Performance

Report

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| Name of service: | Miranda Aged Care Facility |
| Service address: | 268 Port Hacking Road MIRANDA NSW 2228 |
| Commission ID: | 2502 |
| Approved provider: | Jesmond Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 7 February 2023 to 9 February 2023 |
| Performance report date: | 14 March 2023 |

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

**This performance report**

This performance report for Miranda Aged Care Facility (**the service**) has been prepared by M Dubovinsky, 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.

# 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; and
* the Performance Report dated 09 August 2021 for the Site Audit undertaken from 23 June 2021 to 28 June 2021.

The provider did not submit a response to the Assessment Team’s report.

# Assessment summary

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

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

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 1

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

Findings

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

Requirement (3)(a) was found Non-compliant following a Site Audit undertaken from 23 June 2021 to 28 June 2021 where it was found consumers were not treated with dignity and respect with staff not assisting them promptly with meals or managing their continence care needs. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to;

* Staff training provided on duty of care, cultural safety, dignity of risk and continence management.
* Orientation and onboarding process now includes information on consumer dignity and choice.

The Assessment Team provided the following information collected through interviews and documentation which are relevant to my finding in relation to this Requirement:

* Five consumers said they are treated with dignity and respect with their identify, culture and diversity valued.
* Documentation highlighted the right for consumers to be treated with dignity, respect with their identities valued.
* Four care plans sampled contained consumers’ interests, past history and matters of importance specific to their culture and identity, such as religious preferences and cultural celebrations.
* Three care staff were able to describe how they treat individual consumers with respect and recognise their identity and culture.

Based on the evidence documented above, I find Requirement (3)(a) in Standard 1 Consumer dignity and choice Compliant.

In relation to all other Requirements in this Standard, care and services are culturally safe. Staff were able to describe how they provide care and services which are culturally safe. Lifestyle and care staff could describe how they deliver activities that reflect cultural connections. Consumers who speak limited English are provided with cue cards to assist with communication with staff and to support their cultural safety.

Consumers sampled confirmed they are supported to exercise choice and independence and staff sampled were able to describe how they support consumers to exercise choice and maintain relationships. Care staff described how they support one consumer’s independence, such as providing them with modified cutlery and how they supported another consumer’s independence who enjoys cleaning the dining room after meal service. Care plans viewed contained detailed information on relationships of importance.

Consumers are supported to undertake activities of risk. These included activities in relation to consuming foods not in accordance with the recommendations of health professionals. Staff were able to describe how they support consumers to undertake activities involving an element of risk and care documentation viewed showed consumers who undertake activities involving risk are assessed and reviewed.

Consumers confirmed staff respect their privacy. Staff were observed delivering care in a way that maintained consumers’ privacy, such as knocking on their door before entering and delivering care behind closed doors. Staff induction includes training on consumer privacy and confidentiality and the consumer and relative handbook provided to consumers on entry contains information on consumers’ rights to privacy and dignity.

Based on the evidence documented above, I find all Requirements in Standard 1 Consumer dignity and choice Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

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

Requirement (3)(a) was found Non-compliant following a Site Audit undertaken from 23 June 2021 to 28 June 2021 where it was found the service was unable to demonstrate assessment and planning, including consideration of risks to the consumer’s health and well-being, informed the delivery of safe and effective care and services, specifically assessment and plans in relation to high risk medications and diagnoses. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to;

* Undertook multiple internal audits, including for all new consumers entering the service and continuing internal audits.
* Education to existing staff on care planning and increasing awareness of consideration of risk for all new staff as part of onboarding.
* Reviewed and updated the risk register.
* Increased consultation with representatives to inform care and service needs.

The Assessment Team provided the following information collected through interviews and documentation which are relevant to my finding in relation to this Requirement:

* Consumers and representatives confirmed they are involved in care planning and assessment processes.
* Care planning documentation viewed for three consumers showed a range of assessments to inform care and service delivery.
* Staff were able to describe care and services for individual consumers consistent with consumers’ care plans.

Based on the evidence documented above, I find Requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers Compliant.

In relation to all other Requirements in this Standard, assessment and planning addresses consumers’ current care needs, including advance care planning. One representative confirmed they were involved in the assessment process in relation to a consumer’s end of life care. Nursing staff confirmed they undertake discussions with consumers and representatives on entry in relation to advance care planning. Care planning documentation viewed was consistent with observations by the Assessment Team in relation to consumer needs and preferences. Care staff were able to describe care and services needs consistent with assessed needs, goals and preferences.

Assessment and planning are based on an ongoing partnership with consumers and others that the consumer wishes to involve in assessment, planning and review of their care and services. All consumers and representatives indicated they were informed and involved in care and planning. An internal quality audit undertaken in January 2023 confirmed consumers, representatives and others are involved in assessment and planning and documentation viewed showed the involvement of others in the assessment and planning process, including allied health professionals and other medical staff.

Changes to a consumer’s condition, including deterioration are identified and addressed. Care plans are reviewed every three months and documentation showed care plans were being reviewed in line with the schedule.

Based on the evidence documented above, I find all Requirements in Standard 2 Ongoing assessment and planning with consumers Compliant.

# Standard 3

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

Findings

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

Requirements (3)(a), (3)(b) and (3)(d) were found Non-compliant following a Site Audit undertaken from 23 June 2021 to 28 June 2021 where it was found;

* the service was not able to demonstrate each consumer received safe and effective personal care and clinical care that was best practice and tailored to their needs, specifically in relation to management of changed behaviours and wounds.
* the service was not able to demonstrate effective management of high impact or high prevalence risks, specifically in relation to the management of wounds and changed behaviours.
* the service was not able to demonstrate deterioration to a consumer’s condition was recognised and responded to in a timely manner, specifically in relation to wounds and other medical conditions.

The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to;

* A range of internal audits were commenced, including in relation to pain and skin care.
* Staff education was provided on best practice management of changed behaviours, pain, nutrition and hydration, palliative care, incident management and a range of clinical handover tools.
* Staff have been provided access to best practice guidance material.
* The risk register was updated, and all consumers with high prevalence risks were reviewed.
* Increased trending and monitoring of consumers with high impact or high prevalence risks.
* Reviewed and updated policies in relation to the management of high impact or high prevalence risks.
* Evaluation of staff knowledge on deterioration and appropriate action to take in response.
* Appointment of new staff to support ongoing education and development of clinical skills.
* Review and consultation in relation to deterioration policy.

The Assessment Team provided the following information collected through interviews and documentation which are relevant to my finding in relation to this Requirement;

Requirement (3)(a)

* All consumers confirmed they receive safe and effective personal and clinical care services. One consumer was satisfied with the management of their skin integrity. Staff were able to describe delivering consumer care needs in line with their assessed needs, goals and preferences.

Requirement (3)(b)

* Documentation and staff interviews showed effective management of high impact or high prevalence risks, specifically in relation to management of falls, wounds, restrictive practices, diabetes, pressure injuries and pain. Clinical indicator trending shows the service is monitoring high impact or high prevalence risks, such as falls, wounds, pressure injuries, changed behaviours and unexpected weight loss. Consumers were satisfied staff were managing their high impact or high prevalence risks.

Requirement (3)(d)

* Documentation showed one consumer was reviewed following changes to their mental health and their behaviour support plan was updated. Observations of the consumer showed the strategies recommended were implemented. One representative was satisfied with the care of their family member and indicated they had been informed when they deteriorated. Clinical and allied health staff described how the falls management group oversees consumers who are at risk of falls to identify changes and deterioration.

Based on the evidence documented above, I find Requirements (3)(a), (3)(b) and (3)(d) in Standard 3 Personal and clinical care Compliant.

In relation to all other Requirements in this Standard, consumers nearing end of life have their needs, goals and preferences identified and addressed. Staff were able to describe how they ensure care is provided in a way which promotes privacy and dignity for consumers nearing end of life. Care files viewed for one consumer showed staff provided care and services to maximise consumer comfort whilst they were nearing end of life and respected their spiritual and emotional preferences. Clinical staff were able to describe relevant policies and procedures to guide their practice when delivering palliative care.

Information about the consumer’s condition, needs and preferences is documented in a care and service plan. Staff confirmed they are informed of changes. Documentation showed the service communicates with allied health and medical officers by email when changes occur, or referrals are requested.

The service refers to a range of health professionals and other organisations and providers of other care and services, including allied health staff, medical staff and dementia specialist services. Clinical staff described processes for referring consumers to medical officers and allied health professionals. Care planning documentation showed referrals to a range of personnel in relation to personal and clinical care.

Infection related risks impacting consumers are minimised. The service has an infection control and prevention lead. Infections are trended and analysed including the use of antibiotics to identify opportunities for improvement. Records showed outbreaks are reviewed and where required learnings are communicated.

Based on the evidence documented above, I find all Requirements in Standard 3 Personal care and clinical care Compliant.

# Standard 4

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

Findings

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

Requirement (3)(a) was found Non-compliant following a Site Audit undertaken from 23 June 2021 to 28 June 2021 where it was found the service was not able to demonstrate meaningful engagement activities for consumers and minimal consultation with consumers regarding the activity schedule and meal times. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to;

* Lifestyle rosters were reviewed to ensure sufficient staffing.
* Monthly consumer surveys and monthly consumer meetings implemented to monitor meal services and activity schedule.
* A one-to-one activity has been implemented for consumers who have limited engagement in activities.

The Assessment Team provided the following information collected through interviews and documentation which are relevant to my finding in relation to this Requirement:

* Six participation records viewed showed consumers are actively participating in activities of interest consistent with care plans. Three consumers confirmed lifestyle activities are consistent with their participation records.
* All consumers and representatives sampled were satisfied services and supports for daily living meet consumers’ needs, goals and preferences and optimises their independence, health, well-being, and quality of life.
* Staff interviewed could describe individual consumer needs and preferences to support their independence and well-being, including consumers who prefer female only assistance, consumers who are supported through supervision to maintain their independence and goals, such as when showering, smoking and gardening.
* Lifestyle staff were able to describe how they develop a consumer profile through talking to consumers and representatives to identify consumers’ likes, dislikes, preferences, history and supports required.

Based on the evidence documented above, I find Requirements (3)(a) in Standard 4 Services and supports for daily living Compliant.

In relation to all other Requirements in this Standard, consumers and representatives confirmed consumers’ emotional, spiritual and psychological well-being is promoted through the provision of religious, cultural and emotional support. Six care plans viewed provided detailed information for staff about how they provide emotional support to consumers. Lifestyle staff described how the lifestyle program is developed and tailored to promote consumers’ emotional spiritual and psychological well-being, including non-denominational bible studies, online mass on Sunday and Priest attendance on request. Six care plans viewed provided detailed information for staff about how they can provide emotional support to consumers and days that may cause a consumer emotional distress and relevant information regarding their spiritual connections.

Seven consumers and representatives confirmed consumers are supported to participate in the community, have personal and social relationships and do things that are of interest to them, including being supported to spend time with friends within communal spaces. Staff were able describe how they provide lifestyle activities to support consumers to do activities of interest. Meeting minutes show consumers are satisfied with the lifestyle program.

Consumers’ needs and preferences are effectively communicated within the service through the electronic client management system, handover and staff meetings. Staff were able to describe systems and processes used to ensure accurate and up-to-date information is communicated effectively via handover. A range of documentation showed communication between the service and others using referral processes.

Consumers are referred to other organisations and providers, such as library services, pet therapy services and community groups. Staff described how they work with other organisations and individuals to support consumer care and service needs. Documentation showed the service has referred consumers to a community organisation who provide a men’s shed group and volunteer services for emotional support.

Consumers and representatives were satisfied with the quality and variety of meals. Staff were observed assisting consumers where required. Documentation viewed showed regular food safety checks, including food temperature are undertaken and the menu has been reviewed by a dietitian. The service has a rotating seasonal menu to provide consumers a variety of meal options.

Equipment provided to consumers was observed to be safe, clean and well-maintained. Consumers were satisfied with the equipment provided. Lifestyle staff described how they clean equipment and described the process of escalating maintenance requests to the maintenance team using the electronic documentation system.

Based on the evidence documented above, I find all Requirements in Standard 4 Services and supports for daily living 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 Compliant as three of the three Requirements have been assessed as Compliant.

The service environment is welcoming and easy to understand and optimises consumers’ independence and function. There are various communal sitting areas to support consumer comfort. Rooms were observed to be personalised with some rooms having individual ensuites. Consumers and representatives confirmed the environment is welcoming and homely.

The internal and external service environment was observed to be well maintained. A gardener ensures the outdoor area is safe and maintenance staff undertake regular preventative maintenance. Documentation showed regular cleaning, maintenance and audits are undertaken to ensure the environment and furniture and fittings are safe and well maintained. Staff were able to describe how they report maintenance related issues and concerns. Staff described wiping down equipment between use.

Based on the evidence documented above, I find all Requirements in Standard 5 Organisation’s service environment Compliant.

# Standard 6

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

Findings

The Quality Standard is Compliant as four of the four Requirements has been assessed as Compliant.

Consumers, their families, friends and carers are supported to provide feedback and make complaints. Staff described how they assist consumers to make complaints. Staff are guided by a feedback and complaints policy. Observations showed feedback forms and suggestion boxes are readily accessible to consumers and representatives throughout the service.

Consumers and representatives confirmed they are aware of how to raise feedback externally. Staff are aware of internal and external complaints and feedback processes, including advocacy and translation services. Evidence showed consumers are aware of and actively engage advocacy services.

Appropriate action is taken in response to complaints and staff are aware of open disclosure practices. Feedback documentation confirmed feedback is recorded, actioned and addressed. Policies and procedures guide staff in ensuring feedback and complaints are identified, captured and actioned. Review of the complaints register reflected action undertaken by management to resolve issues raised, open disclosure being applied and monitoring of satisfaction with the outcome.

Feedback is reviewed and used to improve the quality of care and services. Recent improvements include improving the dinning experience and meal services. Consumers were able to provide specific examples in relation to meal services and improvements in relation to lifestyle activities. Records showed improvements are logged onto the plan for continuous improvement and monitored.

Based on the evidence documented above, I find all Requirements in Standard 6 Feedback and complaints Compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

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

Requirement (3)(a) was found Non-compliant following a Site Audit undertaken from 23 June 2021 to 28 June 2021 where it was found the service was not able to demonstrate staff attended consumers in a timely manner. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to;

* A roster review was undertaken and casual staff were made permanent to reduce the number of unfilled shifts.
* Call bell screens installed to support additional oversight.
* Call bell data is now being reported monthly at the monthly leadership team meeting.

The Assessment Team provided the following information collected through interviews and documentation which are relevant to my finding in relation to this Requirement:

* All consumers and representatives were satisfied with staffing levels.
* Rosters are regularly reviewed, and documentation showed shifts are filled.
* Staff said they have sufficient time to undertake their duties.
* Observations showed staff were delivering care and services whilst not being rushed.

Based on the evidence documented above, I find Requirements (3)(a) in Standard 7 Human resources Compliant.

In relation to all other Requirements, consumers and representatives said staff are kind and caring and treat consumers with respect. Feedback records showed consumer satisfaction with staff interactions and care. Staff are aware of consumers’ cultural and past history to support the delivery of care and services in a kind and respectful manner.

Consumers and representatives were satisfied with the staff level of training and competency. Staff competency is monitored through internal audits and staff are provided training on a range of topics. Staff confirmed being provided training on a range of topics to support their competency.

Consumers and representatives were satisfied staff receive sufficient training. Staff were able to describe the training, support, professional development and supervision they received during orientation and on an ongoing basis. Records showed the service monitors training undertaken by staff, including on infection control, palliative care, pain and behaviour management.

Staff performance is monitored and reviewed on a regular basis. The service is guided by a performance management framework. Records showed performance appraisals are undertaken and staff are supported in further training and development.

Based on the evidence documented above, I find all Requirements in Standard 7 Human resources Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

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

Requirement (3)(d) was found Non-compliant following a Site Audit undertaken from 23 June 2021 to 28 June 2021 where it was found the service was not able to demonstrate effective management of high impact or high prevalence risk, specifically in relation to management of skin, wounds and changed behaviours. The Assessment Team’s report provided evidence of actions taken to address deficits identified, including, but not limited to;

* Education to clinical and care staff on wounds, pressure injuries and management of changed behaviours.
* A new incident register was introduced that includes severity and a risk rating. Implemented a new dashboard to monitor high impact or high prevalence risks.
* Board members were provided additional training on the clinical governance framework and incident management.

The Assessment Team provided the following information collected through interviews and documentation which are relevant to my finding in relation to this Requirement:

* The organisation has an overarching risk management frame work.
* Staff follow internal processes in relation to supporting consumers to take risks.
* Policies and procedures support the management of high impact or high prevalence risks and reporting of clinical indicators.
* Incidents of abuse and neglect are documented and reported in accordance with the Serious Incidents Response Scheme. Documentation viewed showed the service has an incident register and undertakes incident reporting.

Based on the evidence documented above, I find Requirements (3)(d) in Standard 8 Organisational governance Compliant.

In relation to all other Requirements, the organisation’s strategic plan and business plan supports consumers in the development delivery and evaluation of care and services. Consumers are supported to provide feedback on a range of services, including lifestyle activities, meals services and personal and clinical care.

The organisation meets regularly with consumers and promote a culture of safe, inclusive and quality care and services. The Board oversees a range of committees. The Board is in the process of appointing a consumer representative to provide further knowledge and expertise.

The organisation has a governance structure to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. Consumer information is managed through an electronic client management system. Continuous improvements are identified through a range of mechanisms and recoded on the plan for continuous improvement. The finance department oversees the budget and the service has financial delegations to purchase items, such as equipment and items required by consumers. The organisation has workforce governance processes which include a range of policies and procedures and a human resource department. Reporting mechanisms ensure senior management are accountable to the organisation’s manager. The organisation is informed of changes in legislation through a range of mechanisms, including subscription services and peak bodies. Policies and procedures support staff in identifying and actioning feedback. Complaints are to be acknowledged within 48 hours and reviewed following resolution.

The organisation has a clinical governance framework, and associated policies and procedures, relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. The organisation has a medication advisory committee and an infection control lead to support effective clinical governance. Care planning documentation reflected regular review of restrictive practices.

Based on the evidence documented above, I find all Requirements in Standard 8 Organisational governance Compliant.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)