Performance

Report

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| Name of service: | Mountain View Lodge Hostel |
| Service address: | 28 Jurd Street CESSNOCK NSW 2325 |
| Commission ID: | 0316 |
| Approved provider: | Northern Coalfields Community Care Association Ltd |
| Activity type: | Site Audit |
| Activity date: | 10 January 2023 to 12 January 2023 |
| Performance report date: | 08 February 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 Mountain View Lodge Hostel (**the service**) has been prepared by K. Reed, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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
* the provider’s response to the assessment team’s report received 06 February 2023
* other information and intelligence held by the Commission in relation to the service.

# 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 | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-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.

* Meals provided must be varied and of suitable quality and quantity.
* All complaints are required to be captured, actioned appropriately and reviewed to improve the quality of care and services.

# 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

Consumers were treated with dignity and respect. Staff were observed treating consumers with dignity and respect and demonstrated understanding of consumers’ individual choices and preferences. Care planning documentation reflected what was important to consumers to maintain their identity.

Consumers described staff respected their culture, values and diversity. Staff demonstrated how a consumer’s life journey influenced the delivery of their care. Care planning documentation reflected consumers’ cultural needs and preferences. Staff provided culturally safe care and supported consumers with participating in culturally significant activities. The service had different religious service providers attending the service.

Consumers were supported to exercise choice and maintain their independence by making decisions about their care and services. Consumers could nominate who they would like involved in their care, communicate their decisions, make connections with others and maintain relationships of choice. Consumers’ care documentation reflected the relationships of importance and the consumers’ choices relating to personal care.

Consumers were supported by staff to take risks and live the best life they can. Staff described areas in which consumers wanted to take risks, how the consumer was supported to understand the benefits and possible harm when they made decisions about taking risk, and how consumers were involved in problem-solving solutions to reduce risks where possible.

Consumers identified as taking risks had dignity of risk documentation in their care plans. Examples of these included consumers who smoked, drove their cars or chose to eat food not recommended by the speech pathologist.

Consumers received up to date information about activities, meals, COVID-19 and other events happening in the service. Posters and flyers of upcoming activities were observed on noticeboards and in rooms. The consumer information book, provided to consumers on entry to the service, identified consumers were provided with information related to choices, including meals, activities, involvement of family in their care and services, and care provision. Consumers confirmed they had the information they needed to make informed choices, about what activities they wanted to attend, when they wanted to retire for the day and COVID-19 impacts to the service or visiting.

Consumers were confident their information was kept confidential and staff maintained consumers’ privacy when providing care. Consumers confirmed staff respected their privacy and knocked before entering their rooms. Staff respected consumers’ privacy by knocking on doors, not discussing consumers with other staff in common areas and ensuring computer screens were locked and consumers’ personal information was secure.

This Standard is Complaint as all six Requirements are Compliant.

# Standard 2

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

Findings

Consumers and representatives confirmed consumers’ assessment and planning informed the delivery of safe and effective care services. Documentation demonstrated the service ensured risks to the consumer’s health and well-being were identified and considered to inform the delivery of safe and effective care and services. Identified risks included, but were not limited to, falls, skin integrity, weight loss and behaviour management. The outcomes of assessments were documented in care plans and discussed with the consumer or representative. Staff confirmed assessment and planning information guided them in the delivery of safe and effective care.

Consumers and representatives confirmed, and care planning documentation demonstrated consumers’ current needs, goals and preferences. Advance care planning needs and preferences were identified on entry to the service and reviewed as part of the regular review process or as required. Staff understood consumers’ needs and how to seek more information from the registered nurse when required. Ends of life care planning was discussed with consumers and representatives on entry to the service, at care plan reviews or if the consumer began the palliation phase. Advance care directives were available for staff in the workstation for staff to easily access if needed and recorded in the electronic care management system.

Consumers and representatives confirmed they were involved in the assessment, planning and review of consumers’ care and services. Care planning documents reflected the consumer and others involved in assessment and planning, including medical officers, dementia specialists, physiotherapists, dietitians, podiatrists and speech pathologists. Clinical staff partnered with consumers and representatives to assess, plan and review care and services. Consumer care information demonstrated input from other health care professionals and services.

Consumers and representatives confirmed staff discussed the consumer’s care needs and the information in the consumer’s care plan. Staff had access to care plans for consumers they were providing care for through the electronic care system and handover records. Consumer care documentation demonstrated outcomes of assessment and planning were documented and regular care planning review occurred quarterly. Care planning documents and handover records were readily available to staff delivering care.

Care and services were reviewed when consumers’ circumstances changed, or incidents occurred. Care planning documentation demonstrated assessments and care plans were reviewed in a timely manner. Staff were aware of incident reporting processes and how these incidents may trigger a reassessment or review. The service monitored clinical incidents, including pressure injuries, medication incidents, infection, behaviours, weight loss and falls. Staff reported shift handover, the electronic care system and messaging were used to communicate identified changes in consumers’ health status.

This Standard is Compliant, as all five Requirements are Compliant.

# Standard 3

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

Findings

Consumers and representatives confirmed consumers received the care and support they required, which was delivered in a safe and effective manner. The service demonstrated timely identification, effective assessment, management and evaluation of consumers’ restrictive practices, skin integrity and pain. Where restrictive practices were used, assessments, authorisation, consent and monitoring processes were demonstrated. The service had policies and procedures which guided clinical practice and following feedback during the site audit the restrictive practice and behaviour management policies were updated to be in line with current legislative requirements.

Behaviour support plans were in place for consumers who were subjected to restrictive practices and or changed behaviours. Consumers’ medication was reviewed regularly by the Medical officer or pharmacist, with the aim to reduce consumers’ medications which were not being used.

Wounds were consistently attended to in accordance with consumers’ wound management plans and pressure area care was completed as prescribed. Consumers with active pressure injuries or wounds had a wound care plan and chart which were completed following treatment and at review. Consumers and representatives provided positive feedback in relation to wound care delivery.

For consumers with chronic pain, care documentation demonstrated regular pain assessments to identify the site, severity and type of pain experienced by the consumer. Pharmacological and non-pharmacological strategies were included in care plans and when pain relief medication was used, it was reviewed for effectiveness.

The service actively collated incidents for falls, weight loss, behaviours, medication incidents and pressure injuries every month. The service had a range of validated assessment tools and charts available for use, which guided staff to deliver best practice care and support for consumers.

Staff described consumers’ individual care and service needs for consumers who were a high risk of falling while mobilising, consumers with wounds or pressure injuries and strategies for consumers with changing behaviours.

The service had effective processes to manage high impact or high prevalence risks associated with the care of each consumer. Care planning documentation identified consumers at risk, including falls, skin integrity, weight loss and changed behaviours. Registered staff monitored progress notes daily for risks and incidents associated with consumer care. Documentation identified the service was effectively managing high impact and high prevalence risks.

Consumers’ care plans reflected their end of life needs and wishes. Advance health directives and statement of choice documents were uploaded into the electronic care system. Staff demonstrated an understanding of processes to support the needs, goals and preferences of consumers nearing their end of life. Clinical management staff confirmed advanced care planning was discussed on entry to the service and during the care plan review process.

Consumers and representatives confirmed staff responded and recognised changes to consumers’ changed health and well-being. Consumers’ care planning documents reflected the identification of, and response to, deterioration or changes in consumers’ conditions. The workforce could describe the ways they recognised and responded to deterioration or change in consumers’ condition. Care staff reported any deterioration or change in health status to the registered staff on duty. Clinical staff referred the consumer to the medical officer for review or transfer the consumer to hospital if appropriate.

Consumers and representatives confirmed consumers’ needs and preferences are effectively communicated between staff, and they received the care they needed. Staff described how changes in consumers’ care and services were documented in progress notes and discussed at handover for each shift. The service documented when a consumer had been transferred to hospital in the progress notes. Care plans and other information were available on the electronic care system, including messages sent to staff in relation to changes in consumers’ care and services. Consumers and representatives stated the service communicated outcomes of assessments, reviews and when incidents occurred.

Consumers’ care planning documents demonstrated input from other health services. Referrals where needed, included speech pathologists, physiotherapists, podiatrists and dementia services. Consumers had access to a Medical officer and other health professionals when required. Staff described how the input of other health professional informed care and services for consumers. Registered staff confirmed allied health staff regularly visited the service and urgent referrals could be arranged.

The service had documented policies, procedures and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control and for the management of a COVID-19 outbreak. The service had an influenza and COVID-19 vaccination program for staff and consumers and appointed an Infection prevention and control lead. Staff provided examples of practices to prevent and control infections such as hand hygiene, encouraging fluids, and the use of personal protective equipment. Pathology results were completed prior to commencing antibiotics.

This Standard is Compliant, as all seven Requirements are 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. | Non-compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives expressed the service supported consumers’ independence and encouraged them to participate in activities that reflected their interests and lifestyle needs. Staff described the diverse interests of consumers, including strategies to promote their involvement and independence. Care documentation identified the interests and activities that were important to consumers, and provided information to support individual choice, daily living, wellbeing, and service delivery. Consumers were observed participating group and individual activities and interacting with lifestyle staff and each other. These included the consumer and representative meeting, card games, knitting, reading and exercising.

Consumer and representatives described the services and activities provided by the service to support consumers’ emotional, spiritual, and psychological wellbeing. Staff provided examples of spiritual and psychological supports provided to consumers. Consumer care documentation identified consumers’ spiritual denomination, psychological needs and preferred level of engagement. Consumers confirmed staff were cognisant of consumers’ denominational requirements and would be aware if the consumer was feeling down. Religious activities were provided each Tuesday by visiting clergy and repeated on monthly activity calendars. The sessions were consistently scheduled as they were well attended and liked by consumers. Lifestyle staff discussed the activities program and how they encouraged consumers to participate and join in. Staff described encouraging consumers to attend activities and involving consumers in the planned activities either on the calendar or ad hoc.

Consumers were supported by the service to engage in activities and pursue personal interests, both inside and outside of the service, while maintaining contact and relationships with the people who were close to them. Staff described the preferences of consumers. Care documentation identified consumer’s community connections, individual preference for activities, their level of interest in participation, physical limitations to involvement, inclination towards individual or group activities, and the desired level of encouragement needed by staff for engagement. Lifestyle staff co-ordinated bus trips for picnics or scenic trips each week, and consumers who enjoyed cooking will prepare, for example, corn fritters for consumers to eat for morning tea on the day of a bus trip.

Consumers confirmed staff providing care were aware of their needs and preferences and were confident their information was being provided to external agencies engaged in shared care and responsibility. Staff explained the processes used in keeping up to date records of consumer information, likes and dislikes, dietary and personal needs and preferences and physical condition.

The service demonstrated timely and appropriate referrals to other individuals, organisations or providers and how they collaborated to meet the diverse needs of consumers. A volunteer attended the service weekly and provided consumers with emotional support. A local hardware provider attended the service once a month and provided materials and activities for consumers.

Consumers were not satisfied with the quality of meals provided at the service. A large majority of consumers provided negative feedback in relation to food services. Examples of dissatisfaction with meals included meal taste, temperature, texture, delivery times of meals and the availability of fruit. Meals were observed to be provided late during the site audit and meal texture and colour appeared unappetising. Management acknowledged meals had been an issue of concern for consumers at the service.

Changes that recently occurred at the service in relation to hospitality services included a change to the external catering contractor in October 2022, and a subsequent increase in complaints regarding food. Complaints regarding food are handled by the external catering company after being collected by the service via various methods. A commercial oven has been purchased to enhance food preparation and delivery, the oven was observed to be installed during the site audit. The Catering company manager advised there had been changes in chefs at the service. The service had previously had a limited menu due to equipment, which should be remediated by the new combination oven. Catering staff were working to remediate and satisfy complaints relating to food service, utilising an electronic system.

The Approved provider in its response to the site audit report acknowledge that due to a changeover of chefs which contributed to meals being served late and the consistency and quality of the food to change. Following the site audit there have been two food focus meetings held at the service to capture any concerns and discuss any changes in the menu. Minutes form the food focus meeting held 02 February 2023, indicated a high level of satisfaction from the 35 consumers who attended the meeting. While consumer satisfaction levels were high, there were also a number of suggestions and improvements made by the consumers in relation to the menu. In making my decision regarding compliance in Requirement 4(3)(f) I have considered the actions taken by the Approved provider to improve meal quality at the service, however it is my decision these actions are in their infancy and have not been tested for effectiveness. It is also my decision that processes relating to meal quality should be robust enough to not be affected by a single changeover of chefs. Therefore, it is my decision Requirement 4(3)(f) is Non-compliant.

Equipment was observed in use in common and dining areas, lifestyle areas, and consumers’ rooms to be clean and maintained. Staff demonstrated or outlined the processes of identifying and reporting equipment decline, failure, periodic servicing, and process for ongoing maintenance. Maintenance staff undertook minor repairs and servicing of consumers’ personal equipment; however, if equipment required replacement or authorised repairs, staff discussed with consumers or representatives when required.

This Standard is Non-compliant as one of the Requirements is Non-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

Consumers and representatives provided positive feedback in relation to the service environment and the ability to move freely through the service optimising consumer independence. The service was welcoming, had wide corridors, several indoor communal areas where consumers could meet with friends and family, stocked bookcases, a hairdresser, outdoor garden areas and many consumer rooms had direct access to an outdoor patio and garden area. Consumers had personalised rooms decorated with furnishings and personal items, and personalised outdoor areas if they desired, which reflected individual tastes and styles.

The service environment was clean, safe, well maintained and comfortable and consumers were able to move freely, both indoors and outdoors. The service had several gardens, courtyard areas and several communal areas which were easily accessible and safe and clean. Consumers confirmed the service was clean, neat and tidy. The service’s indoor and outdoor areas were observed to be clean, safe and well maintained with professionally maintained garden areas, which included walkways between all areas to support consumers to move freely and safely. Maintenance staff demonstrated the preventative maintenance undertaken and the procedure for reactive maintenance at the service. The front door of the service was secure with the code available for consumers. Following feedback during the site audit, the smoking area was moved to a different location.

The service’s fittings and equipment were observed to be well maintained, clean and safe. Cleaning and maintenance were scheduled and monitored daily. If a cleaning or maintenance issue was identified and if immediate action was required, maintenance processes were in place to expedite action and minimise disruption to the consumer and rectify any issues. Scheduled quarterly site assessments were conducted by the maintenance team to determine if preventative maintenance was required.

This Standard is Compliant as all three Requirement are 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. | Non-compliant |

Findings

Consumers and representatives felt safe and supported to make a complaint or provide feedback to the service and consistently described management as approachable. Management and staff described mechanisms available to consumers and representatives within the service should they wish to provide feedback or raise a complaint. Consumers and representatives could provide feedback on forms provided throughout the service, at consumer meetings or directly with staff. Feedback and complaints forms were observed to be available in various locations at the service.

Consumers and representatives described the external avenues available to them for raising a complaint, including through the Aged Care Quality and Safety Commission. The service promoted advocacy services on brochures throughout the service and management provided information regarding advocates and external complaints avenues.

Consumers and representatives who had made a recent complaint said management acknowledged the issue and involved the consumer and representative in the resolution process to achieve an outcome which satisfied the consumer and representative. While consumers had been involved in menu planning because of food related complaints, these complaints remain unresolved. Staff described examples of the use of open disclosure when things went wrong.

Feedback and complaints have not been used to improve the quality of care and services, and improvement actions have not been evaluated for effectiveness. Complaints have not been recorded to facilitate resolution, management acknowledged complaints received at consumer meetings are not documented or included in the service’s plan for continuous improvement. Processes including tasking an external catering company to manage complaints regarding food are ineffective as consumers remain dissatisfied with the food service.

The Approved provider in its response has acknowledged not all complaints raised by consumers were recorded in the complaints register at the time of the site audit, however, the complaints had been communicated to the external food contractor. The Approved provider has introduced a process for a monthly review of feedback submitted to the external catering company to ensure all complaints are registered and actioned. While this process may ensure all complaints regarding food services will be recorded on a complaint register following the review of monthly reports, it is my decision this process has removed the Approved provider’s responsibility to provide timely feedback, and the ability to escalate complaints if required and to use complaints as an avenue to improve the quality of care and services. The plan for continuous improvement submitted as part of the Approved provider’s response has a planned action to complete case conferences with specific consumers who have complaints, this action is to occur 08 February 2023, so at the time of making my decision I am unable to gauge the success or effectiveness of this improvement action. Therefore, it is my decision Requirement 6(3)(d) is Non-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

While consumers and representatives provided feedback, staff appeared rushed at times, they expressed satisfaction that staff attended to consumers’ care needs in a timely manner, and consumers indicated they did not have to wait long for their call bell to be answered. There were processes to ensure the workforce was planned and the number and skills mix enabled the delivery of quality care and services. There were processes for planned and unplanned leave. The service used an electronic platform to advise staff of available shifts, and if vacant shifts were not accepted by service staff, one of the nominated agencies would be approached to fill the shift. Staff were encouraged to provide feedback on workforce numbers through the online platform or directly with a supervisor.

Consumers and representatives confirmed staff were kind, gentle and caring when providing care. Staff were observed to greet consumers by their preferred name and demonstrated they were familiar with each consumer's individual needs and identity. The service had a suite of documented policies and procedures to guide staff practice, which outlined that care and services were to be delivered in a respectful, kind and person-centred manner.

Feedback from consumers and representatives identified the workforce was competent and staff had the knowledge to deliver care and services that meet the needs and preferences of consumers. Staff competencies were monitored on an annual basis and were determined depending on the staff member’s role. Staff could be required to undertake a competency test earlier than planned if performance issues were identified or upon staff requests. The orientation and onboarding process for new staff included buddy shifts with experienced staff in their role, mandatory training, systems orientation and core competency assessments undertaken by the service’s educator. All staff had the required certificates and registration as stipulated in the applicable position description. The consumers’ feedback of staff qualifications and knowledge was sought in consumer surveys.

Consumers and representatives confirmed staff had the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. There was annual mandatory training and a mix of online, face to face and toolbox training which included the mandatory scheduled training and non-mandatory training. Training records noted training was completed on, but not limited to, the Serious Incident Response Scheme, restrictive practices and antimicrobial stewardship. While not all staff had a shared knowledge in relation to restrictive practices and open disclosure, there was no evidence of an impact to consumer care.

Regular assessment, monitoring and review of each staff members’ performance was undertaken. There was a system to ensure all formal performance appraisals were conducted in a timely manner. Staff confirmed their performance was being monitored. Staff performance was monitored through feedback from consumers and representatives, and input from other staff members. In addition, the service reviewed and analysed clinical incidents and data to help monitor the clinical outcomes and competencies of staff.

This Standard is Compliant as all five Requirements are Compliant.

# Standard 8

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

Findings

Consumers, representatives and management described various ways consumers were supported to be engaged in the development, delivery and evaluation of care and services. Consumers were encouraged to engage in the development, delivery and evaluation of care services through meetings, verbally and via feedback and surveys. Consumers and representatives had selected room colours during renovations and provided input into the common and dining area refurbishments.

The organisation’s governing body promoted a culture of safe, inclusive and quality care and services. The organisation had implemented systems and processes to monitor the performance of the service and to ensure the governing body assumed accountability for the delivery of safe, inclusive and quality care and services. The organisational framework identified a leadership structure which outlined the roles and responsibilities of the executive leadership team, governance committees, and service management. Some Board members attended the service during recent COVID-19 restrictions to support staff at the service, for example, by delivering meals to consumers’ rooms.

The service demonstrated governance systems were in place and their application in considering best outcomes for consumers. The Board monitored and reviewed routine reporting and analysis of data related to consumer experience. Systems and processes were in place to ensure the right care was being provided in accordance with the Quality Standards. There were effective organisation wide governance systems relating to information management, continuous improvement, financial and workforce governance and regulatory compliance. While the organisation had a feedback and complaints management policy and procedure, deficiencies have been identified in relation to complaints surrounding food services. The weight of this information has been considered in Requirement 6 (3) (d).

Established governance frameworks, policies and procedures supported the management of risk associated with the care of consumers. The service’s risk management policy outlined the Board’s risk appetite and the responsibilities for each division of staff. The principles of the risk management framework were represented and configured within the software used by the service. The software was used to undertake reporting and trending of high impact and high prevalence risks at the service.

The service’s infection analysis and reporting demonstrated criteria were reviewed before testing and prescription of antibiotics, to support antimicrobial stewardship. While staff did not have a shared understanding of restrictive practices and open disclose, training has been provided, examples of reduction in chemical restrictive practices has occurred and examples of open disclosure were contained in the complaints register.

This Standard is compliant as all five Requirements are 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-2)