Performance

Report

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| Name: | Mosman Park Care Centre |
| Commission ID: | 8245 |
| Address: | 99 McCabe Street, MOSMAN PARK, Western Australia, 6102 |
| Activity type: | Site Audit |
| Activity date: | 21 May 2024 to 23 May 2024 |
| Performance report date: | 4 July 2024 |
| Service included in this assessment: | Provider: 701 Amana Living Incorporated  Service: 28386 Mosman Park Care Centre |

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 Mosman Park Care Centre (**the service**) has been prepared by R Falco, 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, which was informed by a site assessment, observations at the service, review of documents and interviews with staff, management, consumers, and representatives; and
* the provider’s response to the assessment team’s report received 18 June 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not Compliant** |
| **Standard 3** Personal care and clinical care | **Not Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Not Compliant** |
| **Standard 7** Human resources | **Not Compliant** |
| **Standard 8** Organisational governance | **Not Compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 2 requirement (3)(a)**

* Ensure identified risks to consumers’ health and well-being are assessed and appropriate management strategies are developed and implemented to enable staff to provide quality care and services. Specifically in relation to the management of falls, diabetes, and restrictive practices.

**Standard 3 requirement (3)(b)**

* Review and monitor the management of high-impact or high-prevalence risks, specifically relating to restrictive practices and falls.

**Standard 6 requirement (3)(d)**

* Review processes to ensure all feedback and complaints are captured to identify emerging trends and improvement opportunities.

**Standard 7 requirement (3)(e)**

* Review processes to ensure staff performance is monitored and performance reviews are undertaken within required timeframes.

**Standard 8 requirements (3)(d) and (3)(e)**

* Establish and embed organisational risk management processes in relation to managing high-impact or high-prevalence risks and managing and preventing incidents.
* Establish and embed an organisational clinical governance framework which includes monitoring and reporting mechanisms to ensure the organisation has clinical oversight and management of care provided to consumers. Specifically in relation to antimicrobial stewardship and restrictive practices.

# 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

Information on consumers’ background, culture, and what is important to them is documented. Observations showed staff speaking to consumers in a respectful way and policies guide staff in providing culturally safe care. Consumers interviewed said staff make them feel respected and valued as an individual and know what is important to them.

Consumers are provided information so they can make informed decisions and staff support consumers to exercise choice and maintain connections. Documentation showed consumers are involved in service planning, and consumers and representatives described how consumers are involved in making decisions about their care and services.

Risks are discussed with consumers, including strategies to mitigate risks, with agreed outcomes of how risks will be managed. Consumers and representatives said consumers are encouraged to do things independently and staff respect consumers’ decisions.

Consumers’ preferred methods of communication are identified at the initial assessment. Staff described ways they communicate to consumers who are living with a cognitive impairment, and those from culturally diverse backgrounds. Consumers and representatives are satisfied with the information consumers receive to help them make decisions about their care and services.

Staff protect consumers’ privacy and documentation showed consent agreements are in place if consumers’ information is shared. Consumers and representatives felt staff respected consumers’ personal privacy while delivering care and services.

Based on the assessment team’s report, 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. | Not 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 non-compliant as one of the 5 requirements assessed has been found non-compliant. The assessment team recommended requirement (3)(a) not met.

**Requirement (3)(a)**

The assessment team recommended requirement (3)(a) not met as assessment and planning did not consider risks to consumers’ health and well-being to inform the safe delivery of care and services.

The provider accepted the assessment team’s recommendation of not met and submitted a plan for continuous improvement to rectify the deficits identified. Actions included, but were not limited to, staff education relating to falls management and neurological observation, creation of a dedicated admissions coordinator role to oversee admissions, and a review of physiotherapy hours to allow for a greater volume of assessments to be completed.

I acknowledge the provider’s response and the actions planned. In coming to my finding, I have considered that for consumers with risks, assessment and planning was not always completed in line with organisational policies and procedures. Guidelines in place state mobility assessments are to be completed on day one of admission, however, majority of the consumers have not had a mobility assessment completed. Consumers with diabetes did not consistently have a management plan in place, and normal or acceptable parameters were not routinely recorded into the electronic system to prompt staff if levels were out of range. The psychotropic medication register was not consistently updated, therefore, consumers receiving psychotropic medication did not have an assessment to determine if they were subject to a restrictive practice. For a consumer requiring oxygen, staff could not find the documented prescribed oxygen level placing the consumer at risk of receiving the incorrect dose. I consider time is required to embed and monitor the improvements planned to ensure assessment and planning is effectively managed.

For the reasons detailed above, I find requirement (3)(a) in Standard 2 Ongoing assessment and planning with consumers non-compliant.

**In relation to all other requirements in this Standard**, consumers’ preferences, current care needs, and end of life wishes are documented. Consumers and representatives interviewed confirmed consumers are asked about their end of life wishes, goals, and preferences.

Documentation showed other organisations or individuals are involved in the care of consumers, and information from other service providers is used when planning care. Consumers and representatives interviewed stated consumers and others are involved in the assessment and planning of care for consumers.

Care plans are kept in electronic and hard copy formats, with hard copies kept in the nurses’ station. A white board is also kept in the nurses’ station as a quick reference for staff to see important information, such as mobility, infectious status, and oxygen requirements. Consumers and representatives interviewed are satisfied they are informed about the outcomes of assessment and planning.

Processes are in place to ensure care and services are reviewed regularly, or when a change in a consumer’s condition occurs. Clinical staff said when a change to consumers’ health status is identified, they will reassess the consumer, document any changes in the care plan, and communicate the changes to staff at a handover.

Based on the assessment team’s report, I find requirements (3)(b), (3)(c), (3)(d) and (3)(e) 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. | Not 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 non-compliant as one of the 7 requirements assessed has been found non-compliant. The assessment team recommended requirement (3)(b) not met.

**Requirement (3)(b)**

The assessment team recommended requirement (3)(b) not met as effective management of high-impact or high-prevalence risks, specifically relating to falls management and restrictive practices was not demonstrated.

The provider accepted the assessment team’s recommendation of not met and submitted a plan for continuous improvement to rectify the deficits identified. Actions included, but were not limited to, the introduction of a falls management checklist to aid in incident review, staff education in incident management and investigation, and ensuring consumers subject to restrictive practices have behaviour support plans in place and the required consent.

I acknowledge the provider’s response and the actions planned to address the deficits identified. In coming to my finding, I have considered that post falls observations were not always completed in line with procedures, and consumers subject to restrictive practices did not consistently have informed consent or behaviour support plans. One consumer had sustained injuries from a fall and post observations were not undertaken for a period of time. The consumer was transferred to hospital the following day as their injuries progressed. Processes were not followed to identify consumers who may be subject to restrictive practices. A representative for one consumer said the use of a restrictive practice had not been discussed or consent given before it was administered to the consumer. I note the challenges stated by management in managing restrictive practices as consumers enter the service for short stay respite with medications that may be considered chemical restraint, and the general practitioner is unavailable to provide a reason for prescribing the medication. However, there is an obligation to ensure consumers subject to restrictive practices have the appropriate assessments and behaviour support plans in place so strategies can be applied before restrictive practices are used. The provider has detailed actions to rectify the deficits identified, however, I consider time is required to embed and monitor the improvements planned to ensure they are effective.

For the reasons detailed above, I find requirement (3)(b) in Standard 3 Personal care and clinical care non-compliant.

**In relation to all other requirements in this Standard**, processes are in place to ensure each consumer gets safe and effective personal and clinical care that is tailored to their needs. Documentation showed observation charting was tailored to the medical condition and needs of consumers. Overall, consumers and representatives were satisfied with the clinical and personal care consumers receive.

While the service has not had consumers nearing end of life, a palliative care policy is in place to guide staff on how to provide palliative comfort care. The planning process identifies consumers who have advance care planning, and staff stated that if a consumer were to be nearing end of life, they would focus on comfort care.

Documentation showed a deterioration or change in consumers’ health status is recognised and responded to in a timely manner. Care staff described how they identify deterioration of consumers and said they would report it to the clinical staff. Consumers and representatives said they were happy with the way the service responds to a change or deterioration in condition of consumers.

Information regarding consumers’ condition is communicated verbally and in writing within the organisation and with others where responsibility for care is shared. Staff were knowledgeable of consumers’ clinical needs and preferences, and said they are updated at handover of any changes. Consumers said staff know about their care needs.

Timely and appropriate referrals are made to internal and external providers when required, and staff described processes to refer to allied health professionals. Documentation showed consent from consumers and representatives is obtained before information is shared. Consumers and representatives interviewed felt referrals to allied health staff are made in a timely manner.

Risks of infections are minimised through implementing standard and transmission-based precautions to prevent and control infections. Staff described how they prevent infections and transmission through good hand hygiene and use of personal protective equipment. Pathology testing is used to ensure appropriate antibiotic prescribing to reduce the risk of increasing resistance to antibiotics. However, infection risk reports evidenced that not all infections are captured in the electronic system and not all infection reports are closed to ensure they are included in trending and analysis. This is addressed in Standard 8 requirement (3)(e).

Based on the assessment team’s report, I find requirements (3)(a), (3)(c), (3)(d), (3)(e), (3)(f) and (3)(g) 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

Documentation showed how consumers are supported to optimise their independence and quality of life. Specific goals are recorded for each type of care and service activity, including how they will be achieved. Consumers and representatives interviewed said the service provides a range of services to support the continued independence of consumers.

Staff are aware of consumers’ emotional, spiritual, and psychological well-being needs. Staff described how they support consumers when they are feeling low, including taking time to discuss any concerns and providing one on one support. Consumers and representatives felt consumers are supported when they are feeling low or have well-being needs.

The lifestyle coordinator described how they support consumers to do things of interest to them and have social and personal relationships. Documentation showed information regarding consumer likes, interests, goals, and actions are recorded and support participation in community activities of interest. Consumers and representatives interviewed said consumers do things of interest to them, participate in the community, and have social and personal relationships.

Information regarding consumers’ preferences, needs and health issues is available on the electronic management system, handover sheets, and communication board in the staff room. Documentation showed information sharing processes were in place which enabled consumers, staff, and medical professionals to share information about consumers. Consumers and representatives interviewed said staff know the care needs and preferences of consumers.

A referral process is in place for consumers who wish to access external services. Documentation reviewed shows referrals occur where appropriate and in a timely manner. Consumers and representatives interviewed said consumers are supported to connect with other lifestyle services where appropriate.

Lunch and dinner meals are provided by an external meal provider service and the menu is developed in consultation with consumers. A booklet outlining consumers’ dietary requirements and allergies is placed in the kitchen to inform staff, and only staff who have completed safe food handling training are qualified to be in the kitchen. Consumers interviewed said they enjoyed the food, there was enough variety and choice, and they felt they had plenty to eat and drink.

Documentation showed allied health assessments provided recommendations for equipment tailored to consumers’ specific needs. Staff receive refresher training annually on the use of specific equipment, and any equipment that is damaged is put out of service and reported to maintenance. Consumers expressed satisfaction with any equipment provided.

Based on the assessment team’s report, 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 service environment is welcoming, easy to navigate, and well-lit with directional signs in place to support navigation. Observations showed consumers sitting in the outdoor gardens and moving around freely. Consumers said they feel safe, have a sense of belonging, and have their rooms personalised as they wish.

Processes are in place to ensure the environment is safe and well maintained for the safety of consumers. Outdoor areas have level pathways for access with mobility aids and consumers were observed using keypads to access the front entry of the service. Consumers interviewed said the service is always clean, well maintained, and they can go outside when they please.

Staff interviewed said equipment is maintained and shared equipment is cleaned after each use. Staff described the processes to report maintenance requests which are reviewed daily by maintenance staff and actioned in a timely manner. Consumers feel furniture and fittings meet their needs and is well maintained.

Based on the assessment team’s report, 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. | Not Compliant |

Findings

The Quality Standard is non-compliant as one of the 4 requirements assessed has been found non-compliant. The assessment team recommended requirement (3)(d) not met.

**Requirement (3)(d)**

The assessment team recommended requirement (3)(d) not met as feedback and complaints are not reviewed and used to improve the quality of care and services.

The provider accepted the assessment team’s recommendation of not met and submitted a plan for continuous improvement to rectify the deficits identified. Actions included, but were not limited to, staff education relating to incidents and complaints, communicating incident and feedback trends to staff, and ensuring email and verbal feedback is captured and recorded.

I acknowledge the provider’s response and actions planned. In coming to my finding, I have considered that evidence could not be provided to demonstrate an effective system to manage feedback and complaints. Whilst I acknowledge a number of improvements relating to drinks stations and food choices, documentation could not be provided to demonstrate how feedback and complaints are used to inform improvements. Management said the service analyses all complaints and feedback monthly and discusses the results at staff meetings, however, meeting minutes contained limited information regarding current continuous improvement projects.

For the reasons detailed above, I find requirement (3)(d) in Standard 6 Feedback and complaints non-compliant.

**In relation to all other requirements in this Standard,** staff described ways they support consumers to make complaints and observations showed feedback is encouraged and supported by the service. Staff said they received necessary training and know how to support consumers provide feedback or make a complaint. Consumers and representatives said consumers are supported to provide feedback and complaints about care and services.

Management said the service consults with a variety of external advocates and employs a social worker who assists consumers link with external services and advocates on their behalf. Most consumers could not clearly describe other services available to them but said the service resolves their complaints efficiently and they don’t feel the need to access external advocacy services.

Timely and appropriate action is taken in response to feedback and complaints. Staff said they are encouraged to acknowledge mistakes and they follow open disclosure principles in their everyday dealings with consumes and representatives. Consumers said they were satisfied with the way in which complaints were managed and confirmed that service uses open disclosure principles when things go wrong.

Based on the assessment team’s report, I find requirements (3)(a), (3)(b) and (3)(c) 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. | Not Compliant |

Findings

The Quality Standard is non-compliant as one of the 5 requirements assessed has been found non-compliant. The assessment team recommended requirement (3)(e) not met.

**Requirement (3)(e)**

The assessment team recommended requirement (3)(e) not met as staff performance monitoring was not demonstrated.

The provider accepted the assessment team’s recommendation of not met and submitted a plan for continuous improvement to rectify the deficits identified. Actions included, but were not limited to, obtaining a performance appraisal report to monitor compliance, and ensuring outstanding staff performance appraisals are completed.

I acknowledge the provider’s response and the actions planned. In coming to my finding, I have considered that the organisation did not have a process in place to monitor if services are up to date with staff performance reviews. There is insufficient evidence to demonstrate effective oversight of staff performance reviews as the operations manager said they do not have visibility to monitor if managers are completing staff performance reviews but trust that they are completed. Management acknowledges that they are behind in performance appraisals and currently have more than 50% of staff performance reviews outstanding. Evidence could not be provided to demonstrate staff performance is monitored to ensure the duties and responsibilities of staff are maintained to provide safe and quality care and services.

For the reasons detailed above, I find requirement (3)(e) in Standard 7 Human resources compliant non-compliant.

**In relation to all other requirements in this Standard,** systems and processes are in place to ensure that the number and mix of the workforce enables the delivery and management of care and services. Any vacant shifts are offered to permanent staff first and annual leave is covered 4 weeks in advance to ensure continuity of quality care and services. Staff confirmed they have enough time to undertake their duties and interactions with consumers were kind, caring, and respectful of each consumer’s identity, culture, and diversity. Consumers and representatives said staff are responsive to consumers’ needs and they were satisfied with the mix and level of staff.

Staff complete mandatory training and feel supported in performing their roles. New staff said they complete induction and orientation training and were offered at least 2 buddy shifts before beginning to work with consumers. Clinical and allied health professionals had current registrations and staff members said they have the skills and knowledge to perform their job well and can request additional training if required. Consumers said staff are competent in their roles and have the knowledge and qualifications to deliver the required care.

Based on the assessment team’s report, I find requirements (3)(a), (3)(b), (3)(c) and (3)(d) 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. | Not 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. | Not Compliant |

Findings

The Quality Standard is non-compliant as 2 of the 5 requirements assessed have been found non-compliant. The assessment team recommended requirements (3)(c), (3)(d) and (3)(e) not met.

**Requirement (3)(c)**

Effective organisational wide governance systems are in place for financial governance, workforce governance, regulatory compliance and feedback and complaints, however, the assessment team recommended requirement (3)(c) not met as effective organisational governance systems relating to information management and continuous improvement were not demonstrated.

The provider accepted the assessment team’s recommendation of not met and submitted a plan for continuous improvement to rectify the deficits identified. Actions included the monthly review and update of the plan for continuous improvement or as required.

Based on the information included in the assessment team’s report and the provider’s response, I have come to a different view from the assessment team’s recommendation of not met and find the service compliant with this requirement. I have considered that the electronic system is password protected and staff have access to the system at levels relevant to their roles. I acknowledge the gap identified where care information regarding consumers’ preferences and care received was not transferred from the interim care plan to the electronic system. This deficit is more appropriately related to Standard 2 and as there were no impacts for consumers identified in Standard 2 regarding consumers’ preferences, I encourage the service to monitor the improvements detailed in their response which included staff training and audits to address this gap. In regard to continuous improvement, I am satisfied the service has addressed this issue as a current plan for continuous improvement was submitted in their response detailing actions to address all the deficits identified with a commitment to review and update the plan for continuous improvement on a monthly basis or as required.

For the reasons detailed above, I find requirement (3)(c) in Standard 8 Organisational governance compliant.

**Requirement (3)(d)**

The assessment team recommended requirement (3)(d) not met as effective risk management systems and practices to identify and respond to the abuse of consumers and to manage high-impact or high-prevalence risks associated with the care of consumers was not demonstrated.

The provider accepted the assessment team’s recommendation of not met and submitted a plan for continuous improvement to rectify the deficits identified. Actions included, but were not limited to, staff education relating to incident management and the serious incident response scheme, the implementation of clinical risk register reporting and improved data integrity for incidents information.

I acknowledge the provider’s response and the actions planned. In coming to my finding, I have considered that incidents are not always being recorded and used for trending and analysis despite having an incident management system in place. The review of incident data showed data documented in clinical meeting minutes did not match trend analysis data. Inconsistencies were also identified when reporting incidents. One consumer expressed feeling unsafe and distressed by a staff member which was addressed by management; however, the incident was not reported. There was also no evidence of the missed administration of medicine for another consumer being reported. The issues identified were discussed with management who acknowledged there are gaps that need to be addressed.

For the reasons detailed above, I find requirement (3)(d) in Standard 8 Organisational governance non-compliant.

**Requirement (3)(e)**

An effective clinical governance framework for open disclosure was demonstrated, however, the assessment team recommended requirement (3)(e) not met as effective organisational governance for antimicrobial stewardship and restrictive practices was not demonstrated.

The provider accepted the assessment team’s recommendation of not met and submitted a plan for continuous improvement to rectify the deficits identified. Actions included, but were not limited to, staff education relating to effective antimicrobial stewardship and ensuring all consumers requiring restrictive practices have a behaviour support plan in place.

I acknowledge the provider’s response and the actions planned. In coming to my finding, I note the challenges stated by the provider in relation to managing restrictive practices due to short stay of consumers and as a result, consumers subject to restrictive practices were not identified and, therefore, not monitored and reviewed at clinical governance meetings. This is relevant to Standard 3 requirement (3)(b) and is addressed under that requirement. In relation to antimicrobial stewardship, a clinical governance framework to guide staff on how to manage and monitor antimicrobial stewardship is in place, however, review of the monthly antimicrobial usage report was not demonstrated. One consumer was receiving treatment twice daily for 140 days and there was no indication the report was being reviewed as no actions had occurred from a note requesting a general practitioner review. Not all infections had an incident form created and not all incidents were closed off as per workflow, so they had not been included in the monthly analysis of infections to provide accurate trending and analysis.

For the reasons detailed above, I find requirement (3)(e) in Standard 8 Organisational governance non-compliant.

**In relation to all other requirements in this Standard,** consumers and representatives are encouraged to engage and contribute to evaluations of care and services and improvements in the service environment. Management described how consumers were involved in improving care and services by completing feedback forms, taking part in consumer satisfaction surveys and completing an evaluation form prior to exiting the service. Documentation showed consumers are engaging with the service and making suggestions about the care and services they receive. Consumers and representatives feel consumers are encouraged and supported to engage in the development, delivery and evaluation of care and services.

The organisation’s governing body promotes a culture of safe, inclusive care and services, and is accountable for their delivery. The service has systems in place to collect and analyse clinical data and risks and provides this information to the board. Management said the board is aware of current risks and takes appropriate actions to rectify these in a timely manner.

Based on the assessment team’s report, I find requirements (3)(a) and (3)(b) 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)