Performance

Report

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| Name: | Mitchell House |
| Commission ID: | 3121 |
| Address: | 127 Vary Street, MORWELL, Victoria, 3840 |
| Activity type: | Site Audit |
| Activity date: | 27 August 2024 to 29 August 2024 |
| Performance report date: | 1 October 2024 |
| Service included in this assessment: | Provider: 3069 Respect Group Limited  Service: 1880 Mitchell House |

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 Mitchell House (**the service**) has been prepared by N Chahal, 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 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 20 September 2024.

# 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 Assessment Team recommended that Requirement 1(3)(d) was not compliant. However, with consideration to the available information and the Approved Provider’s response, I consider Requirement 1(3)(d) compliant.

Requirement 1(3)(d)

The Assessment Team report identified the service did not demonstrate comprehensive assessment and planning to effectively identify consumer risks and enable consumers to live their best lives. A review of care documentation for a consumer showed the service had not conducted a dignity of risk assessment or discussed the consumer’s use of a specialised electronic mobility aid outside of the service. While most consumers and representatives confirmed the service supported them in taking risks, the named consumer confirmed they were not involved in a risk discussion regarding the use of the electronic mobility aid.

The Approved Provider submitted a written response with clarifying information and documentation, including policies, care planning documentation, and a Plan for Continuous Improvement (PCI). The Approved Provider acknowledged the Assessment Team’s findings regarding the consumer and confirmed a consumer risk assessment was not completed in accordance with the organisational dignity of risk policy. Following the Site Audit, the consumer was reviewed by an allied health specialist relating to the use of the electronic mobility aid. The specialist review identified the use of the mobility aid as unsafe with mitigation strategies including use of seat belt and driving at a slow speed. The Approved Provider described a plan to undertake ongoing three-monthly consultations with the consumer to review the safety of the electronic mobility aid. The service completed a consumer assessment form in consultation with the consumer and representative to offer alternatives and support the consumer in making an informed decision. The consumer assessment form records the risks involved and strategies to support the consumer in exercising their choice of using the mobility aid outside the service.

The Approved Provider also submitted a PCI with an action item for management to undertake ongoing discussions with consumers about supporting them in taking dignified risks and making informed decisions.

After reviewing all the available information and considering the Approved Provider’s response and submitted evidence, including the PCI and care documentation, I find Requirement 1(3)(d) compliant.

Regarding Requirements 1(3)(a), 1(3)(b), 1(3)(c), 1(3)(e), and 1(3)(f), I agree with the Assessment Team’s recommendations and find the service compliant with these Requirements.

Consumers and representatives confirmed that the service is respectful of consumers and described how their dignity, individuality, culture, and diverse backgrounds are acknowledged. Care documentation reflects planning that considers the individual needs and preferences of each consumer, capturing their background, culture, and diversity.

There was evidence to support that the service enables consumers to exercise choice and maintain relationships. Examples include consumers maintaining their independence by making their own decisions about the delivery of their care and maintaining personal and social relationships. Staff described strategies to support consumer decisions by ensuring all consumers can exercise choice and support independence.

The service uses various communication methods to keep consumers and representatives informed, including newsletters, meetings and phone calls. Lifestyle calendars and menus are displayed throughout the service. Consumers and representatives confirmed receiving regular and timely communication from the service.

Consumers and representatives also confirmed that the service respects their privacy and keeps their personal and health information confidential. The Assessment Team observed staff knocking on consumers’ doors before entering bedrooms, and ensuring treatment rooms and nurse’s stations were locked and consumer information was kept confidential.

# 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 Assessment Team recommended that Requirements 2(3)(a) and 2(3)(e) were not compliant. However, with consideration to the available information and the Approved Provider’s response, I consider Requirements 2(3)(a) and 2(3)(e) compliant.

Requirement 2(3)(a)

The Assessment Team report identified consumers and representatives confirmed satisfaction with the care provided by the service. However, the service did not demonstrate consistent assessment and planning that considered risks to consumer health and well-being following deterioration or changes in condition. Documentation review reflected that 3 of 7consumer care files contained inconsistent assessment and planning documents. Care planning documentation did not identify risks related to consumers’ individual conditions, such as weight loss, fluid restriction, and skin integrity

The Approved Provider submitted a written response acknowledging the Assessment Team’s findings. The response also included supporting documentation, such as policies, care planning documentation, and a PCI.

In response to the Assessment Team’s findings, the service conducted a full review of each consumer’s weight and checked for unexplained weight loss. No further weight loss issues were identified. The service also submitted a PCI outlining that consumer weight monitoring will be a standing agenda item for management meetings, with ongoing monthly audits to be completed to identify and address any significant consumer weight loss. The service has also communicated with all staff about ensuring effective escalation of weight loss and observations occur.

Regarding the risks associated with fluid restriction and skin integrity the service submitted reviewed consumer assessment and care planning documentation reflecting associated risks are now documented with individualised strategies considered as well as consideration to dignity of risk.

The PCI reflects action items completed and planned by the Approved Provider to ensure consistent assessment and planning that considers risks to consumer health and well-being. I am satisfied the Approved Provider also understands the importance of regular weight charting and the risks associated with unexplained weight loss, fluid restriction, and skin integrity.

Requirement 2(3)(e)

The Assessment Team report identified the service had not completed a review of care and service plans when deterioration or changes in consumer condition was identified. Consumers and representatives confirmed involvement in the regular care and review process. However, 3 consumers and representatives had not been updated regarding changes in consumer condition. The changes related to either weight loss, fluid restriction, and a skin condition.

While staff described the 3-monthly review process, they were unable to explain the inconsistent review process for the 3 named consumers. Management acknowledged that the review process documentation did not reflect policy requirements.

The Approved Provider submitted a written response acknowledging the Assessment Team’s findings. The response also included supporting documentation, such as policies, care planning documentation, and a PCI.

The submitted PCI demonstrates the service has contacted consumers and representatives following the Site Audit and conducted consultations explaining changes in consumer’s condition. The service has also reviewed care planning and assessments for the named consumers in relation to the changes in condition and organised appropriate medical reviews. The Approved Provider has communicated with all staff through a memorandum to reinforce ongoing and as-needed communication with consumers and representatives regarding changes in condition and well-being. The PCI indicates a review of workflow responsibilities of clinical staff has been completed.

I have reviewed all the available information and have placed weight on the Approved Provider’s response and submitted evidence, including the PCI, and care documentation. I find Requirements 2(3)(a) and 2(3)(e) compliant.

In relation to Requirements 2(3)(b), 2(3)(c), and 2(3)(d), I agree with the Assessment Team’s recommendations and find the service compliant with these Requirements.

Consumers and representatives confirmed that care and services plans reflect their current needs and that they were involved in advance care planning. There was evidence of personalised consumer care documentation, indicating that the service has established processes to ensure staff review advance care directives with consumers to reflect their current goals and preferences.

Consumers and representatives confirmed their involvement in assessment and care planning. The reviewed care documentation supported collaboration and input between consumers, representatives, staff, and other health professionals in developing a care plan and delivering ongoing care according to individual needs, goals, preferences, and wishes.

There is evidence of consumer examples supporting that the outcomes of assessment and care planning are communicated effectively. Consumers and representatives confirmed receiving a copy of the care plan. Consumer care plans are accessible to staff through the electronic care system and handover process. The care documentation reflected that the outcomes of assessment and care planning are communicated effectively to consumers and representatives.

# 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 Assessment Team recommended that Requirement 3(3)(d) was not compliant. However, with consideration to the available information and the Approved Provider’s response, I consider Requirement 3(3)(d) compliant.

Requirement 3(3)(d)

The Assessment Team report identified delays in responding to changes or deterioration in consumers’ health status. For example, a consumer’s weight loss was not monitored in July 2024 and went unnoticed for 7 weeks until August 2024. When the unexplained weight loss was subsequently identified, the service implemented relevant strategies. These included the commencement of food and fluid charting, a request for a dietitian review, increased weight monitoring, and a review by a medical officer.

Similarly, for 2 other consumers, the service did not escalate to a medical officer in a timely manner, concerns about changes in skin condition and weight gain due to inconsistent fluid restriction management

The Approved Provider submitted a written response acknowledging the Assessment Team’s findings and providing further clarifying information. The response also included supporting documentation, such as policies, care planning documentation, and a PCI.

The written response disagrees with the Assessment Team’s findings regarding the missed weight monitoring for a consumer. The Approved Provider submitted consumer documentation demonstrating the consumer was weighed in July 2024. The unexplained weight loss of the consumer has been reviewed by a dietitian, and a consultation has been conducted with the consumer’s medical practitioner and representatives to discuss further comfort measures relating to overall deterioration.

Regarding the delayed escalation of a consumer’s skin condition and another consumer’s weight gain relating to fluid restriction management, the written response confirmed that both consumers have been reviewed by a medical practitioner. Care documentation, including escalation criteria, has been reviewed and updated. The service has communicated the organisation’s escalation process to staff through memorandums and staff meetings. The Approved Provider also highlighted that, in accordance with the submitted PCI, the service will continue to have weight monitoring as a standing agenda item for management meetings.

I have reviewed all the available information and have placed weight on the Approved Provider’s response and submitted evidence, including the PCI, and care documentation. I find Requirement 3(3)(d) compliant.

Regarding Requirements 3(3)(a), 3(3)(b), 3(3)(c), 3(3)(e), 3(3)(f), and 3(3)(g), I agree with the Assessment Team’s recommendations and find the service compliant with these Requirements.

Consumers and representatives confirmed the provision of safe personal and clinical care that meets their needs and preferences. The service demonstrated effective management of restrictive practices, changed behaviours, and pain. Care documentation reviewed for restrictive practices demonstrated detailed behaviour support plans, informed consent, and ongoing review conducted by clinical and quality staff. Regarding pain management, the service utilises both pharmacological and non-pharmacological strategies and undertakes a holistic review of consumers’ pain management needs to deliver safe and effective care.

There is evidence to support that the service provides appropriate wound management for consumers. The Assessment Team identified inconsistencies in wound photography and measurements with no impact on the care of consumers. This feedback was acknowledged by the management. The service has improvement strategies in place to ensure effective wound management procedures, including staff training and reviews by clinical management. The service has policies and procedures for key areas, including but not limited to restrictive practices, behaviour, wounds, and pain management.

The service demonstrated effective management of high-impact and high-prevalence consumer risks related to falls, weight loss, and pressure injuries. A review of consumer care plans and assessments reflected that high-impact, and high-prevalence risks are consistently managed in alignment with the service’s processes and procedures using a multidisciplinary approach. Consumers and representatives confirmed the service provides care to effectively manage associated risks.

The service has provisions for the delivery of palliative care and ensures end-of-life needs are met in line with consumer wishes, and comfort is maintained. This was supported by a review of consumer care files demonstrating the delivery of holistic palliative care in collaboration with the consumer, representative, and medical practitioners.

Consumers and representatives confirmed that consumer needs and preferences are effectively communicated. Staff described communication mechanisms available for sharing consumer information and demonstrated knowledge of the needs and preferences of each consumer. Care documentation demonstrated consumer conditions, needs, and preferences are communicated. The Assessment Team sighted communication between staff and specialists demonstrating effective sharing of information when responsibility for care is shared.

Referrals are undertaken by staff in a timely manner, with evidence in consumer care documentation of regular and ongoing contributions from medical practitioners and specialists. Consumers and representatives expressed satisfaction with their access to external health providers and multidisciplinary specialists when required.

Management and staff demonstrated knowledge and understanding of infection prevention and control practices and antimicrobial stewardship principles. The service has a service-specific outbreak management plan (OMP) to guide staff practice and to ensure the delivery of safe care.

# 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 service supports consumers to engage in activities of interest to them, optimising their health, well-being, and quality of life. This is evidenced by examples showing consumers participating in various lifestyle activities and receiving one-on-one time with staff. There is also evidence of consumers receiving emotional and spiritual support from staff. The service collaborates with various organisations important to consumers, including churches. Staff demonstrated knowledge of consumers’ current concerns and factors affecting their emotional or spiritual well-being, with support provided in line with care planning documentation.

There are examples showing that the service encourages consumers to participate in the community and maintain personal relationships, engaging in activities they enjoy. These activities include swimming and having evening meals with family. Consumers confirmed that staff encourage them to maintain social and personal relationships. Staff demonstrated knowledge of individual consumer preferences and important social relationships. Care planning documentation outlined consumers’ individualised interests and social relationships.

Consumers confirmed effective communication between their care providers and stated that staff understand their needs. Staff provided positive feedback about the communication of information related to consumer conditions and confirmed they felt well-informed about consumers’ needs, goals, and preferences. Care documentation recorded communication with external services and care providers.

The service demonstrated that timely and appropriate referrals are made to individuals, other organisations, and care providers. This was supported by care documentation showing the involvement of medical practitioners and health specialists. Consumers confirmed that referrals were made promptly and that they could access other organisations as needed. Staff were able to describe the referral process to various organisations, such as motor neurone disease specialists, religious faiths, and community clubs.

Consumers and representatives confirmed receiving meals of sufficient variety, quality, and quantity. Staff demonstrated knowledge of individual consumers’ requirements and preferences. The service has a seasonal menu approved by a dietitian and seeks consumer feedback to review the menu through meetings, surveys, feedback forms, and direct communication with staff. The Assessment Team observed consumers receiving meals according to their preferences and requirements.

Consumers and representatives were satisfied that the equipment provided is safe, clean, and well-maintained. Staff confirmed access to a range of equipment and described undergoing training to safely use various equipment, including transfer slings and wheelchairs. The Assessment Team observed that the equipment was clean, well-maintained, and suitable to meet the needs of consumers.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 4.

# Standard 5

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

Findings

Consumers and representatives confirmed that the service environment is welcoming and enhances each consumer’s sense of belonging, independence, interaction, and functionality. Consumers’ rooms were personalised, and the communal areas are spacious, encouraging social interaction among consumers.

The service environment is safe, clean, and well-maintained, with consumers having access to both indoor and outdoor areas. Staff described the incident and hazard reporting process and demonstrated knowledge of both scheduled and reactive maintenance, including how they identify and report maintenance issues. The service has completed several environment improvement activities, including the creation of an accessible smoking area and upgrades to the service’s call bell system.

Consumers and representatives expressed satisfaction with the cleanliness and maintenance of the furniture, fittings, and equipment, noting that they are safe and well-maintained. There is evidence of planned maintenance schedules and equipment audits, and the service has a cleaning manual to guide staff. The Assessment Team observed that the furniture, fittings, and equipment were safe, clean, and well-maintained.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 5.

# 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 service supports consumers and representatives in providing feedback on care and services. Consumers and representatives confirmed that they raise feedback both informally through discussions with staff and formally using feedback forms. Staff and management described various methods of submitting feedback, including informal conversations, feedback forms, regular consumer surveys, and the care evaluation process. The Assessment Team observed feedback forms displayed at the service, and the consumer handbook was observed to contain information to support consumers in making complaints and providing feedback.

There was evidence that the service undertakes actions in response to consumer feedback and complaints. This was supported by care documentation demonstrating instances of the use of open disclosure principles and staff actions in response to consumer complaints. Consumers and representatives demonstrated awareness of external complaints processes and the availability of advocacy services. Staff and management demonstrated knowledge of open disclosure principles. The service’s consumer handbook provides information about organisations that help resolve complaints, including the Aged Care Quality and Safety Commission (ACQSC) and the Older Person’s Advocacy Network (OPAN).

Consumers and representatives confirmed and provided examples of how their feedback has been used to improve the quality of care or services, such as changes to mealtimes and the use of visitor car parks. Management and staff demonstrated knowledge of the complaints process and described the process of trending and analysing feedback to improve service delivery. The Assessment Team noted one instance where, although the service had actioned a complaint raised by a consumer representative, it was not reflected in the complaints register. The feedback was acknowledged by management, and a PCI action to educate staff on the complaints process was initiated during the Site Audit.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 6.

# 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

Consumers and representatives confirmed there is adequate staff who respond to their needs and call bells within an appropriate timeframe. Staff confirmed they have sufficient staffing and time to complete their tasks. The care minutes report demonstrated that the service is currently exceeding the registered nurse care minutes target. The service’s PCI highlighted workforce planning as a high-priority action item to meet continuity of care requirements. The service has a call bell monitoring system in place with an average call response time of 2:57 minutes.

The workforce interacts with consumers in a kind, caring, and respectful manner, as supported by consumer interviews describing positive interactions with staff. Staff reported receiving training on The Charter of Aged Care Rights and the Code of Conduct for Aged Care. The Assessment Team observed management and staff addressing consumers by their preferred names and using respectful language when assisting them.

Consumers and representatives expressed confidence in staff knowledge and skills. Staff confirmed completing online training, as well as other competency modules, and stated they have sufficient knowledge to perform their roles. The service has position descriptions outlining the minimum qualifications and skills required by staff for their respective roles. Management described processes to evaluate staff competence through the analysis of incidents, complaints, and staff practice observations.

The service has policies and procedures, an induction program, and mandatory training for staff to support the delivery of safe, effective care and services. Consumers and their representatives confirmed that staff are adequately trained and equipped to perform their roles. Staff described the induction process and confirmed receiving training through the online learning platform, workshops, and toolbox sessions to perform their assigned duties. The service has processes to monitor staff training records, and governance reports confirmed that 80% of the staff have completed mandatory training.

The service has an effective process in place to assess, monitor, and review the performance of the workforce. Staff confirmed they have regular performance appraisals with opportunities to receive and provide feedback. Management described performance review processes requiring staff members to complete an annual online reflective self-assessment of performance and training needs, along with frequent informal feedback discussions. The service has a defined process for managing underperformance.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 7.

# 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

Consumers and representatives confirmed their engagement in the planning and evaluation of care and services, through the care evaluation process and by attending consumer meetings. The service seeks consumer input through various methods, including conversations, meetings, surveys/feedback forms, and the resolution of complaints and incidents. Management provided examples where services were reviewed following consumer feedback, such as a review of the effectiveness of consumer surveys, evaluation of lifestyle activities, and menu reviews. The service is currently seeking new consumer nominations for the consumer advisory board. This was supported by a review of PCI action items and advisory information displayed at the service.

The service has an organisational clinical governance and committee structure with clinicians in lead roles to ensure the governing body promotes a culture of safe, inclusive, and quality care and services, and is accountable for their delivery. This was supported by meeting minutes demonstrating the example of the Board requesting a review of the strategic plan to be more consumer focused. Consumers confirmed feeling safe at the service.

There is evidence of effective organisation-wide governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Management demonstrated an understanding of the policies and processes that support each of the governance systems. The service has a comprehensive electronic care management system, and staff confirmed access to information and policies to deliver safe care. Continuous improvement is monitored, and improvement opportunities are identified from a range of sources, including consumer feedback/complaints, internal and external audits, and clinical indicators. Financial governance is overseen by management and reported to the governing body. There was evidence of effective workforce governance through the planned and monitored workforce. The service monitors and incorporates feedback and complaints into its continuous improvement activities and remains up to date with regulatory requirements through regulatory bulletins, factsheets, and webinar attendance.

While the service did not assess risk associated with the care of all consumers, there is evidence to support an effective auditing, reporting, and feedback system that enables the service to detect and respond to risks associated with consumer care and suspected abuse or neglect. The service also has PCI actions that have been implemented to improve the assessment and management of risks associated with consumers’ care. These include clinical staff education and the engagement of a wound specialist to improve the identification and management of pressure injuries. The service’s incident management process ensures incidents are reviewed, managed, and reported to the governing body.

The service demonstrated an effective clinical governance framework that supports the delivery of safe, evidence-based clinical care. The framework incorporates antimicrobial stewardship, minimising the use of restraint, and the use of open disclosure. Management demonstrated an understanding of their responsibilities, in line with policies and procedures, to promote safe and quality care relating to antimicrobial stewardship, restrictive practices, and open disclosure.

With consideration to the available information summarised above, I agree with the Assessment Team recommendations and find the service compliant with Standard 8.

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)