Performance

Report

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| Name of service: | Macpherson Smith Residential Care |
| Service address: | 37-39 Sloane Street STAWELL VIC 3380 |
| Commission ID: | 3480 |
| Approved provider: | Grampians Health |
| Activity type: | Site Audit |
| Activity date: | 31 January 2023 to 2 February 2023 |
| Performance report date: | 27 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 Macpherson Smith Residential Care (**the service**) has been prepared by K. Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* other information and intelligence held by the Commission in relation to the service.
* the provider’s response to the assessment team’s report received on 2 March 2023.

# Assessment summary

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

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

# Areas for improvement

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

* 7(3)(a) – The Approved Provider ensures 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.

# Standard 1

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

Findings

Consumers said staff treated them with dignity and respect and said staff knew, respected, and valued consumers’ identities, cultural backgrounds and diversity. Staff used consumers’ preferred names, acknowledged their choices, and embraced their identity and culture.

Consumers said the service recognised and respected their cultural backgrounds and that it provided care consistent with their cultural preferences and traditions. Care planning documents showed the service collaborated with consumers and their representatives and that it accurately captured consumers’ cultural preferences.

Consumers said the service supported them to choose who they wanted involved in their care, and how they wanted their care delivered. Consumers said the service encouraged them to make connections with others and maintain their relationships. Staff knew how consumers wanted their care delivered, who they wanted involved and who they wanted to maintain relationships with. Care planning documents showed consumers had made personal choices about their care, and that the service delivered care in accordance with these.

The service supported consumers to make decisions and take risks, to live their best lives. Staff knew which consumers took risks, and the service supported their right to make choices that enhanced their independence and well-being. Care planning documents for sampled consumers showed the service identified risks using assessments and that it implemented appropriate risk mitigation strategies. This included providing consumers with information about their chosen risks, to ensure they could make informed decisions.

The service gave clear information to consumers and their representatives about its care, enabling them to exercise choice. Representatives said staff kept them informed about events at the service and their consumers’ care through regular emails and phone calls. Consumers said the service gives them timely and accurate information.

Consumers said staff respected their privacy and kept their personal information confidential. Staff kept consumer files in the locked nurse’s station, in closed cupboards. They conducted clinical handover in private and locked computers with passcodes when not in use. The service’s electronic care management system required a unique staff passcode to access. The service had various other privacy protocols in place to protect consumers’ privacy.

# 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

Consumer assessments and care plans included information to inform safe and effective care. Staff knew the service’s assessment and planning processes for new and continuing consumers, including how to assess consumers’ risks. The service had documented clinical policies and procedures to guide staff on completing assessments, building care plans, assessing risk, and other processes tied to planning. Consumers said their assessment and care planning was adequate, that it considered risks and it informed safe and effective care.

The service’s assessment and planning processes identified and addressed consumers’ current needs, goals, and preferences, including advance care planning and end-of-life planning, if the consumer wished. Consumers said the service considered their needs, goals and preferences when undertaking their assessments and care planning. They said staff had engaged them in conversations about advance care planning and end-of-life planning. The service had policies and procedures to guide staff through identifying individual consumer’s needs, goals, and preferences as part of the assessment and planning process.

Consumers said the service partnered with them to assess, plan, and review their care, and to engage other providers as part of the planning process. Care documents showed the service contacted consumers and their representatives regularly and in response to changes in consumers’ circumstances or condition. The service had policies to guide staff in how to refer consumers to other providers. Staff knew the service’s processes for partnering with consumers and engaging other providers.

Representatives said the service regularly gave them updates about the outcomes of its assessment and planning processes. Staff knew the processes, including when to communicate with consumers and representatives. The service had policies and procedures to guide staff through assessment and care planning, including communicating the outcomes of assessments to consumers and representatives. Representatives stated they had not requested a copy of consumer care plans previously, during the Site Audit the service updated policies to ensure these were offered to consumers following assessments or reviews.

The service regularly reviewed its care for effectiveness, when circumstances changed or when incidents impacted on the needs, goals, and preferences consumers. The service had policies and procedures to guide staff in how to review care and processes. Staff knew the service’s processes for reviewing its care and could cite recent examples of reviews in response to changes of circumstance. Care documents showed the service had reviewed its care where a consumer’s needs, goals and preferences had changed.

# Standard 3

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

Findings

Consumers said they generally received safe and effective care that was best practice, tailored to meet their needs, and which optimised their health and well-being. Representatives said they were satisfied with the service’s care. Staff knew consumers’ unique personal needs and care plans reflected safe care tailored to individuals. The service had policies and procedures to support safe care, including for wound management, restrictive practices, and pressure injury prevention. Meeting minutes and incident reports showed the service retained effective clinical oversight of its care, aligning care with best practice.

The service effectively managed risks for each consumer, including those related to falls, weight loss, skin integrity and others. Consumers confirmed this, saying the service managed high impact, high prevalence risks effectively. Care planning documents showed effective strategies to manage risks and Staff had used tools such as the Falls Risk Assessment Tool, or the Waterlow skin assessment tool to document risk information. Care plans and progress notes showed risks and interventions for each consumer. The service had policies to guide staff in identifying and managing risks and staff knew these policies well.

Consumers said that, during the palliative phase of their care, they were confident the service would support them to be free from pain, to have important people with them and to pass in line with their social, cultural, and religious preferences. Care plans contained information on consumers’ end of life care preferences and staff attended to a range of care during consumers’ end-of-life phase, including mouth care, skin care, repositioning, personal hygiene, comfort care, and other forms. The service encouraged families to be present throughout the end-of-life phase.

Care documents showed staff could identify and respond to changes in consumers’ health condition, function, or capacity. The service had policies and processes to guide staff through identifying and responding to consumer deterioration. Representatives said they were satisfied the service consumer deterioration and responded to it promptly.

The service has systems to ensure staff document information about consumers’ care, and communicate it effectively within the organisation, and with others as appropriate. Most consumers were satisfied with the service’s care, including how it communicated about the care. Staff communicated changes through verbal handovers, progress notes, meetings, care plans, and using the service’s electronic care management system. Care documents, such as progress notes and care plans contained sufficient information to enable staff to safely share information about consumers’ care needs. Information within care plans was specific to each consumer.

Consumers said they were satisfied with the service’s referrals to external providers. The service had policies and procedures to guide staff on how to involve other providers in a consumers’ care. Staff knew how to make referrals and cited several recent examples of when they made referrals, including for external review, weight and nutrition support, complex care support and assessment connected with restrictive practices. Care documents showed the service’s referrals were timely and appropriate.

Consumers said the service was clean and they were confident staff could manage an infectious outbreak. They said staff had given them information on how to minimise the spread of infections. The service had policies and procedures to guide staff on antimicrobial stewardship and infection control, including for COVID-19. Staff confirmed they received training in infection minimisation strategies, including for COVID-19. Staff knew how to prevent and control infection, and what steps to take to minimise the need for antibiotics.

# 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 said they were satisfied with the services’ lifestyle program and supports and said the service met their needs, goals and preferences and optimised their health and well-being. Lifestyle staff partnered with consumers and their representatives to conduct lifestyle and spiritual assessments, which captured individual consumers' preferences, likes, dislikes, interests, and social, emotional, cultural and spiritual needs. For the consumers sampled, staff could explain what was important to them and how they supported them to optimise their overall health, well-being, and quality of life.

Consumers said they feel connected and engaged in meaningful, satisfying activities. They said they can observe sacred cultural and religious practices and the service supported their spiritual, emotional, and psychological well-being. Staff knew how to support consumers’ well-being and could cite examples from their day-to-day care routines.

Consumers said staff support them to maintain various aspects of their lives, including to participate in activities within and outside the service, to stay connected with people important to them, and to do things of interest to them. Staff knew which consumers participated in activities outside the service, and how to support those consumers to do so. Consumers, representatives, and staff corroborated that the lifestyle information within care plans was accurate.

Consumers said staff communicate effectively about their condition, needs and preferences, between each other, and with external providers. Staff knew how to share information and keep informed, including through progress notes, handovers and by using the service’s electronic care management system. Care planning documents contained adequate information to support safe and effective daily living support.

Consumers’ care planning documents showed the service collaborated with external providers to support consumers’ needs. Staff collaborated with other individuals, organisations, and providers, including external medical officers, personal care services, physiotherapists, gastroenterologists, specialised nursing staff, and others.

Consumers said they were happy with the quality, quantity and variety of the service’s food. They said the service offers plenty of choices for each meal and they could request different meals if they did not like what was on the menu that day. Staff knew consumers’ dietary preferences and their information was consistent with consumers' care plans.

Consumers said they felt safe using equipment and they knew how to report any concerns they had about equipment safety. The service trained staff to use equipment safely and it assessed risk related to equipment use before it provided equipment to consumers. Consumers said the service’s equipment was suitable and met their needs. Staff knew how to identify equipment risks and were aware of their responsibilities to ensure equipment was safe, clean and well-maintained. The service had equipment maintenance and cleaning schedules, and suitable arrangements for procuring new equipment when needed.

# Standard 5

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

Findings

Consumers said the service was welcoming and easy to navigate. During the Site Audit, the service was clean, and the corridors were wide, easy to navigate and fitted with handrails to enhance consumers’ mobility. The walls featured pictures, photographs and signage and consumers’ rooms were clearly identified.

Consumers said the service environment was clean, well maintained, and comfortable. The service had policies covering equipment maintenance, stock management, cleaning services and other operational areas. Cleaning procedures stipulated the frequency of cleans and the depth of cleaning required for various areas throughout the service. For example, high touchpoint areas should be cleaned more regularly. The service environment was safe, clean and well maintained and consumers could easily access its outdoor areas.

Staff said the service’s equipment was sufficient and well-maintained. Consumers said the equipment was well maintained and clean. The service maintained its furniture and equipment under a scheduled maintenance plan, which included using specialist contractors when appropriate. The maintenance officer was onsite during business hours, and on-call outside of business hours. The maintenance officer had access to a range of trade and equipment maintenance services. To ensure accredited service people carried out necessary repairs, the service sent consumer mobility aids to external providers.

# Standard 6

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

Findings

The Assessment Team found that the service had not met Requirement 6(3)(c), I have reviewed the Site Audit Report and the Approved Providers response and come to a different view, I have explained my reasoning below.

Requirement 6(3)(c)

The Assessment Team brought forward evidence in relation to the process and response to complaints, specific adverse findings included:

* Review of the complaints register for 6 months prior to the Site Audit showed some complaints were open for over 30 days after the complainants raised them. The guidelines in the service’s complaints policy required that complaints are closed within 30 days.
* Service staff reported that the above point was caused by a flaw in the service’s complaints handling systems. The systems managed complaints across multiple services under the approved provider’s auspices and for the overdue complaints, the service’s complaints system had not captured information about which service the complaints concerned. The acting Nurse Unit Manager therefore was reportedly unaware of the complaints and could not follow them up.
* Some consumers said they were not confident the service would address or follow up their complaints promptly. One consumer said she received no acknowledgement, discussion, phone call or outcome for her complaint. Another said he had made several complaints but felt it was a waste of time making more because the service never followed up with him or provided an outcome.
* The service had not documented follow up activity or outcomes for complaints raised during resident and relative meetings.

The service responded to these findings on 2 March 2023. In its response the service advised it took the following actions:

* Followed up all lapsed complaints.
* Commenced a process whereby the Approved Provider’s Quality Coordinator will manage the service’s complaints process alongside the Nurse Unit Manager. The Quality Coordinator attends the service every week to assist the service’s Nurse Unit Manager to monitor, review and address complaints.
* Updated its complaints policy to obligate staff to provide a response to complaints verbally and in writing.
* Rectified the issue with the Approved Provider’s complaints management system so that it now captures information about the service to which a new complaint pertains.
* Added additional items to the agenda for resident meetings, including information about the service’s leisure and lifestyle activities, new residents and team members, new equipment, and other information.
* Commenced a process whereby staff send out minutes arising from resident meetings, including information about how to raise a complaint.
* Provided complaints information packs to each consumer. The information packs contained information about how to make a complaint, how to submit feedback, and information about the Older Person’s Advocacy Network and the Aged Care Quality and Safety Commission.
* Other activity to address individual complaints with relevant consumers.

I have considered the evidence brought forward in the Site Audit report, and the Approved Provider’s response. The service has provided a full response to the issues raised by the Assessment Team, including the allocation of executive staff resources to manage complaints, rectifying the source of the problem within its system, and updating its policies. I am satisfied that the service’s response will rectify the deficiencies identified by the Assessment Team. Additionally, the service has deployed measures to improve how it engages with consumers about complaints, including how it communicates with consumers during meetings and in follow up to complaints. My assessment is that these initiatives address the remaining adverse findings. I have formed the view that the Approved Provider has responded appropriately to the Assessment Team’s findings, and that its response addresses the findings sufficiently to satisfy me that the service is compliant with Requirement 6(3)(c).

I am satisfied the service is compliant with the remaining three requirements of Quality Standard 6.

Consumers said the service encouraged them to provide feedback about its care, and that they felt comfortable raising concerns. The service had a process for consumers and representatives to make complaints, which included giving complainants a range of options for submitting complaints.

Consumers and representatives said they knew how to raise concerns and make complaints if they chose to, and that they knew about external advocacy services to support them to make complaints. The service had processes that supported consumers to access advocacy and language services if required.

Management regularly reviewed the service’s complaints and incident registers. It analysed data derived from this process for patterns and communicated these to the service’s clinical staff cohort in various meetings. Management reported trends to the Approved Provider’s Board and used relevant data to inform the service’s continuous improvement plan. The Continuous Improvement Plan informed long-term staff education and training initiatives.

# 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. | Non-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

I have assessed this Quality Standard as non-compliant as I am satisfied requirement 7(3)(a) is non-compliant.

Requirement 7(3)(a)

The Assessment Team brought forward evidence from consumers and staff who stated they felt that the service was understaffed at times. The Assessment Team observed that the rostering system in place was sufficient to provide coverage, however identified 11 unfilled shifts in the 2 weeks prior to the site audit. Three consumers described calling for assistance and experiencing delays in a response from staff, the examples brought forward by the Assessment Team were not related to the delivery of clinical care, however consumers reported delays in personal care assistance. Clinical staff said the service did not have enough staff and they felt consumers’ care was impacted. For example, staff said call bells were not always answered promptly and staff had difficulty assisting consumers during care times, and with meals. Management advised that the call bell system was an issue and not fit for purpose.

In its response of 2 March 2023, the Approved Provider advised of actions it had implemented and planned to address the issues identified by the Assessment Team, which included:

The engagement of two additional Registered Nurses, scheduled to commence on 20 March 2023. An additional healthcare worker rostered to work between 9 am and 3 pm, to support residents with hygiene and meals assistance. The Approved Provider has rented a dwelling, to enable the service to employ staff member from inter-regional markets and accommodate them close to the service. The service has also restructured its process for producing the service’s roster with administration team member now dedicating one day per fortnight to completing the roster and conducted multiple reviews of consumers’ care needs, to determine whether it required additional staff. The reviews examined items such as the frequency and time of day consumers engaged in care activities, with the intention of mapping out whether the service’s staff coverage contained deficiencies. The Approved Provider has also trialled increasing shift times for its Leisure and Lifestyle Staff, to provide more support to consumers during evenings and developed an action plan to upskill Leisure and Lifestyle staff, enabling them to support consumers with meals.

The Approved Provider also advised that it has commenced works to install a new call bell system, which is scheduled to finish in June 2023.

I have considered the evidence brought forward in the Site Audit report and the Approved Provider’s response. I acknowledge the fullness of the service’s response and note that the service has made substantial headway in addressing these findings by employing additional staff, changing the way it develops its roster, trialling a number of new methods to increase staff coverage, and renting a dwelling to help it source staff from inter-regional job markets. However, I have also considered that many of the interventions constitute planning, preparatory work, or trials, that will take time to establish and measure for effect and have considered the feedback from consumers and potential impacts to care that may continue while the service implements these changes. On this basis, I find the service non-compliant with Requirement 7(3)(a).

I am satisfied the service is compliant with the remaining four requirements of Quality Standard 7.

Consumers said staff engaged with them in a respectful, kind, and caring manner. The service had policies and procedures which required staff to deliver respectful, kind, and person-centred care.

The service had systems to ensure staff were competent and that they had the qualifications and knowledge to perform their roles effectively. Staff said the service trained, equipped and supported them to provide quality care.

The service had systems to ensure it recruited, trained, equipped, and supported staff to deliver care in line with the Quality Standards. Staff confirmed they received training, equipment, and support to deliver the care and services consumers require. Consumers said staff knew what they were doing, and that the consumers were satisfied with their care.

The service monitored its staff, and regularly assessed, and reviewed their performance. The service had a formal process for reviewing staff performance and management informally reviewed performance through ongoing observation, supervision and feedback.

# 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 Assessment Team found that the service had not met Requirement 8(3)(c), I have reviewed the Site Audit Report and the Approved Providers response and come to a different view, I have explained my reasoning below.

Requirement 8(3)(c)

The Assessment Team found that management was able to describe processes and mechanisms in place for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, feedback, and complaints. Staff stated they participate in staff meetings and use communication tools such as handovers, progress notes, and referrals to inform others of changed in consumers’ condition or preferences. Staff were able to explain the reportable incident system and outline their responsibilities based on their position.

However, the Assessment Team also spoke with consumers and representatives who stated that they did not feel confident in the service’s ability to manage feedback and complaints or adequate staffing levels. Notably the Assessment Team did not bring forward additional evidence specific to these to these findings and relied on evidence brought forward in relation to Standard 6 and Standard 7.

The Approved Provider’s response reiterated the responses it gave to the findings against Standards 6 and 7 and advised it has taken the following actions:

* + Made the Approved Provider’s Aged Care Quality Coordinator responsible for managing complaints alongside the Nurse Unit Manager.
  + Updated its complaints policy to ensure staff respond to complaints verbally and in writing.
  + Improved its complaints management system so that it captures sufficient information to address complaints.
  + Added additional key items to the agenda for resident meetings, to ensure it informs consumers of information they need.
  + Commenced sending out minutes to consumers after meetings.
  + Provided information packs to each consumer detailing how to make complaints.
  + Employed two additional Registered Nurses.
  + Rostered a healthcare worker to work between 9 am and 3 pm, to support residents with hygiene and meals assistance.
  + Rented a dwelling, to accommodate staff employed from inter-regional markets.
  + Restructured its rostering process.
  + Conducted multiple reviews of consumers’ care needs.
  + Trialled increasing shift times and devised an action plan to upskill for key staff.
  + Commenced works to install a new call bell system.
  + Commenced a process to analyse and discuss complaints trends at various meetings between staff and consumers, and in various meetings featuring only staff.

I have considered the evidence brought forward in the Site Audit report, and the Approved Provider’s response. I have considered the actions implemented and planned by the Approved Provider to rectify the deficiencies identified by the Assessment Team and have placed weight on the evidence brought forward by the Assessment Team in the Site Audit report that demonstrates the numerous policies, processes and systems in place within the service to support feedback and complaints and workforce governance, and do not consider the evidence brought forward by the Assessment Team demonstrative of non-compliance at an organisational level. I therefore find the service compliant with Requirement 8(3)(c).

I am satisfied the service is compliant with the remaining four requirements of Quality Standard 8.

Consumers said they had ongoing input into how the service delivers their care and that they felt the service encouraged them to make decisions about their care. The service had effective systems to engage and support consumers in developing, delivering, and evaluating their care.

Consumers said they felt safe at the service, that it was an inclusive environment and that the service offered quality care. The service had a Strategic Plan and its Approved Provider retained oversight of its operations. The Approved Provider promoted a culture of safe, inclusive, and quality care through a governance structure comprising various committees, meetings, groups and reporting processes that reflected gradated levels of oversight.

The service demonstrated that it has an effective risk management framework. Staff report and escalate risks, management reviews them and reports upwards to the Approved Provider’s executive management and eventually its Board of Management. The service’ risk management ecosystem includes clinical reports, incident reports, audits, meetings with consumers, representatives, and staff, data analysis, compliance activity and other items. Staff cascade continuous improvement initiatives through service-level and organisation-wide forums, with the intention of fostering improvements to care.

The service had a clinical governance framework that promoted antimicrobial stewardship, minimised restrictive practices, and encouraged open disclosure. Staff had been educated on the various areas of the framework, including in antimicrobial stewardship, restrictive practices and open disclosure. Staff knew how to apply the framework to their respective roles.

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)