Performance

Report

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| Name of service: | Mosman Park Nursing Home |
| Service address: | 57 Palmerston Street MOSMAN PARK WA 6012 |
| Commission ID: | 7849 |
| Approved provider: | Fresh Fields Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 20 June 2023 to 22 June 2023 |
| Performance report date: | 14 August 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 Mosman Park Nursing Home (**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.

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

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others; and
* the Approved Provider’s response to the Assessment Team’s report received 14 July 2023.

# Assessment summary

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

* Review relevant policies and procedures to support effective management of high-impact or high-prevalence risks associated with the care of each consumer specifically in relation to behaviour support, restrictive practices and the use of high-risk medications consistent with the *Quality of Care Principles 2014*.
* Ensure behaviour support plans are tailored to the consumer’s changed behaviours and are regularly reviewed and alternative strategies are best practice, monitored and evaluated.
* Ensure staff are trained and practice monitored to ensure they follow relevant policies and procedures to support effective management of high-impact or high-prevalence risks associated with the care of each consumer specifically in relation to behaviour support, restrictive practices and the use of high-risk medication. **This is to include training on staff responsibilities in relation to informed consent and the use of the restrictive practice as outlined in the *Quality of Care Principles 2014*.**
* When consumers are commenced on high-risk medication, staff consider the intent of the medication to ensure they comply with their responsibilities in relation to the *Quality of Care Principles 2014*.

# 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 regarding consumers’ identity is documented in care plans for all staff to access. Training is provided to staff regarding dignity and diversity and the service menu includes an ‘Asian choices’ section for consumers preferring this cuisine to support their identity and culture. Staff demonstrated they are aware of consumers’ culture, were mindful of cultural safety and spoke about consumers including being aware of their food preferences. Staff were observed to be treating consumers with respect and in a way that celebrates consumer diversity.

Consumers are supported to make decisions regarding who should be involved in their care with evidence showing substitute decision makers are recorded where required. Consumers were observed being supported to make connections with other consumers. Policies and procedures support consumers in taking risks. This includes for consumers who wish to smoke and are supported in risk mitigation strategies including wearing a fire-resistant apron while smoking.

Information provided to consumers and their representatives is current, accurate and timely. Consumers have a care plan which is accessible to staff, containing information on clinical and non-clinical needs and preferences.

Consumers’ privacy is respected, and personal information is kept confidential with policies and procedures to support staff practice. Consumers’ assessment information is stored in a locked filing cabinet and care plans are secured in the nurses’ station. Representatives said they feel satisfied consumers’ information is securely stored. Observations of staff practices confirmed consumers’ privacy and dignity is maintained when providing care and service including personal care.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 1 Consumer dignity and choice.

# 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

A range of assessments are undertaken when consumers enter the service to inform the delivery of safe and effective care and services. Clinical assessments are undertaken according to internal policies and procedures. Further assessments are undertaken following incidents or changes including following falls or weight loss. Documentation sampled showed consumers’ condition, needs and preferences had been identified by the service which included information relating to life story, religious affiliations, personal/family relationships, and emotional needs.

Assessment and planning processes include end of life planning where required. Advanced care plans are completed with representatives and consumers to guide staff practice. Clinical staff discuss end of life choices and record outcomes in consumers’ advanced health directive. Staff were able to describe end of life preference for consumers sampled. Consumers sampled confirmed they were informed of outcomes following assessment

Assessment and planning occur in partnership with consumers. Care planning documentation showed regular discussions with clinical staff to support assessment and planning including palliative services, wound specialists, and allied health workers. Outcomes of assessments are used to inform the care and service plan which consumers and representatives have access to. Staff are informed of outcomes of assessment through the handover process and the daily handover sheet.

Care and services are reviewed regularly including when incidents impact consumers’ clinical needs and their circumstances change. Documentation viewed showed consumers are regularly reviewed such as following changes in weight and pain or following falls. Consumers files showed referrals are made to other services for review of consumers including when changes are identified in weight, wounds, pain or following a fall. However, for one consumer their care plan was not effectively reviewed following a change and associated increase in medications which has been considered in Standard 3 Requirement (3)(b).

Based on the information summarised above, I find the service compliant with all Requirements in Standard 2 Ongoing assessment and planning with consumers.

# Standard 3

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

Findings

I have assessed the Quality Standard as non-compliant as I am satisfied Requirement (3)(b) is non-compliant.

Requirement (3)(b)

During the Site Audit undertaken from 20 June 2023 to 22 June 2023 the Assessment Team recommended the service was unable to demonstrate effective management of high-impact and high-prevalence risks associated with each consumer specifically in relation to restrictive practices and chemical restraint. The Assessment Team provided the following evidence and information relevant to my finding:

* The consumer entered the service being prescribed a regular high-risk medication.
* The consumer experienced two significant events within a four-month period which resulted in an increase in the consumer’s changed behaviours. In response, the consumer’s regular high-risk medication daily dose was doubled. However, records do not show the trialling of alternative strategies prior to the increase in the high-risk medication.
* Six days prior to the increase in medication dosage the consumer was moved from a shared room to a single room and progress notes did not show consideration or relevant monitoring
* Whilst the consumer had a recently reviewed Chemical Restraint form showing the high-risk medication was reviewed by the staff from the service, this form was not accurate as it was not updated to reflect the increased medication dosage. In addition, informed consent was not sought from the representative. Management stated the representative was notified through an email of the medication change whilst the representative stated they have never been contacted in relation to medications and must have missed the email.
* The consumer’s care plan to support the consumer’s behaviour changes is not up-to-date because it describes a person of importance who has since passed away.

The Approved Provider’s response indicates they disagree with the Assessment Team’s findings, however, acknowledge the issues raised. The following evidence was considered relevant to my finding:

* The consumer experienced increased changed behaviours due to their diagnosis and due to the two significant events. In response to the changed behaviours, the consumer was supported by staff through one-to-one support, reassurance, distraction, and redirection. Whilst strategies documented in the care plan may appear generic, they have proven to be successful.
* The consumer’s care plan was reviewed approximately five months prior to the medication increase and progress notes indicate the consumer’s changed behaviours were monitored with one-to-care and reassurance being provided with the consumer continuing to attend bus trips.
* The medication prescribed is being used to treat a medical condition and does not constitute a chemical restraint. In addition, a letter from the medical officer was provided indicating the medication is being used to treat a diagnosed condition and it is hoped for the medication to be ceased when symptoms settle.
* Eight months of progress notes.
* The Approved Provider’s Plan for Continuous Improvement which shows the care plan has been updated to reflect grief as a trigger for the consumer’s diagnosed condition.

I acknowledge the Approved Provider’s response and the additional information provided. Based on the Assessment Team’s report and the Approved Provider’s response, I find the service was unable to demonstrate effective management of high-impact or high-prevalence risks associated with the care of each consumer specifically in relation to behaviour support, restrictive practices and the use of high-risk medications.

In coming to my finding, I have considered the responsibilities of Approved Providers in relation to behaviour support and restrictive practices as outlined in the *Quality of Care Principles 2014*.

The consumer had a behaviour support plan, however, the strategies documented were generic and did not reflect the consumer’s current changed behaviours. While the Approved Provider asserts that these strategies, while generic, were successful, evidence provided through the progress notes did not demonstrate these strategies were monitored or reviewed for effectiveness to ensure the consumer was receiving effective behaviour support and to fully inform the medical officer prior to the high-risk medication being increased. A clear plan was not demonstrated for the monitoring of the consumer, in response to the increased dosage, with the progress notes provided showing inconsistent monitoring. In addition, whilst I acknowledge the consumer was moved to a new bedroom because of experiencing increased changed behaviours, prior to the medication being increased, progress notes provided did not show other alternatives being trialled, considered or evaluated immediately prior to the medication increase.

Moreover, I have noted the Approved Provider had previously completed a Chemical Restraint form for this same medication, and whilst recently reviewed it was not updated to reflect consideration of the medication dosage change. This indicates the service assessed the use of this medication as chemical restraint and high-risk medication. As such, I have relied upon the evidence which showed the Approved Provider was unable to demonstrate, at the time of the increased dose of the medication, that a description of the consultation about the use of the restrictive practice or a record of the giving of informed consent was completed. In addition, I have considered the medication as a high-risk medication which can have potential adverse outcomes if not effectively administered and monitored impacting on the consumer’s overall quality of life.

Finally, I have considered the Plan for Continuous Improvement which did not demonstrate a planned approach in addressing the deficits identified by the Assessment Team.

Based on the information summarised above, I find Requirement (3)(b) non-compliant.

In relation to all other requirements, each consumer gets safe and effective care which is best practice and tailored to their needs. Consumers interviewed were able to describe personal and clinical care being provided. Care plans show personal and clinical care is tailored to consumers’ needs. Policies and procedures support the delivery of best practice care. Staff said they monitor consumers health daily and report changes to registered staff for follow up.

Consumers nearing end of life have their comfort maximised and their dignity is preserved. Care planning documentation viewed contained information on advanced care planning and staff have relevant policies and procedures to guide their practice. Staff reported they have received training on palliative care and were able to describe the provision of end of life care.

Changes to consumers’ clinical, cognitive or mental health is recognised and responded to. Clinical staff described how they monitor consumers’ health status and relevant actions undertaken when deterioration is identified which includes undertaking a delirium screening tool if required. Documentation viewed showed the service had recognised deterioration for one consumer and had liaised with the representative and clinical staff.

Care plans document consumers’ needs and preferences. Staff are provided information regarding consumers daily care and service needs and preferences through several mechanisms including a diary located in the office, handover sheet, and verbally at handover. Other services providers, including the dietician, palliative care service and the wound specialist have access to consumers’ health related information through progress notes and assessment documentation.

Referrals are undertaken to a range of health professionals including the doctor, dietician and palliative care services. Clinical referrals are undertaken by clinical staff and included referrals to allied health and medical staff. Documentation viewed showed referral to a range of health professionals including dietitians, medical officers and physiotherapists.

Policies and procedures support minimisation of infection-related risks for consumers and anti-microbial stewardship practices. A monthly report is conducted by the manager which monitors antibiotic use and is included on the infection register. Staff receive training on infection control on commencement and annually thereafter and were able to describe infection control processes. Clinical staff could describe how they support the management of urinary tract infections.

Based on the information summarised above, I find the service compliant with six of seven Requirements in Standard 3 Personal care and clinical 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

Consumers said they receive safe and effective services and supports for daily living. Allied health staff described how they supported two consumers with their mobility to maintain their independence. Care and clinical staff described how they support consumers to promote their independence through the provision of hygiene and grooming activities and participation in lifestyle. In addition, for consumers who are at risk of isolation, external services such as volunteer groups are engaged to support consumers’ wellbeing.

Consumers sampled said they feel connected and engaged in meaningful activities which promotes their emotional wellbeing. Lifestyle staff interviewed provided examples of how the service supports consumers’ psychological and emotional well-being, including through one-on-one engagement. Regular spiritual support is provided in a range of denominations. In addition, regular external companion services are provided for consumers on a weekly basis to promote consumer’s psychological wellbeing.

Consumers sampled said they participate in the community and have personal and social relationships with examples provided including participating in a range of activities supporting relationships and processes to support consumers accessing the community through local walks. Lifestyle staff were able to describe how they work with other organisations, advocates, and community members to help consumers follow their interests, social activities and maintain community connections. Care planning documentation confirmed consumers participate in the community, maintain relationships, and undertake activities of interest.

Consumers said staff know them well and were aware of their preferences and routines and are informed about activities, events, the menu, and other undertakings through notice boards, and resident and relative meetings. Hospitality staff were able to describe how they are informed of dietary requirements and how lifestyle staff are informed through handover and care planning documentation.

Meals are varied, of suitable quality, quantity with most consumers sampled expressing satisfaction with the quality, quantity and variety of the meals being provided. Consumers have access to a four-week rotating seasonal menu. The menu provides for breakfast, morning and afternoon tea, lunch, dinner, and supper. Consumer feedback is sought on a regular basis on meal services. Documentation showed consumers’ dietary needs and preferences, are included in care plans to guide staff in the preparation of meals.

Equipment provided was observed to be safe, suitable, clean and well maintained. This included equipment used for lifestyle such as books and mobility aids such as wheelchairs, comforts chairs and 4-wheel walkers. Staff interviewed could describe how equipment is safe, clean and well-maintained with evidence of reporting processes. Maintenance records demonstrated the service has systems in place for preventative and reactive maintenance.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 4 Services and supports for daily living.

# 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 said they felt safe in the service and that it has a home-like environment. The service has indoor communal spaces and an outdoor garden area for consumers to sit and relax or participate in gardening activities. Consumers’ rooms were observed to be personalised according to their requirements, often including photographs of themselves, their families and friends.

The environment was observed to be clean, safe and well maintained with consumers able to move freely indoors and outdoors. Consumers confirmed they are able to move between the indoor and outdoor areas. Maintenance staff described the preventative schedule, including fire safety checks, pest control, water testing and the use of pre-approved contractors. Documentation viewed showed the reporting and addressing of maintenance requests.

Furniture, fittings and equipment were observed to be safe, clean, well maintained and suitable for consumers. Staff confirmed they undertake infection control practices to ensure shared equipment is cleaned after use and said the maintenance team respond to requests promptly. Staff also said they were confident to use equipment and had received training on its use. Maintenance staff described scheduled maintenance processes to ensure furniture, fittings and equipment are suitably maintained and safe.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 5 Organisation’s service environment.

# Standard 6

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

Findings

Consumers are encouraged to provide feedback through a range of mechanisms including through feedback forms and boxes located in the service. Records showed feedback is regularly provided to the service and considered by service management. The service provides information to consumers regarding advocacy services and has access to services that can support consumers to provide feedback when they have communication barriers. Information brochures are available near the main entrance and included information on advocacy services and external complaints mechanisms. Advocacy information is also available in different languages such as Spanish and the service has access to interpretation services as required. Staff reported they are familiar with the feedback system and can advocate for consumers when they have a suggestion or concern.

Appropriate action is taken in response to complaints with one consumer describing satisfaction with the feedback process. Documentation viewed showed feedback is documented and actioned. Monitoring processes include a scheduled audit which showed the feedback system is appropriately used and where feedback provided appropriately addressed.

Feedback and complaints are used to improve the quality of care and services with a recent example involving a review of pest control processes within the service. The continuous improvement plan includes improvements which have been undertaken because of consumer feedback and one consumer was able to confirm an improvement occurred following their feedback.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 6 Feedback and complaint.

# 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 indicated overall satisfaction with the staffing level and mix. Staff stated they have sufficient time to complete their duties. Shift allocation data showed all shifts were allocated during the period sampled. Management described how they review rosters to ensure staffing levels are aligned with occupancy.

All consumers and representatives sampled said they felt staff are kind and respectful. Staff were knowledgeable about consumers’ needs and preferences to support respectful delivery of care and services. Observations between staff and consumers were noted to be positive and respectful. Monitoring processes including consumer and representative feedback, staff feedback and general observations to ensure the workforce treats consumers in a kind, caring and respectful manner.

Consumers and representatives said staff are knowledgeable and skilled in their roles. The service’s corporate office monitors staff registrations, clearances and the banning order register and ensure staff are suitably qualified for the roles they are undertaking. Clinical, care and hospitality staff confirmed training processes to ensure competency.

Consumers and representatives said they felt confident in the ability of staff to deliver care and services. Clinical and non-clinical staff confirmed they are provided with training on a range of topics including infection control, elder abuse and manual handling and further training if requested. Following recruitment, staff are onboarded and provided training in a range of topics and undertake competency checklists.

Regular assessment, monitoring and review of staff performance is undertaken with staff confirming review processes. Management monitor staff performance through peer feedback, complaint data and audits. Probation reviews are conducted following three months of employment with a set schedule following the probationary period.

Based on the information summarised above, I find the service compliant with all Requirements in Standard 7 Human resources.

# 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 described being involved in the development, delivery and evaluation of care and services through one-on-one conversations, care plan reviews and attendance through meetings. Processes support the collection of feedback from consumers, through surveys and meetings to identify opportunities for improvement. Recent improvements include implementing barbeque lunches as result of feedback. Management described the range of ways they collect feedback from consumers, including through surveys and meetings.

Reporting mechanisms ensure the governing body is aware and accountable for the delivery of care and services provided. Outcomes of monthly audits are provided to the Board and an overview of clinical data is presented in the Board pack to inform the Board.

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. Clinical and non-clinical staff stated they can access the information they require to complete their daily tasks, including care plans and organisational policies and procedures. A range of improvements have been undertaken with recent improvements in staff handover documentation. The service has a budget overseen by the Board and has policies and procedures to support workforce governance. In relation to regulatory compliance, the organisation tracks changes to aged care law and requirements through a range of mechanism including monitoring communications from the Department of Health and other industry and peak bodies. Feedback is monitored with the organisation having oversight of any trends.

The organisation has effective risk management systems and practices. The service has access to policies and procedures to guide staff to manage risk. The service has an incident management system and processes to support the reporting of clinical data and management of high-impact and high-prevalence risks for individual consumers. Whilst deficits were noted for one consumer in Standard 3 Requirement (3)(b) in relation to high-risk medications this has been considered in that Requirement as the evidence presented more closely aligned with the Requirement. Processes and staff practice support the identifying and responding to abuse and neglect of consumers with documentation sampled showing effective reporting of serious and significant incidents.

The organisation has a clinical governance framework, and associated policies and procedures, relating to antimicrobial stewardship, minimising the use of restraint and open disclosure. Monthly reports demonstrated clinical data in relation to infections, clinical incidents and psychotropic medications is trended at the service and at an organisational level to identify opportunities for improvement. The organisation has a restrictive practices policy to guides staff in utilising restrictive practice as a last resort with data reported on to senior management.

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 40Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)