McGregor Gardens Aged Care

Performance Report

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**Commission ID:** 4355

**Provider name:** Menarock Aged Care Services (Victoria) Pty Ltd

**Site Audit date:** 1 August 2022 to 5 August 2022

**Date of Performance Report:** 14 September 2022

# Performance report prepared by

Daniela Fekonja, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

# Overall assessment of this Service

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

# Detailed assessment

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 Standard and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

The following information has been taken into account in developing this 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 Site Audit report received 06 September 2022.

# STANDARD 1 COMPLIANT Consumer dignity and choice

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

The service was able to demonstrate that they treat consumers with dignity and respect. Consumers advised the Assessment team that staff engage with them in a respectful manner and ensure their personal privacy and dignity is maintained.

Staff were knowledgeable about consumers’ individual choices and preferences and the care planning documentation contains information about consumers’ past, and their present interests and preferences.

The service was able to demonstrate that information provided to consumers and representatives is easy to understand, is up to date and enables consumers to exercise choice.

The service also supports consumers to take risks in order to enable them to live their best life, including facilitating a consumer who chooses to smoke.

Based on the evidence provided I am satisfied the service is Compliant with these requirements.

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

## Assessment of Standard 1 Requirements

### Requirement 1(3)(a) Compliant

*Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.*

### Requirement 1(3)(b) Compliant

*Care and services are culturally safe.*

### Requirement 1(3)(c) Compliant

*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.*

### Requirement 1(3)(d) Compliant

*Each consumer is supported to take risks to enable them to live the best life they can.*

### Requirement 1(3)(e) Compliant

*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.*

### Requirement 1(3)(f) Compliant

*Each consumer’s privacy is respected and personal information is kept confidential.*

# STANDARD 2 NON-COMPLIANTOngoing assessment and planning with consumers

### Consumer outcome:

### I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.

### Organisation statement:

1. The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer’s needs, goals and preferences.

## Assessment of Standard 2

The Assessment Team found the service did not have adequate planning and processes in place in relation to restrictive practices for consumers using bed poles. Although the service has a suite of assessments and risk assessment tools, assessments of risk did not always include adequate information to mitigate risk or provide information to ensure the safe delivery of care in relation to bed pole use.

The service did not demonstrate assessment and planning are effective for all consumers’ current needs or in planning care to meet those needs. While advance care planning is completed for all consumers sampled, palliative care plans are not always completed in a timely manner.

The service did not demonstrate there are effective ongoing partnerships with consumers or their representatives in the assessment, planning and review of consumer care and services.

Consumers and representatives are informed about the outcomes of assessments and care plans. Most consumers and/or representatives were satisfied the service communicates the outcomes of assessment and care planning to them in a way that is timely and easy to understand.

Consumers and representatives said they are satisfied care and services are reviewed for effectiveness on a regular basis and when the consumer’s circumstances change. Consumer file reviews demonstrated assessment and care plans have been reviewed every three months or when consumers’ preferences have changed or following incidents.

The Quality Standard is assessed as Non-compliant as 3 of the five specific requirements have been assessed as Non-compliant.

## Assessment of Standard 2 Requirements

### Requirement 2(3)(a) Non-compliant

*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.*

The Assessment Team found that although the service has a suite of assessments and risk assessment tools, assessments of risk did not always include adequate information to mitigate risk or provide information to ensure the safe delivery of care in relation to bed pole use.

The policy in relation to the use of bed poles requires review by a physiotherapist on a monthly basis however this was occurring every three months. There was also no register maintained for consumers who were using bed poles as per the policy and staff were unable to advise the Assessment Team on which consumers had a bed pole in use.

The bed pole risk assessments did not include information to guide staff on strategies to minimise risk to the consumers using bed poles.

The approved provider in their response stated they have since conducted an audit of all consumers with bed poles. They provided documentary evidence of updated assessments and evaluations for consumers using bed poles and the consultations held with consumers/representatives and staff education on this topic.

I am satisfied that at the time of the site audit the use of bed poles did not include adequate consideration of risks for the consumer and that adherence to the policy was also lacking. I also acknowledge that improvements were made by the provider in relation to the risk presented by bed poles.

I am not yet satisfied that the processes are fully embedded in practice and I find the service is Non-compliant with this requirement.

### Requirement 2(3)(b) Non-compliant

*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.*

The Assessment team found that palliative care plans are not always completed in a timely manner and consumers with complex behaviours do not have detailed information to guide staff to provide their current needs.

For one consumer on the palliative pathway, the Assessment Team identified there had been a documented palliative care assessment and plan completed by an external provider, which outlined the care needs of the consumer. This information was not reflected in the consumer’s care planning documents and their preferences were not taken into consideration, which caused some distress to the consumer in relation to her medication preferences.

The consumer told the Assessment team they were anxious due to their condition and the recommendations for medication to be given to the consumer prior to activities were not being undertaken by the service.

Pain was not effectively monitored for all consumers and pain charting was not completed for consumers at the service in respite care.

The approved provider in their response was able to show that pain information is documented on admission but pain charting was not undertaken at the time of the site audit. It is now said to be completed for respite consumers.

The service has conducted a review of its palliative assessments for consumers identified as being on the palliative pathway.

Behaviour support assessments have been reviewed and updated with more details in relation to strategies and interventions.

The service is also providing education to staff in relation to these areas.

Although the approved provider has made improvements and updated the management of pain, behaviour support plans and palliative care assessments these are not yet fully embedded in practice.

I find the service is Non-compliant with this requirement.

### Requirement 2(3)(c) Non-compliant

*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.*

The Assessment Team found the service did not demonstrate there are consistent effective partnerships with consumers or their representatives in the assessment, planning and review of consumer care and services. They identified not all consumers and representatives were invited by the service to have input into care or be involved in the initial care planning for consumers’ care and services.

One representative said they were unaware that their family member was on a palliative pathway and clinical management confirmed that a care consultation with that representative did not occur at the time of the consumer’s admission. Evidence by the approved provider indicates a care conference was conducted by phone during the site audit for this consumer.

The Assessment Team were told by staff that if a family meeting or care consultation does not occur at entry, the care plan is developed without the consumer and representative’s input.

Although the approved provider was able to provide evidence in relation to care consultations having taken place post site audit and also that there had been ongoing communication and input into the care of a consumer from an external palliative care provider. They also provided evidence that information was provided prior to the consumer’s admission to the service.

Based on the evidence provided although I can see evidence that care consultations have taken place it is not evident that it has been undertaken consistently for all consumers. Whilst I acknowledge the improvements made I find that at the time of the site audit the service was Non-compliant with this requirement.

### Requirement 2(3)(d) Compliant

*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.*

### Requirement 2(3)(e) Compliant

*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.*

# STANDARD 3 NON-COMPLIANTPersonal care and clinical care

### Consumer outcome:

1. I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.

### Organisation statement:

1. The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer’s needs, goals and preferences to optimise health and well-being.

## Assessment of Standard 3

The service has demonstrated that it provides safe and effective personal and clinical care to consumers. Clinical and personal care includes best practice management of skin integrity, pain, behaviours, restrictive practices and specialised nursing care.

The service did not however consistently demonstrate the needs, goals and preferences of consumers nearing the end of life are recognised and addressed.

Most consumers and/or representatives confirmed they receive personal and clinical care in line with their preferences and as documented in care plans.

Documentation demonstrated the service effectively manages high impact and high prevalence risks including weight loss, falls, responsive behaviours, restrictive practices and risks associated with specific medical conditions including diabetes and Parkinson’s disease.

The service has qualified staff, and processes in place to recognise, and respond to a consumer’s deterioration or changing needs and consumers are happy with the service’s response to health deterioration and complex care needs.

Care planning documentation contained adequate information to support effective and safe sharing of the consumer’s information in providing care. Staff confirmed to the Assessment Team, they receive up-to-date information about consumers at handover.

Care planning documentation reflects timely and appropriate referrals are made and specialist recommendations are reflected in the consumers’ care documentation.

The service maintains a site-specific COVID-19 safe plan with staff roles and responsibilities clearly outlined. Staff demonstrate effective infection prevention and control practices as well as antimicrobial stewardship.

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

### Assessment of Standard 3 Requirements

### Requirement 3(3)(a) Compliant

*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.*

### Requirement 3(3)(b) Compliant

*Effective management of high impact or high prevalence risks associated with the care of each consumer.*

### Requirement 3(3)(c) Non-compliant

*The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.*

The Assessment Team found the service did not consistently demonstrate the needs, goals and preferences of consumers nearing the end of life are recognised and addressed.

The Assessment Team interviewed one consumer and their representative who expressed dissatisfaction with the management of the medication used to provide relief and comfort. The service has not conducted consultations with the consumer and their representative in relation to their palliative care or other care needs as identified in Standard 2(3)(c). The service is not fully implementing external palliative care recommendations and their comfort and anxiety are not effectively managed.

The consumer had to wait over 10 minutes for their call bell to be answered on 83 occasions for the month of June 2022. This left the consumer feeling anxious as they were suffering shortness of breath and needed their medication as documented by the external palliative provider in progress notes. The consumer would also like to be able to move freely around the service but requires oxygen cylinders to do so and has requested it but none has been provided. There is also no evidence that nasal breathing tubes are being cleaned as required.

Although the approved provider in their response state they are following the external provider’s prescribed palliative regimen, there are progress notes by the external palliative provider stating the consumer reports the medication is not being provided in a timely manner at times resulting in a lack of comfort and causing the consumer anxiety.

I find that although the service is providing consumer care it is not ensuring the needs and preferences of this consumer are being met.

I find the service Non-compliant with this requirement.

### Requirement 3(3)(d) Compliant

*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.*

### Requirement 3(3)(e) Compliant

*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.*

### Requirement 3(3)(f) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 3(3)(g) Compliant

*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.*

# STANDARD 4 COMPLIANT Services and supports for daily living

### Consumer outcome:

1. I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.

### Organisation statement:

1. The organisation provides safe and effective services and supports for daily living that optimise the consumer’s independence, health, well-being and quality of life.

## Assessment of Standard 4

The service demonstrated it supported most consumers to engage in the things they want to do and how their individual preferences are respected.

Consumers and/or their representatives are satisfied consumers’ emotional, spiritual and psychological well-being is supported. Care planning documentation includes information on consumers’ individual emotional, spiritual and psychological needs.

Care planning documents contained information on individual consumers’ interests and identified the people important to them. Consumers are satisfied with the services and supports that enable them to participate in the community, have relationships and do things of interest to them.

The service demonstrated information about consumers’ conditions, needs and preferences is communicated within the organisation and with others where responsibility for care is shared.

The service was able to describe how and when appropriate referrals were made to individuals, other organisations and providers of care and services.

Consumers expressed satisfaction with the quality and quantity of food. Meals are prepared on-site and the service has two separate serveries. Care planning documents note consumers’ dietary needs, dislikes, allergies, and preferences. These are communicated to the kitchen and are displayed in the kitchen serveries. The service has a process to gather consumer feedback on meals and this is incorporated into the menu.

Consumers and staff were satisfied that they have access to suitable and well-maintained equipment. Equipment was observed to be clean, well maintained and available to meet the needs of consumers.

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

## Assessment of Standard 4 Requirements

### Requirement 4(3)(a) Compliant

*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.*

### Requirement 4(3)(b) Compliant

*Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.*

### Requirement 4(3)(c) Compliant

*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.*

### Requirement 4(3)(d) Compliant

*Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.*

### Requirement 4(3)(e) Compliant

*Timely and appropriate referrals to individuals, other organisations and providers of other care and services.*

### Requirement 4(3)(f) Compliant

*Where meals are provided, they are varied and of suitable quality and quantity.*

### Requirement 4(3)(g) Compliant

*Where equipment is provided, it is safe, suitable, clean and well maintained.*

# STANDARD 5 COMPLIANT Organisation’s service environment

### Consumer outcome:

1. I feel I belong and I am safe and comfortable in the organisation’s service environment.

### Organisation statement:

1. The organisation provides a safe and comfortable service environment that promotes the consumer’s independence, function and enjoyment.

## Assessment of Standard 5

Consumers said they feel welcome and comfortable at the service and are encouraged to personalise their rooms. The service is welcoming and provides comfortably furnished communal areas that optimise consumer interaction and engagement and single bedrooms with their own ensuites. Consumers and visitors were observed using communal areas and moving independently around the service.

Consumers and representatives reported the environment is comfortable, clean and well maintained. Preventative and reactive maintenance and cleaning processes ensure that the service remains well maintained.

The Assessment Team observed furniture, fittings and equipment are safe and clean and consumers were satisfied that it was suitable for their needs.

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

## Assessment of Standard 5 Requirements

### Requirement 5(3)(a) Compliant

*The service environment is welcoming and easy to understand and optimises each consumer’s sense of belonging, independence, interaction and function.*

### Requirement 5(3)(b) Compliant

*The service environment:*

1. *is safe, clean, well maintained and comfortable; and*
2. *enables consumers to move freely, both indoors and outdoors.*

### Requirement 5(3)(c) Compliant

*Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.*

# STANDARD 6 COMPLIANT Feedback and complaints

### Consumer outcome:

1. I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.

### Organisation statement:

1. The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.

## Assessment of Standard 6

Consumers and representatives interviewed reported feeling comfortable providing feedback and making complaints. Information regarding how to make a complaint and the various mechanisms to do so are available at several locations around the service. This includes information on advocacy services and information in multiple languages. The Older Persons Advocacy Network representative attended consumer meetings to provide information to consumers and representatives.

Consumers and representatives who had provided feedback or raised a complaint were satisfied with the process used to resolve issues. The Assessment Team reviewed complaints and Serious Incident Response Scheme incidents that demonstrated appropriate action was taken and an open disclosure process was applied.

Documentation demonstrated the service actions complaints in a timely manner and implements improvements based on the feedback. When concerns are raised they are captured on the plan for continuous improvement and the complaint process includes actions taken to review and improve services.

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

## Assessment of Standard 6 Requirements

### Requirement 6(3)(a) Compliant

*Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.*

### Requirement 6(3)(b) Compliant

*Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.*

### Requirement 6(3)(c) Compliant

*Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

### Requirement 6(3)(d) Compliant

*Feedback and complaints are reviewed and used to improve the quality of care and services.*

# STANDARD 7 NON-COMPLIANTHuman resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

Management did not demonstrate that staff had a process in place for reviewing the performance of staff at the service.

The service had previously been found Non-compliant with Requirement 7(3)(a), however, the service was able to demonstrate improvements have been implemented to ensure the workforce is planned to enable, and the number and mix of members of the workforce ensure, the delivery and management of safe care and services.

Consumers were mostly satisfied there was sufficient staff to care for their needs. Staff were described as being kind caring and gentle when providing care. This aligned with the observations of the Assessment Team who noted positive and respectful interactions between staff and consumers.

The service demonstrated the workforce was competent and members of the workforce have the qualifications and skills to effectively perform their roles. Consumers and/or their representatives expressed satisfaction staff had the knowledge and skills to meet care needs.

Although staff had not completed all of their mandatory training the service has taken necessary steps to ensure this has now been addressed. The organisation has conducted a training needs analysis and implemented changes.

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

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

### Requirement 7(3)(b) Compliant

*Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity.*

### Requirement 7(3)(c) Compliant

*The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.*

### Requirement 7(3)(d) Compliant

*The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

Consumers and/or their representatives were satisfied staff are trained and supported to provide quality care and services to meet their needs. Staff expressed satisfaction with the training provided and were able to access additional training where required.

The Assessment Team, however, found there were gaps in the way the service ensures all staff complete the required mandatory training. Three new staff had not completed any mandatory training. Not all the staff had completed mandatory training such as for manual handling, bullying and harassment and elder abuse.

Management advised the Assessment Team during the site audit they acknowledge the gaps identified and initiated a continuous improvement plan to ensure compliance with the requirement.

The approved provider in their response stated a training needs analysis was already being conducted across the organization. Three areas of training were identified as being required by staff and they have been delivered.

They provided evidence of staff completion of a range of mandatory training. Overall consumers and representatives are satisfied the staff have the training and skills to provide quality care and services to them and no impact on the consumers has been evidenced, in regard to lack of training

On balance, based on the evidence of the training recently undertaken by staff and the evidence of the approved provider in relation to improvements to training, I find the service Compliant with this requirement.

### Requirement 7(3)(e) Non-compliant

*Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.*

The Assessment Team found the service has not met this requirement as staff stated they have not been involved in performance appraisals. Newly appointed staff said they have not received feedback on their performance or the outcome of their probation period. Staff interviewed by the Assessment Team had not had performance appraisals conducted since 2020.

Management confirmed staff appraisals were not done and had hoped to complete them over the coming months.

The approved provider in their response outlined the process for completion of performance appraisals. They are conducted annually or when appropriate. Staff are required to book the appraisal with their Supervisor on the anniversary of their commencement date. Education sessions have been provided to managers on how to conduct effective performance appraisals.

It is not evident that performance appraisals have been undertaken on a regular basis by the service and they are currently not following up when a performance review has not been undertaken.

Based on this information the service is unable to show that they are reviewing staff performance with a view to ensuring training and development needs are being met. The risk is that the workforce’s overall ability to provide safe and quality care and services to consumers could be compromised.

I find the service Non-compliant with this requirement.

# STANDARD 8 COMPLIANT Organisational governance

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

The organisation has effective systems to engage and support consumers in the development, delivery and evaluation of care and services. Consumers and/or their representatives said they have ongoing input in how consumers care, and services are delivered and that they felt the service encourages their participation when making decisions.

Consumers and/ or their representatives expressed feeling safe at the service and living in an inclusive environment with access to quality care and services. Management and staff were able to describe to the Assessment Team how the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and its involvement in this delivery.

The service communicates with consumers, representatives, and staff regarding updates on policies, procedures or changes to legislation. The form of communication includes staff meetings, emails, newsletters, and training when policies change.

The service demonstrated the governance systems that are in place and their application in considering the best outcomes for consumers. The Board monitors and reviews routine reporting and analysis of data related to the consumer experience. The Board then satisfies itself that systems and processes are in place to ensure the right care is being provided in accordance with the aged care quality standards.

The service was previously Non-compliant with Requirement 8(3)(d) in relation to not managing risks associated with COVID-19 outbreaks and has put improvements in place. The service has effective risk management systems implemented to monitor and assess the high impact or high prevalence risks associated with the care of consumers. Risks are reported, escalated and reviewed by management at the service level and the organisation’s executive management including the Board. Feedback is communicated through service and organisation meetings leading to improvements to care and services for consumers.

The service demonstrated it has a documented clinical governance framework that provides overarching monitoring and guidance for clinical care. The framework addresses antimicrobial stewardship, open disclosure and minimising the use of restrictive practices.

Monthly reports are provided by the service on antimicrobial usage and these are reviewed by referencing the infection register. Trending of antimicrobial usage occurs and staff were able to describe the non-pharmacological methods employed to prevent urinary tract infections.

Where restraint is used at the service it is recorded on a restraint authorisation form, monitored, evaluated for effectiveness, and discussed with the consumer, their representatives and medical officer.

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

## Assessment of Standard 8 Requirements

### Requirement 8(3)(a) Compliant

*Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.*

### Requirement 8(3)(b) Compliant

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

### Requirement 8(3)(c) Compliant

*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.*

### Requirement 8(3)(d) Compliant

*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.*

### Requirement 8(3)(e) Compliant

*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.*

# 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)**

* Ensure there is a clear policy relating to the use of restrictive practices in the form of bed poles.
* Ensure that the policy is followed by all staff.

**Requirement 2(3)(b)**

* Ensure palliative and advanced care plans are completed in a timely manner and include and identify the consumer’s needs, goals and preferences.

**Requirement 2(3)(c)**

* Ensure assessment and planning at all stages involves the consumer and/or their representative.

**Requirement 3(3)(c)**

* Ensure the goals preferences and needs of consumers on the palliative pathway are recognised and followed in order to maximise their comfort and dignity.
* Ensure information from external providers of palliative care is incorporated into the care plans and care of the consumer.

**Requirement 7(3)(e)**

* Ensure staff appraisals are conducted on an annual basis and as required for new staff.
* Ensure performance appraisals assess the staff member’s development and training needs.