Performance

Report

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| Name of service: | Maranatha House |
| Service address: | 127 - 137 Whiteley Street WELLINGTON NSW 2820 |
| Commission ID: | 0223 |
| Approved provider: | Maranatha House |
| Activity type: | Review Audit |
| Activity date: | 18 January 2023 to 20 January 2023 |
| Performance report date: | 21 February 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 Maranatha House (**the service**) has been prepared by E Woodley, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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

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

# Material relied on

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

* the assessment team’s report for the Review Audit; the Review 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 13 February 2023.
* the Performance Report dated 21 March 2022 following the Site Audit undertaken from 8 February 2022 to 10 February 2022.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-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 | **Non-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.

* Requirement 2(3)(a) – The approved provider must demonstrate assessment and planning consistently considers risks to the consumer’s health and well-being and informs the delivery of safe and effective care and services. This includes effective processes and practices to consider and mitigate risks associated with medication administration, PRN (as required) psychotropic medications, and wound prevention and management.
* Requirement 2(3)(e) – The approved provider must demonstrate care and services are reviewed for effectiveness on a regular basis, and when circumstances change or incidents impact on the needs, goals or preferences of the consumer. The service follows their processes for the regular review of care and services, and incidents are investigated to assist in identifying interventions to minimise risk of reoccurrence and to support safe care.
* Requirement 3(3)(a) – The approved provider must demonstrate consumer clinical and personal care is best practice, tailored to the consumer’s needs and optimises their health and well-being. Chemical restrictive practice processes are best practice, including used as a last resort after tailored non-pharmacological interventions to manage behaviour are evaluated as not effective, and with informed consent from the consumer and/or representative. Consumer pain and skin integrity is appropriately assessed, managed and monitored to optimise their health and well-being.
* Requirement 3(3)(b) – The approved provider must demonstrate the high impact or high prevalence risks associated with the care of consumers are effectively identified and managed. This includes in relation to medication administration, management of behaviours requiring support, wounds, and maintenance of skin integrity.
* Requirement 7(3)(c) – The approved provider must demonstrate staff are competent and have the knowledge and qualifications required to effectively perform their roles. This includes regarding care planning and assessment, incident management, restrictive practices, and pressure injury identification and management. Systems to monitor staff competencies are effective in ensuring staff have the required knowledge to perform their roles on an ongoing basis, and ensuring all staff have completed required competencies. Systems in place are effective to ensure all staff working have a current criminal history check.
* Requirement 7(3)(d) – The approved provider must demonstrate staff are trained and supported to deliver the outcomes required by the Quality Standards. This includes effective and consistent onboarding and orientation, and completion of mandatory training.
* Requirement 7(3)(e) – The approved provider must demonstrate a system to ensure the regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. Staff performance appraisals are completed in line with the service’s policies.
* Requirement 8(3)(c) – The approved provider must demonstrate the organisation wide governance systems implemented at the service are effective. This includes in relation to information management, continuous improvement, workforce governance, and regulatory compliance. Relevant information is accessible by all required staff, and staff practice aligns with organisational policies and procedures. The service’s continuous improvement and regulatory compliance processes are effective to ensure ongoing compliance with the Quality Standards.
* Requirement 8(3)(d) – The approved provider must demonstrate risk management systems are consistently effective in identifying and managing high impact or high prevalence risks associated with the care of consumers, and managing and preventing incidents, including the use of an incident management system. Staff demonstrate knowledge of their requirements regarding incident management and reporting.
* Requirement 8(3)(e) – The approved provider must demonstrate the clinical governance framework implemented at the service is effective in ensuring safe and quality clinical care for consumers, and the minimisation of restrictive practices. This includes best practice regarding restrictive practices including effective review, reporting and consent practices and used as a last resort after non-pharmacological interventions are evaluated as not effective.
* The service has implemented all actions identified in their plan for continuous improvement, submitted in their response to the Review Audit report.

# 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

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team indicated consumers are treated with dignity and respect, with their identity, culture and diversity valued. Staff spoke about consumers respectfully and were observed throughout the Review Audit interacting with consumers in a respectful manner. Information about consumer’s life history including their cultural and spiritual needs is captured in care planning documentation. Staff were aware of and deliver care and services in ways that consider consumer’s preferences and needs in relation to their cultural needs.

The service demonstrated that each consumer is supported to exercise choice and independence in their care and services. Several consumers and representatives interviewed confirmed they are consulted and are able to make decisions whenothers should be involved in their care. Consumers are supported to take risks to enable them to live the best life they can. Risk assessments are completed to support consumers who undertake activities that involve some risk. Where appropriate, measures to mitigate the risk are implemented. The service provides information to each consumer in a range of ways. Information is generally clear, easy to understand and enables consumers to exercise choice. The service has an electronic application they use to advise representatives about the things that are happening for their consumer.

The Assessment Team found the service has processes which are followed by staff to ensure consumer’s privacy is respected, and their personal information is kept confidential.

The service was previously non-compliant in two Requirements under this Quality Standard following a Site Audit undertaken 8 February 2022 to 10 February 2022. I find all Requirements in this Quality Standard are now 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. | Non-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. | Non-compliant |

Findings

The Quality Standard is assessed as Non-compliant as two of the five specific requirements have been assessed as Non-compliant.

The Assessment Team found while the service has processes in place for assessment and care planning to inform the delivery of safe and effective care and services, there were deficiencies in the assessment and planning and consideration of risk for some consumers. For consumers who choose to self-administer medications, risk assessment and monitoring was not undertaken in line with the service’s policies to ensure safe administration of their medications. The Assessment Team identified gaps in the assessment and planning of psychotropic medications for consumers, including when PRN (as required) medication can be administered and whether the medication is assessed as a chemical restrictive practice. Wound assessment and planning was not effective to ensure safe and effective wound prevention and management for two consumers.

The Assessment Team found care and services were not consistently reviewed for effectiveness regularly, when circumstances changed, or following incidents. While the service has a six-monthly resident of the day review process, this was not consistently completed for consumers sampled. While some review of care and services occurred following incidents, for example the identification of a wound, these were not always effective in ensuring interventions to manage the risk or prevent further incidents were effective. The approved provider’s response to the Review Audit report includes some additional information about the review of one consumer’s care following a hospital admission and development of wounds. However, the service did not demonstrate the consistent and effective review of care and services on a regular basis and as required for all consumers sampled.

The approved provider’s response includes a plan for continuous improvement that outlines actions planned to improve the assessment, planning and review of consumer care and services. This includes staff education and training, review of the processes for restrictive practices, recruitment of clinical expertise, and allocation of staff to consumer care reviews.

I find the following Requirements are Non-compliant:

* Requirement 2(3)(a)
* Requirement 2(3)(e)

Consumer care documents reviewed by the Assessment Team indicated assessment and planning, overall, reflected consumer’s goals and preferences. Most consumers and representatives interviewed confirmed they have been given the opportunity to discuss consumer’s current care needs, goals and preferences including advance care or end of life planning. End of life care plans were completed for sampled consumers.

The service demonstrated assessment and planning is based on ongoing partnership with the consumer and others the consumer wishes to be involved in their care, including other organisations and providers. Assessment and planning is undertaken by clinical staff in collaboration with consumers and their representatives and the assessment process informs the development of the care plan.

I find the following Requirements are Compliant:

* Requirement 2(3)(b)
* Requirement 2(3)(c)
* Requirement 2(3)(d)

The service was found non-compliant in four Requirements under this Quality Standard following a Site Audit undertaken 8 February 2022 to 10 February 2022. The service remains non-compliant in Requirement 2(3)(a) and Requirement 2(3)(e). However, the non-compliance in Requirement 2(3)(b) and Requirement 2(3)(c) has been resolved.

# 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

The Assessment Team found consumers were not receiving best practice care that is being tailored to their needs and optimising their health and well-being. This includes regarding restrictive practices, and management of medications, wounds and pain. The Assessment Team found not all consumers prescribed a chemical restrictive practice had evidence of informed consent obtained from the consumer or representative, or evidence of regular review of the restrictive practice. Documentation did not consistently demonstrate PRN chemical restrictive is used after all non-pharmacological interventions have been trialled and evaluated as not effective. Documentation did not consistently indicate the reasons PRN psychotropic medications are administered. For one consumer, the service did not demonstrate effective monitoring or interventions to manage pain when pain was identified on multiple occasions during wound dressings.

The Assessment Team found gaps in the management of high impact and high prevalence risks associated with consumer’s care. The Assessment Team identified gaps in the management of consumers who self-administer medications, including for one consumer who had stopped taking their medication. For this consumer, interventions to manage their behaviour requiring support were not effective to minimise risk to this consumer and other consumer’s well-being. For three consumers, interventions to manage risk of wounds and maintain skin integrity were not effective to prevent the development or deterioration of wounds.

The approved provider’s response includes additional information for the consumers named in the Review Audit report, including action taken and clinical outcomes following the Review Audit. The approved provider’s response states that for consumers who had identified wounds during the Review Audit, these have healed or are stable. The service has increased monitoring of pain and medication self-administration for consumers, engaged dementia support services to assist in the management of behaviours requiring support for one consumer, and commenced improved incident reporting and management processes.

The service did not demonstrate effective processes in place to ensure personal and clinical care is consistently best practice, tailored to the consumer’s needs and optimising their health and well-being. The service did not demonstrate the effective management of high impact and high prevalence risks associated with consumer’s care.

I find the following Requirements are Non-compliant:

* Requirement 3(3)(a)
* Requirement 3(3)(b)

For the consumers sampled who are nearing the end of their life, documentation reviewed by the Assessment Team indicated their care needs and preferences had been identified by staff. Their wishes and directives were identified through advance care planning, end of life planning, and case conferencing, and had been incorporated into the consumer’s care documentation. The Assessment Team reviewed the file of a consumer who had recently passed away at the service. This indicated palliative care processes were in place and the service was supported by the local palliative care team in the care of this consumer.

Overall, the service demonstrated consumers who have experienced a deterioration or change in their cognition, physical and/or mental health, have their needs recognised and responded to in a timely manner. For example, timely intervention and case conferencing was taken in response to a consumer identified as not eating or drinking and losing weight. While some gaps were identified in the management of consumer wounds and skin integrity to prevent deterioration, this has been considered in my assessment of Requirement 3(3)(b).

The service communicates the consumer's condition, needs and preferences within the service and with others where responsibility for care is shared. The service has a verbal and electronic handover between shifts and outstanding matters are generally followed up by staff. For the consumers sampled, care planning documents evidenced the input of others such as allied health professionals, physiotherapists, wound specialists, palliative care services, and dementia services. Referrals were made when required and the input from the care provider is generally documented in the consumer’s clinical file.

Clinical staff demonstrated an understanding of antimicrobial stewardship and the principles of standard and transmission-based precautions. The service demonstrated preparedness in relation to managing an infectious outbreak, and the service currently has an infection prevention control lead.

I find the following Requirements are Compliant:

* Requirement 3(3)(c)
* Requirement 3(3)(d)
* Requirement 3(3)(e)
* Requirement 3(3)(f)
* Requirement 3(3)(g)

The service was found non-compliant in six Requirements under this Quality Standard following a Site Audit undertaken 8 February 2022 to 10 February 2022. The service remains non-compliant in Requirement 3(3)(a) and Requirement 3(3)(b). However, the non-compliance in Requirement 3(3)(c), Requirement 3(3)(d), Requirement 3(3)(e) and Requirement 3(3)(f) has been resolved.

# 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

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team provided positive feedback indicating consumers receive safe and effective services and support for daily living. Consumers interviewed enjoyed the services and supports offered through the lifestyle program and identified they can participate in the community within and outside the service environment. Documentation supports staff are assessing and identifying consumer’s needs, goals and preferences regarding daily living and working to optimise their health and well-being.

Consumers, representatives and staff interviewed were able to consistently describe the services and supports available to promote consumer’s emotional, spiritual, and psychological well-being. The service has a Catholic priest and an Anglican minister who visit twice a month to conduct services for the consumers and are available on request to support consumers who request them.

Processes are in place to document and share information about consumer’s needs and preferences both within the organisation and with others when required. The information is up to date and accurate, and staff were able to describe ways the service effectively manages the communication of this information in relation to services and support for daily living. The service demonstrated timely and appropriate referrals to individuals, organisations and providers of care and services to enhance the lifestyle services for consumers.

The service demonstrated they provide meals that are varied and of suitable quality and quantity. Consumers and representatives interviewed gave positive feedback saying the food was tasty, of good variety and there was plenty of it. Consumer documentation shows the assessment of nutrition and hydration, including dietary requirements and preferences, which were generally consistent with the information recorded by kitchen staff and with consumer and staff feedback.

Consumers and representatives interviewed, together with management and staff interviews and observations, demonstrated equipment to support consumer lifestyle is safe, suitable and clean.

The service was previously non-compliant in two Requirements under this Quality Standard following a Site Audit undertaken 8 February 2022 to 10 February 2022. I find all Requirements in this Quality Standard are now 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 Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Consumers interviewed by the Assessment Team indicated the environment is welcoming to them, their friends and family. Consumers indicated they feel at home, and that the service optimises their sense of belonging and independence. Consumers and representatives interviewed considered the service environment to be safe, well-maintained, comfortable and that consumers can move freely indoors and in the outdoor courtyards. Consumers said they felt their equipment was suitable for their needs.

The Assessment Team observed the service to be clean, safe and well maintained. The service environment generally enables consumers to move freely, both indoors and within the grounds of the service. The service has processes in place to ensure furniture, fittings and equipment are safe, clean and well maintained, including cleaning and maintenance schedules. The furniture, fittings and equipment were generally observed by the Assessment Team to be clean, well maintained and used safely.

# 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 Quality Standard is assessed as Compliant as four of the four specific requirements have been assessed as Compliant.

Consumers and representatives interviewed by the Assessment Team stated they are encouraged and supported to provide feedback and raise complaints. Overall, they stated that they felt comfortable to report any concerns to staff and management. The service provided examples of how consumers and their representatives are encouraged to make feedback directly to management or staff, through regular meetings and surveys. The service provides information on other methods for raising complaints and accessing services, including advocates and language services.

Consumers and representatives interviewed stated appropriate action is taken when they have any feedback or raise complaints. The service demonstrated that it follows the principles of open disclosure in response to complaints and provided examples of how feedback and complaints are reviewed and used to improve the quality of care and services.

The service was previously non-compliant in two Requirements under this Quality Standard following a Site Audit undertaken 8 February 2022 to 10 February 2022. I find all Requirements in this Quality Standard are now 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. | Non-compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Non-compliant |

Findings

The Quality Standard is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

The Assessment Team found most members of the workforce have appropriate qualifications in relation to their roles. However, deficiencies in relation to staff knowledge and skills was identified in relation to care planning and assessment, incident management, restrictive practices and pressure injury identification and management. During the Review Audit, the service was unable to provide evidence of completed staff competency assessments or personnel files. Most staff interviewed by the Assessment Team indicated they had not completed the mandatory competency assessments in manual handling, personal protective equipment donning and doffing, and hand hygiene in 2022. The service’s database and documentation showed four staff members worked in 2022 without a current criminal history check.

The approved provider’s response states that the HR system alerts staff one month prior to the expiration of their criminal history check, and evidence was provided that reminder emails were sent to staff requesting the renewal of their checks. The approved provider’s response included additional information regarding the criminal history check process some staff were undergoing during the Review Audit. The approved provider’s response identifies that due to some management personnel leaving the service or on leave during the Review Audit, there were some gaps in information available to the Assessment Team.

The service did not demonstrate oversight in relation to education and training to ensure the workforce is competent and effectively performing their roles. While the Assessment Team was informed there is an orientation process and initial training and support for new staff, the service was unable to provide evidence that this had occurred. Staff interviewed were unable to identify what mandatory training was required, and some identified limitations affecting their ability to complete mandatory training.

The approved provider’s response demonstrates a mandatory training program schedule was in place during the Review Audit. To support staff, a designated computer for training is available at all times. However, the approved provider acknowledges not all staff had completed the required training and action is ongoing to ensure completion of this mandatory training program.

The service was unable to demonstrate it has effective systems and processes to monitor and review the performance of each member of the workforce. The management team were not able to access staff personnel files to demonstrate performance assessment and review occurs. Staff interviewed by the Assessment Team could not recall when their performance had last been assessed. Management was also unable to demonstrate how regular assessment and monitoring of staff performance occurs.

The approved provider’s response identifies that the service is seeking to recruit a new HR manager to oversee the performance review process. The approved provider’s continuous improvement plan identifies that the service aims to complete all staff performance appraisals on an annual basis, by 30 April 2023.

While I accept some personnel and training/competency information was not available to the Assessment Team during the Review Audit, the service did not demonstrate effective systems in place to assess and monitor staff performance, competency, completion of training requirements and currency of criminal history check.

I find the following Requirements are Non-compliant:

* Requirement 7(3)(c)
* Requirement 7(3)(d)
* Requirement 7(3)(e)

The service demonstrated plans in place to ensure sufficiency of staff to deliver quality care and services, including to ensure clinical staff coverage. Most consumers and representatives interviewed by the Assessment Team indicated consumer’s needs are met in a timely manner and without them feeling rushed. The workforce interactions with consumers are kind, caring and respectful. All consumers and representatives praised the staff for the kindness and care they provide to consumers.

I find the following Requirements are Compliant:

* Requirement 7(3)(a)
* Requirement 7(3)(b)

The service was found non-compliant in three Requirements under this Quality Standard following a Site Audit undertaken 8 February 2022 to 10 February 2022. The service remains non-compliant in Requirement 7(3)(c) and Requirement 7(3)(d), and the non-compliance in Requirement 7(3)(a) has been resolved. However, Requirement 7(3)(e) is now non-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. | Non-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. | Non-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. | Non-compliant |

Findings

The Quality Standard is assessed as Non-compliant as three of the five specific requirements have been assessed as Non-compliant.

The Assessment Team found the service did not demonstrate effective organisational governance relating to information management, continuous improvement, workforce governance, and regulatory compliance. Policies did not consistently align with staff practices, and staff were unable to access some information regarding workforce governance during the Review Audit. The service’s plan for continuous improvement did not indicate the effectiveness or monitoring of the system or interventions implemented. The regulatory compliance systems were not effective to ensure all staff had a current criminal history check, and to ensure understanding and implementation of restrictive practices in line with relevant legislation.

The service did not demonstrate effective risk management systems to ensure the management of high impact and high prevalence risks associated with consumer’s care. The Assessment Team identified a lack of effective risk management systems to ensure that there is effective oversight and identification of consumers with high impact or high prevalence risks. While the board is reviewing the service’s clinical data, the root cause analysis of incidents at service are not consistently identified to ensure improvements for consumer care or the prevention of future incidents. Documentation reviewed indicated that staff are not completing incident forms for all incidents in line with the service’s policies. Staff interviewed were unclear as to what incidents required reporting.

The service has documented policies relating to antimicrobial stewardship, restrictive practices and open disclosure. However, the service did not demonstrate the organisational clinical governance and oversight was effective in ensuring safe and effective clinical care was consistently provided to consumers. The Assessment Team identified gaps in the service’s identification of consumers assessed as receiving a chemical restrictive practice. The service did not demonstrate a consistent approach to ensure each consumer had informed consent for the use of the restrictive practice, or to ensure regular review of the restrictive practice.

The approved provider’s response to the Review Audit report includes additional information and evidence about the availability and dissemination of the service’s policies and procedures to its staff. Evaluation and review information has been added to the service’s plan for continuous improvement. Gaps in the systematic monitoring and auditing processes of clinical outcomes identified during the Review Audit will be addressed with the introduction of a quality and compliance role to be recruited by the organisation. An audit schedule has been developed to assess and monitor compliance with the Quality Standards. To increase oversight, regular audit and evaluation reports will be presented to the board.

The service has not yet demonstrated that the organisational and clinical governance, and risk management systems and practices, are consistently effective to ensure monitoring and oversight for quality outcomes for all consumers.

I find the following Requirements are Non-compliant:

* Requirement 8(3)(c)
* Requirement 8(3)(d)
* Requirement 8(3)(e)

The organisation demonstrated the board are engaged with and support consumers to be involved in the development, delivery and evaluation of care and services. The service has feedback mechanisms, care planning and general improvement processes to engage consumers in improving care and service delivery. The board and the CEO oversee daily operations and indicated the board regularly has face to face contact at the service and with consumers and representatives. Consumer’s feedback concerning issues of a serious nature are escalated to the governing body for consideration.

I find the following Requirements are Compliant:

* Requirement 8(3)(a)
* Requirement 8(3)(b)

The service was found non-compliant in four Requirements under this Quality Standard following a Site Audit undertaken 8 February 2022 to 10 February 2022. The service remains non-compliant in Requirement 8(3)(c), Requirement 8(3)(d), and Requirement 8(3)(e). The non-compliance in Requirement 8(3)(b) has been resolved.

1. The preparation of the performance report is in accordance with section 76A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-2)