthcare providers or organisations were made in a timely way and were appropriate. Review of care documentation identified other health professionals assessed consumers and provided directives for their care. Management and staff described how changes in a consumer’s health or well-being would prompt referral to a relevant health professional, for example following a fall, consumers are referred to the Medical officer and Physiotherapist for review. Registered staff advised referrals were made via electronic message, or phone calls if the Physiotherapist were not onsite.

The service demonstrated effective processes were in place for infection control including management of an infectious outbreak and there were practices to promote evidence-based use of antibiotics. The current outbreak management plan contained policies and procedures to guide staff in infection control and antibiotic management. Clinical staff provided examples of practices to prevent and control infections such as hand hygiene, encouraging fluids, the use of personal protective equipment and obtaining pathology results prior to commencing antibiotics. Infections and outbreaks were reported via the electronic care system and were analysed and reviewed monthly via the service’s clinical indicators including the usage of antibiotics. Consumers who wished to be were vaccinated, and antiviral medication was available and prescribed to consenting consumers who tested positive to COVID-19.

This Standard is Compliant, as all seven Requirements are Compliant.

# Standard 4

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

Findings

Consumers were supported to engage in activities of interest to them, and were provided with relevant supports, such as equipment and resources, to promote their well-being, independence and quality of life. Review of consumer care documents evidenced preferences, needs and goals were supported, and time was made available for consumers to enjoy their preferred activities, hobbies and pastimes. Consumers were observed participating in a range of activities including exercise-based programs.

Consumers and representatives confirmed the service provided emotional, spiritual and psychological support to consumers when needed. Staff described the processes for providing emotional, spiritual and psychological support to consumers. The service had a full-time Chaplain on site Monday to Friday who facilitated chapel services on site through the Anglican and Catholic church, conducted bible study and provided consumers with ongoing one on one support.

Consumers were supported to take part in community activities outside of the service including to go shopping and to meet friends. Staff described those consumers who had developed a friendship and relationships of importance to individual consumers. Care planning documentation identified the people important to individual consumers, those people involved in providing care and of interest to the consumer. The service had a monthly activities schedule providing three to five activities daily Monday to Friday and three activities daily on weekends. Activities included bingo, high teas, concerts, bus outings and a walking group.

Consumers confirmed their services and supports were consistent and the staff knew their individual preferences and other organisations that may be involved in their care and services. Staff were updated on the changing condition, needs or preferences of consumers as they relate to services and supports for daily living, including via handover and in the service’s electronic care system.

Information about consumers was collected upon entry to the service and as part of ongoing reviews to ensure care goals were relevant, up to date and lifestyle supports were in place. The service engaged the indigenous Elders from the local Elder’s Justice Group to conduct yarning circles with the service’s indigenous consumers. Timely and appropriate referrals were made to other individuals, organisations or providers to collaborate to meet the diverse needs of consumers.

Consumers and representatives confirmed the meals were satisfying, varied and of suitable quality and quantity. Alternative meal options were offered to consumers if they did not prefer any of the meals offered on the menu. Staff were informed of consumers’ nutrition and hydration requirements and preferences which were available through the electronic care system. Catering staff spoke to consumers and representatives about the meal service and had regular food focus meetings and raised menu changes and choices at the consumer meetings to ensure they when receiving regular feedback about consumer meal satisfaction. Menus were displayed in the dining areas of the service and offered a variety of choices for breakfast, lunch and dinner.

Consumers and staff confirmed equipment was safe and they knew how to report any concerns or issues. The service had processes for purchasing, servicing and replacing equipment. Equipment used to support consumers to engage in lifestyle activities was observed to be suitable, clean and well-maintained.

This Standard is Compliant, as all seven Requirements are 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

The service was welcoming, and easy to navigate with open corridors, natural light, activity room and dining areas were located downstairs. Consumers could freely access outdoor areas. Consumers could personalise and decorate their rooms to reflect individual tastes and styles. Consumers were observed to be participating in and observing activities throughout the service and utilising the service’s multiple garden and outdoor areas.

The service’s external and internal environments were observed to be safe, comfortable and well maintained. The service was clean and well maintained, with cleaners observed cleaning consumers’ rooms and common areas throughout the service. The service has three designated smoking areas with shelter and firefighting equipment available. The external area garden areas were observed to be accessible with level paths suitable for consumers with walking aids, covered seating available and multiple garden beds. Consumers were observed moving freely around the service, participating in individual and shared activities, sitting quietly in the well-maintained gardens or socialising.

The service equipment, fittings and furnishings were observed to be well maintained, clean and safe for consumers and their guests. Cleaning and maintenance tasks were scheduled and monitored daily. Staff had processes in place to promptly attend to identified maintenance issues or hazards when required and could be escalated to managers if necessary. Maintenance staff had preventative and reactive maintenance schedules in place.

Equipment and furnishings throughout the service were observed to be clean, including in the kitchen and laundry. Cleaning trolleys and medication trolleys were clean and stored securely. The call bell system was observed to be working, with room numbers of consumers requesting assistance displayed on electronic screens in corridors.

Cleaning and maintenance staff were able to describe the cleaning and maintenance process and advised maintenance and cleaning issues were responded to in a timely manner. The service’s online maintenance portal demonstrated maintenance requests were addressed in a timely manner. Preventative maintenance records demonstrated monitoring processes in place for scheduled building and equipment assessment and maintenance.

This Standard is Compliant, as all three Requirements are 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

Consumers and representatives felt encouraged, safe and supported to provide feedback and make complaints, and could describe the various methods available for them to do so, including speaking to management or staff directly, during consumer and representative meetings, through the use of feedback forms, or by contacting the service directly by email or phone. Management captured all verbal and written feedback and complaints via a complaints register. The Assessment Team reviewed the complaints register and found entries to align with consumer feedback. Complaints forms and locked boxes were observed to be located in reception, and feedback and complaints promotional paraphernalia were observed throughout common areas of the service. The consumer handbook contained information on the organisation’s feedback and complaints process.

Consumers and representatives demonstrated an awareness of the internal and external avenues available for them to raise complaints and the service provided examples of advocacy and language services. Consumers and representatives were aware of making complaints to the Aged Care Quality and Safety Commission and accessing advocacy services, such as those provided through the Older Persons Advocacy Network. Staff demonstrated a shared understanding of the internal and external complaints and feedback avenues, and advocacy and translation services available for consumers, and provided examples. Staff described how one staff member and visiting external agency staff assisted indigenous consumers to converse in traditional language and make complaints on their behalf, if necessary.

Appropriate and timely action was taken in response to feedback and complaints, and an open disclosure process was applied when things went wrong. Consumers and representative expressed the belief management would address all complaints and attempt to resolve any concerns in a timely manner. Care staff demonstrated a shared understanding of the process followed when feedback or a complaint was received. Staff confirmed if consumers or representatives were to raise an issue with them directly, they would promptly input the details on the electronic complaints platform and inform a RN or management for investigation and remedial actions.

Feedback and complaints were reviewed, considered and used by the service to improve the quality of care and services. Management described the feedback and complaint management process according to the organisational policies and procedures and provided examples of improvements made because of feedback and complaints. The service identified any trends and analysed complaints according to the volume received and the complexity required. The service’s feedback and complaints policies and procedures documentation were linked to the service’s Plan for continuous improvement.

This Standard is Compliant, as all four Requirements are 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

Consumers and representatives expressed satisfaction that staff attended to consumers’ care needs in a timely manner, and consumers indicated they did not have to wait long for their call bell to be answered. There were processes to ensure the workforce was planned and the number and skills mix enabled the delivery of quality care and services. There were processes for planned and unplanned leave. The service used an electronic platform to generate the scheduling roster and advise staff of available shifts. Vacant shifts were offered to existing staff in a variety of ways, for example, part shifts and overtime or agency staff were utilised to fill unplanned leave. The organisation had a range of working visa and sponsorship arrangements to attract staff to the service.

Consumers and representatives spoke about the kindness and caring attitude of the staff who cared for them. Staff respected all consumers’ identity, culture and diversity. Staff were observed assisting consumers with their meals and exercising patience and speaking to consumers in a kind and caring manner. Staff were aware of consumer preferences for staff interaction. Review of care documentation identified staff used respectful language when describing consumers’ care needs.

Feedback from consumers and representatives identified they felt the workforce was competent and staff had the knowledge to deliver care and services which met the needs and preferences of consumers. Staff competencies were monitored on an ongoing and annual basis and were determined depending on the staff member’s role. The orientation and onboarding process for new staff included buddy shifts with experienced staff in their role, mandatory training, systems orientation and core competency assessments. The service’s criminal record check register identified staff criminal check records were up to date.

Staff completed training on a regular basis. Staff at the service had appropriate experience and skills to perform the roles required. The organisation had processes to ensure staff complete mandatory training. Consumers and representatives expressed their satisfaction in the way care and services were delivered by staff and did not identify any area where they thought staff needed more training. Education records confirmed all staff had completed mandatory training apart from those staff who are on extended leave.

Review of the service’s staff performance appraisal register identified a process in place to track staff appraisals and these had occurred regularly for staff and management. Staff confirmed they had been requested to undertake a performance appraisal process, and most staff recalled the process occurred in the second half of 2022. Consumer feedback was considered and addressed when monitoring and reviewing staff performance. Staff probationary appraisals occurred at six months and were completed annually thereafter. Performance feedback with staff was provided continuously throughout the year and culminated at the twelve-monthly performance review. Staff were also requested to rate their own performance and the results were used to identify additional training needs.

This Standard is Compliant, as all five Requirements are 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

The service demonstrated it supported consumers and representatives to be involved in the development, delivery and evaluation of care and services. Management provided examples of different ways the service incorporated consumer feedback and suggestions into changes implemented to care and services at the service and organisational level. Consumers were encouraged to engage in the development, delivery and evaluation of care services through meetings, focus groups, verbally and participating in the consumer experience survey program. Consumer engagement had resulted in nominated consumers undertaking cleaning audits of the service and providing feedback, input into the renovation of the service’s sun rooms and the purchase of a different style of bedcovers for all consumer beds.

The organisation had a Board which met on a regular basis and contained members with a variety of skills and qualifications. The Board was supported by several sub committees and executive, who monitored and implemented changes, such as changes to policies and procedures to align with new legislative requirements. The governance framework included quality and safety platforms which were reviewed at all levels of the organisation, including clinical governance executive and operations forums, risk forums and various quality and safety sub-committees. The organisation’s policy framework was directly related to the Quality Standards, and the quality sub-committee ensured the policies and procedures met the Quality Standards.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

The organisation had a clinical governance framework and policy which directed the service on how to manage high impact and high prevalence risks, respond to abuse and neglect, support consumer choice and decision-making, and report and manage incidents. Review of consumers’ care documentation showed consumers were supported through consultation and discussions, to participate in risk taking activities of their choice, to enable them to live the best life they can. The process for incident reporting began with registered staff creating a report for review by management followed by action if required. Incident summaries were sent to upper management for escalation and addition to data sets. Staff had a shared understanding of dignity of risk. Staff provided examples of how they supported consumers to live the life they chose, including by supporting consumers to take risks and make informed decisions.

The service had a clinical governance framework in place to help guide staff on provision of safe care including outlining core elements of antimicrobial stewardship, restrictive practices, and open disclosure. Staff were aware of antimicrobial stewardship and what it meant for consumers. Staff described various non-pharmaceutical strategies to aid in preventing infections prior to testing and the prescription of antibiotics. Care and clinical staff explained how they would minimise the use of restrictive practices by employing non-pharmacological strategies in alignment with each consumer’s behaviour support plan. Staff demonstrated a general understanding of how they practiced open disclosure, including being open, transparent, and apologising when things went wrong.

This Standard is Compliant, as all five Requirements are 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)