Performance

Report

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| Name of service: | May Noonan Centre |
| Service address: | 3 Foley Street TERANG VIC 3264 |
| Commission ID: | 3299 |
| Approved provider: | Lyndoch Living Limited |
| Activity type: | Site Audit |
| Activity date: | 7 March 2023 to 9 March 2023 |
| Performance report date: | 12 April 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 May Noonan Centre (**the service**) has been prepared by N Eastwood, 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.
* the provider’s response to the assessment team’s report received on 4 April 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 | **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 | **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 3(3)(b) - Effective management of high impact or high prevalence risks associated with the care of each consumer.
* 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

# Standard 1

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

Findings

All sampled consumers said they are treated with dignity and respect, and that their identity, culture, and diversity are valued. Sampled care planning documents reflect what was important to the consumer, including their individual goals. The service has provided staff with a range of education and training opportunities to ensure consumers are treated with dignity and respect. Assessors observed staff conversing in a relaxed and friendly way with consumers.

All sampled consumers said the service is inclusive of all consumers and they feel safe to be themselves and feel comfortable with staff. Staff described how they support the individual needs of sampled consumers in relation to their culture and life history.

Sampled consumers said they are encouraged to make decisions about their care and provided examples of how staff support them, their choice and independence in making decisions about how their care and services are delivered, about who is involved in their care, and how they are supported to maintain relationships both within and outside the service.

Consumers confirmed they are supported to take risks that enable them to live the life they choose and expressed satisfaction with the safeguards put into place to ensure their safety while engaging in activities of choice.

Staff described risk assessments and interventions in place to ensure consumer safety and well‑being and management provided specific examples of the additional assessments sought to ensure consumer safety.

Sampled consumers are satisfied they are provided with information that is current and timely and easily understood. Representatives said they receive information via emails and telephone calls when any updates, changes or an incident occurs. Staff interviewed from all designations described how consumers are informed of daily events or upcoming appointments.

Sampled consumers and representatives expressed satisfaction that consumer privacy is respected, and staff described how they ensure privacy is maintained during care provision. The service has provided education on privacy and confidentiality.

# 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

The service conducts assessment and care planning reviews as part of the monthly resident review schedule, with an annual care conference to ensure all care plans are updated and reflect consumer care needs and personal preferences. The service provided evidence of monthly reviews in most sampled care files. However, one consumer who had significant change to their care needs had not had their care plan reviewed to reflect changes, such as mobility and transfer needs, skin integrity and equipment required for activities of daily living. There was evidence of delay in commencing a wound chart for the management of a surgical site from 28 December 2022 until 10 February 2023, and care planning documents did not reflect a comprehensive review of all care domains to reflect changes in the care required.

The Assessment Team noted three missed opportunities to review the consumer’s care plan following return to the service from hospital. There was also evidence that the clinical staff did not adhere to the service’s policy on care plan review when the consumer experienced a significant change in condition following further complications requiring medical investigation and treatment in hospital. On 9 March 2023, following feedback provided by assessors, a comprehensive care plan reviewwas undertaken with updates to reflect the altered transfer and mobility interventions for the consumer.

In its response to the site audit report and Assessment Team concerns, the approved provider provided further context and evidence of the assessments conducted for the identified consumer between hospital admissions. While not all of these assessments were reflected in the plan of care there is evidence of a number of other contemporaneous documents which reflected the consideration to ongoing updates and changes to the identified consumers care requirements.

The Assessment Team recommended Requirement 2(3)(e) as not met given the significant difference in documented care needs for this consumer. However, I note the single deficit identified during the assessment was rectified while assessors were on site. While this deficit was particularly significant given the nature of the changed circumstances for this consumer, it appears to be an isolated oversight. There is no evidence before me indicating the service has systemic deficits in reviewing care and services when circumstances change. Accordingly, I find the service compliant with Requirement 2(3)(e).

I am satisfied the remaining requirements of Standard 2 are compliant.

The service demonstrated assessment and care planning included consideration of risk to health and well-being, with consideration of actual and potential risks to ensure care interventions result in the delivery of safe and effective care for each consumer. Sampled consumers and representatives were satisfied the current needs and preferences of consumers are considered in the care planning process and that risk is mitigated. Clinical staff interviewed were able to describe the service’s initial assessment and care planning process and assessment of new consumers entering the service.

Sampled consumers and representatives confirmed they are given the opportunity to discuss current care needs, preferences for care interventions and the goals of care to achieve or maintain. All consumer files sampled contained information on advance care planning and lifestyle and leisure choices. Staff demonstrated a comprehensive knowledge of what was important to consumers sampled in relation to how their personal and clinical care is delivered.

Consumers said they felt they were included and contributed to their care planning, with some consumers having a number of other health providers involved in their care, including a general practitioner. Sampled consumer care files reflected the consumer is a partner in their care and where necessary, other health providers contribute to the care plan.

A review of all sampled care plans indicates the outcomes of assessments and planning are communicated to the consumer and their representatives through the regular monthly resident review, and care plans are offered as part of the monthly review process. Staff have access to the electronic care file system and the staff are provided with an updated handover sheet each shift which reflects any relevant information and planned care. Two consumer representatives confirmed they receive communication on a regular basis and both representatives could recall being offered a copy of the care plan.

# 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. | 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 service was previously found non-compliant with Requirement 3(3)(b) after assessments in April 2021 and July 2022. A notice of non-compliance was issued on 18 October 2022 in relation to the service not demonstrating comprehensive investigation including analysis into medication incidents reported in 2022, with no demonstrated process by the service to improve the investigation procedure to mitigate further risks for this high impact and high prevalence risk. The non-compliance notice period imposed by the Commission concluded on 1 March 2023.

The service’s plan for continuous improvement dated 19 October 2022 and last updated on 1 November 2022 was reviewed by assessors. The 26 actions listed against this requirement lacked detail and related to a variety of other clinical areas, with only 6 entries related to medication incident management. The plan for continuous improvement specified several planned actions including staff training, implementing an electronic medication administration system and plans to analyse and trend medication incidents with consequent discussion of appropriate strategies and to implement service wide.

Assessors recommended that Requirement 3(3)(b) continues to be not met as the service did not demonstrate improved medication incident investigation and analysis processes as well as not demonstrating improvements from actions planned in October 2022. The service plans to implement an electronic medication administration system in April 2023. The investigation of incidents was not evident, and the service did not demonstrate an adequate investigation and analysis of reported clinical incidents. The Assessment Team also noted the absence of permanent registered nurses to provide clinical oversight and ensure the service’s processes are followed.

In its response to the site audit report, the approved provider submitted further evidence related to the review of incidents at Medication Advisory Committee (MAC) Meetings and Clinical Governance Reporting to the Clinical Governance Committee. While the MAC meeting minutes and clinical indicator trends were provided in the approved providers submission, the attachment referred to in the MAC meeting minutes of 1 March 2023 (Medication Error Report) was not provided. The information available demonstrates discussion of a broad nature regarding some of the incidents however there is a lack of detail regarding actions and interventions to address the identified errors.

It is noted that a pharmacist attends the MAC meetings, however, there does not appear to have been an active contribution to auditing or analysis of medication errors in the MAC meeting minutes to date. No evidence of auditing was recorded in either the MAC or Clinical Governance meeting minutes, however there is evidence of a reduction in medication errors since December 2022.

The current plan of continuous improvement dated 15 March 2023 does not reflect the planned implementation of the electronic medication administration program (Bestmed) or the planned reporting and analysis mechanism which is to be relied on in informing the ongoing monitoring of medication incident reporting process. It is also unclear what the planned training schedule related to checking of Schedule 4 and Schedule 8 medication is for 2023 as identified by the Clinical Governance Report dated January 2023.

Training records provided indicate 100% compliance with medication competencies. The records reflect a total of 10 staff members having completed medication competency modules between October 2022 and December 2022, 8 of these staff members being personal care workers, 1 enrolled nurse and 1 registered nurse.

While it is apparent the service is taking steps toward rectifying the identified deficits in medication incident investigation and analysis, there continues to be gaps in the consistency of information and reporting mechanisms to reflect adequate investigation, outcomes, and adeuate analysis of incidents.

Accordingly, I find the service non-compliant with Requirement 3(3)(b).

I am satisfied the remaining requirements of Standard 3 are compliant.

All sampled consumers and representatives expressed satisfaction with the quality-of-care consumers receive and that staff understand consumer preferences. Review of sampled consumer care documentation demonstrated care delivery is in accordance with the current care needs of consumers including wound management, pain management and personal care. Review of sampled care documents reflect pain is considered, including when consumers require wound management or behavioural changes are reported. Staff demonstrated understanding of the individual needs of sampled consumers and how these are managed in line with care plans.

Sampled consumers confirmed staff consult with them about their needs, goals and preferences including end of life discussions. Consumer preferences were reflected in end-of-life documentation, and sampled consumers had detailed advance care directives including details such as having family members present, having a representative of their faith attend, and preferred funeral directors. Staff demonstrated an understanding of the needs of consumers nearing the end of life.

Sampled consumers and representatives stated they are satisfied staff recognise and respond to deterioration or change in consumer health and well-being. Staff said they have received education on reporting any changes in consumer condition. All care files sampled in this requirement reflected that where incidents or changes in consumer condition occur, changes are recognised and reported in a timely manner, with appropriate actions taken.

Sampled consumers expressed satisfaction in staff understanding and providing care according to their preferences. Sampled staff stated they refer to the updated handover information at the beginning of each shift. Sampled care file review demonstrated care files provide relevant information to ensure care interventions are up to date and handover sheets reflect the current care preferences of consumers. Assessors observed staff handover during the site assessment. Staff were observed referring to comprehensive handover sheets which highlight consumer care needs and preferences.

Sampled consumers provided examples of the health providers involved in their care, including their preferred general practitioner. Two representatives expressed satisfaction in the referral process when condition or needs change. Care files sampled reflect timely and appropriate referrals to other organisations and providers of other care and services. Staff described the service’s referral process and provided examples of completed referrals.

Staff generally demonstrated effective infection prevention and control practices, and clinical staff were able to describe the service’s process regarding antimicrobial stewardship. Assessors observed the screening process in place and visitors complying with required processes and completing rapid antigen testing prior to entry. The service demonstrated ‘ready to go’ outbreak kits which are stored in a central location within the service. The service is supported by an outbreak management plan, and the organisation’s infection prevention and control nurse consultant who visits regularly and conducts audits.

# 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

Sampled consumers described how they are supported to engage in activities and events of their choice and how their individual preferences are respected. Staff described how the service supported consumers to maximise their independence, well-being, and quality of life. Care planning documentation identified consumer choices and provided information about the services and supports needed to assist consumers. Assessors observed a range of activities during the assessment.

Sampled consumers stated the service supports their emotional and psychological well-being and spoke of staff members taking the time to listen and support them when required. Staff discussed that if they notice changes in a consumer’s mood or level of engagement, they will spend time with them to ascertain what further assistance they may require.

Sampled consumers provided examples of how the service offers support and services that enable them to participate in the community with a number engaged with local community support programs. Sampled consumers said they are encouraged to do things of interest to them, and consumers said lifestyle staff routinely seek suggestions to enhance the lifestyle program.

Sampled consumers expressed satisfaction with other organisations involved in their care. Lifestyle staff provided information on the referral process to other organisations and gave the example of consumers who recently began attending a local community group for social interactions and activities.

Assessors reviewed sampled care plans which identified the involvement of others in the provision of lifestyle supports and services. These include visits by allied health providers, local disability support services, and community groups including representatives of faith.

Sampled consumers stated meals at the service were satisfactory, with alternatives to the set menu available. Food service staff were well-informed about individual consumer preferences and dietary requirements. Staff were observed providing meal assistance to consumers in a respectful and unhurried manner. Care planning documents for sampled consumers reflected current dietary needs, dislikes, allergies, and preferences.

Most consumers sampled in this requirement need mobility aids and equipment. Assessors observed consumer equipment to be clean and well-maintained. The service has processes in place to ensure all shared equipment is sanitised between each use and the service has plentiful cleaning equipment and personal protective equipment available.

# 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

Assessors observed the service environment to be welcoming, clean, uncluttered with a range of spaces that optimise consumer engagement and interaction or allows consumers to enjoy quiet time. The service environment enabled easy access and movement for consumers and staff. Consumers and representatives provided positive feedback about the service environment.

Assessors observed the service to be neat, tidy, and free of clutter. Consumers and representatives expressed satisfaction the service environment is safe and comfortable. Cleaning and maintenance consist of preventative and reactive maintenance systems.

The service demonstrated furniture, fittings and equipment are clean and well maintained. Consumers and representatives expressed satisfaction that if repairs are required maintenance officers are prompt. There is a variety of equipment available and is suitable for individual consumer needs.

# 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 described how they are encouraged and supported to provide feedback and make complaints. Staff described that if a complaint or concern is raised, they will, where possible, address the issues, or document the concerns and refer them to management. The service receives feedback and complaints via feedback forms, emails, and verbally. Management responses and documentation reviewed by assessors, including meeting minutes, feedback registers, forms, and the continuous improvement plan, demonstrate that management encourages feedback from consumers and representatives.

Assessors observed information on advocacy services, external stakeholders, and interpreter services on display at the service. Information packages, notices, and meeting minutes reviewed reflect that consumers and representative are informed regarding how to raise concerns, provide feedback, access interpreter or advocacy services, and complete feedback forms. Consumers and their representatives described how they are aware of the avenues available to raise complaints and provide feedback.

Consumers and representatives were generally satisfied with the process management followed to resolve complaints and address feedback. Management and staff described the open disclosure process when handling complaints, including working collaboratively with consumers and representatives and apologising when necessary.

Feedback and complaints indicated that the service is generally responding appropriately and that improvements occur as a result. Management described how feedback and complaints are collected and reviewed to assist in improving care and services. Management described how they are proactive and ask consumers if they have concerns and rectify any concerns immediately. Oversight of feedback occurs at a site and organisational level, with relevant information discussed at meetings to inform stakeholders.

# 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

The service was previously found non-compliant with Requirement 7(3)(a) after assessments in April 2021 and July 2022. The service demonstrated the workforce is planned to ensure there is a suitable mix of skills and staff in various roles to enable the delivery of safe and effective care and services. Consumers and representatives generally expressed satisfaction with the level of staff at the service and that staff are available when required. Staff described how there are currently enough staff at the service and management are generally able to fill vacant shifts.

Consumers and representatives expressed satisfaction that staff are kind, caring and gentle when providing care. Staff demonstrated they are familiar with the identity and individual needs of consumers. Assessors observed staff greeting consumers by their preferred name and were observed to be kind, caring and respectful when interacting with consumers.

Consumers and representatives expressed satisfaction that staff have the knowledge and skills to meet consumer care needs. Management described how staff are required to complete annual mandatory education and completion is monitored. Position descriptions include key competencies and/or qualifications depending on the role. Assessors reviewed education documentation which identified staff have the knowledge and skills to meet consumer needs, preferences, and organisational processes.

Consumers and representatives expressed satisfaction that staff are recruited, trained, equipped, and supported to provide care to consumers. The education coordinator described how staff complete annual mandatory education, and how the workforce is recruited and trained to support consumers. Documentation reviewed by the Assessment Team identified staff have the knowledge and skills to meet consumer needs and organisational processes.

Staff expressed satisfaction they are supported by management and senior clinical staff at the service both formally and informally. The service demonstrated a system for staff appraisal and performance management processes. Staff described how they complete yearly performance appraisals and have an opportunity to set goals and discuss their performance.

# 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. | 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. | Compliant |

Findings

The service was previously found non-compliant with Requirement 8(3)(d) after an assessment in August 2022. Although the service has effective risk management systems and practices in relation to identifying and responding to abuse and neglect of consumers and supporting consumers to live the best life they can, the service did not demonstrate effective risk management systems and practices in relation to high impact or high prevalence risks. Assessors recommended Requirement 8(3)(d) continues to be not met as the service did not demonstrate processes to support the investigation and analysis of reported medication incidents.

In its response to the site audit report, the approved provider submitted additional information related to regular Medication Advisory Committee (MAC) and Clinical Governance Committee Meetings, as well as Monthly Clinical Report review documents.

The meeting minutes provided do not include adequate detail regarding the systems in place to faciliatet investigation, outcome, monitoring, or evaluation following medication incidents and errors. It is noted that the Monthly Clinical Report document dated 15 February 2023 relevant to January 2023, provides information related to an action taken related to 3 medication errors for the month. Notwithstanding this additional report, there appear to be inconsistencies with the number of identified errors provided in the clinical indicator report, compared with the MAC Meeting minutes. The identified inconsistencies, lack of documented investigation findings and actions, does not support effective risk management systems and practices in relation to high impact or high prevalence risks, particularly with relation to medication incidents and errors.

Accordingly, I find the service non-compliant with Requirement 8(3)(d).

I am satisfied the remaining requirements of Standard 8 are compliant.

The service demonstrated consumers and representatives are involved in the development, delivery and evaluation of care and services. Consumers described how they can provide feedback about their care and services and feel supported to do so. Management described how they seek feedback from consumers and representatives through numerous feedback mechanisms.

Consumers and representatives expressed satisfaction that consumers feel safe and are living in an inclusive environment with the provision of quality care and services. The service promotes safe and inclusive care to guide staff practice. Management described how the board satisfies itself that the aged care quality standards are being met across the service through reporting, meetings such as the medical advisory meeting and through feedback from consumers, representatives, and staff.

The service was previously found non-compliant with Requirement 8(3)(c) after assessments in April 2021 and July 2022. Assessors found the service demonstrated effective governance systems. Staff described how they can readily access the information they require in relation to consumer needs, goals, and preferences. Management described how the service’s continuous improvement plan incorporates information obtained from consumer, representative and staff feedback, external reporting, incidents, observations, and audits. A finance, audit, and risk subcommittee reports to the board in relation to financial matters. Management described how the organisation tracks changes to aged care law through memberships with peak bodies. Information is relayed to consumers, representatives and staff as required.

The service provided documents outlining their clinical governance framework and demonstrated these policies were understood by staff. Management described how the service seeks alternatives prior to the use of antibiotics. Staff described how they have completed education in relation to the use of restrictive practices and open disclosure.

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)