Performance

Report

**1800 951 822**

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| Name: | Mt Kooyong Convalescent Home |
| Commission ID: | 5827 |
| Address: | 62 Mount Kooyong Road, JULATTEN, Queensland, 4871 |
| Activity type: | Site Audit |
| Activity date: | 3 July 2024 to 5 July 2024 |
| Performance report date: | 7 August 2024 |
| Service included in this assessment: | Provider: 812 Adermina Pty Ltd  Service: 3784 Mt Kooyong Convalescent Home |

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 Mt Kooyong Convalescent Home (**the service**) has been prepared by S Turner, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

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

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.
* 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 | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives said that consumers were treated with dignity and respect, with their identity, culture and diversity valued. Consumers and representatives said consumers were supported to exercise choice and independence when making decisions about their own care, when family, friends and carers should be involved in their care and maintaining relationships of choice. Consumers provided examples of how staff upheld their identity and culture by supporting them to attend events such as National Aborigines' and Islanders' Day Observance Committee (NAIDOC) Week and by helping them to maintain important cultural connections and relationships.

The service had policies and requirements relating to mandatory training in areas including diversity, respect and dignity which outlined the service’s commitment to supporting diversity and inclusion and treating all consumers with dignity and respect.

Management and staff spoke about consumers in a respectful manner and were able to describe the measures taken to uphold this respect when providing care such as asking for consent, acknowledging consumer choices and taking time to understand the consumer’s background, life history and needs.

Management and staff described the service’s entry process, which involved working with consumers and their representatives to understand each consumer’s cultural background. Management and lifestyle staff said they collated information provided by the consumer and their representatives into a lifestyle assessment and a care plan tailored to the consumer’s cultural needs and preferences.

Staff demonstrated a sound understanding of consumers’ needs and preferences and described how consumers’ cultural needs influenced the delivery of day-to-day care and services. Staff identified the ways they communicate information to consumers and their representatives and explained how they adapt their communication style to meet the consumer’s needs. Further, staff described practical measures they take to respect consumer privacy and ensure personal information is kept confidential.

Care planning documentation outlined information about consumers’ background and interests and demonstrated comprehensive life history and cultural assessments were undertaken upon entry to the service. Consumers’ individual choices about how care is delivered, who is involved in their care and how the service supports them in maintaining relationships was reflected in care planning documentation.

Care planning documentation reflected how consumers were supported to take risks and the safeguarding mechanisms in place to facilitate risk-taking. Management and staff were aware of the risks taken by consumers and outlined how they supported consumers through this by informing them of the potential risks and how they could be minimised, followed by the completion of a risk assessment in consultation with consumers and their representatives.

Consumers and representatives described how they are informed to make choices through printed information and verbal reminders. Care planning documentation evidenced the inclusion of communication assessments to facilitate the delivery of information in a way that was accurate and timely to the individual. Staff described different ways information was provided to consumers, including for consumers with cognitive and sensory impairments, in line with their documented needs and preferences. Management and care staff said they encouraged consumers to be independent and make as many choices as they can for themselves. Care staff said they asked consumers for their preferences before delivering care to ensure their preferences were respected.

Staff were generally observed acting kindly and respecting consumers’ decisions. Families and friends were observed visiting consumers and consumers engaged with each other in the service’s communal areas.

Nurses’ stations were observed to be locked and the electronic care management system was password protected. Staff knocked on consumers’ doors and sought consent before entering a consumer’s room.

For the reasons detailed I am satisfied that care and service delivery is respectful and values the consumer’s culture and identity. I find Standard 1 is 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 said consumers received the care they required and outlined how they were involved in the initial and ongoing assessment process. Management and staff described the care planning process, including how they considered risks for individual consumers and used the process to inform the delivery of safe and effective care and services. Care planning documentation, including for consumers with complex and specialised nursing care needs, evidenced consideration of individual risks and mitigation strategies that influenced the delivery of care and services.

Consumers and representatives described how the service had involved them in the assessment and planning of care, including advance care planning, during entry to the service, at scheduled case conferences, or when there was a change in circumstances. Management and staff described how the service ensured that assessment and planning reflected each consumer’s current preferences and explained how they approached conversations around end-of-life planning. The service’s electronic care management system included care planning documentation that identified consumers’ needs, goals, preferences and information relating to end-of-life and advance care planning.

Consumers and representatives described how they were involved in the assessment and planning of care, and said they were able to provide input to ensure that consumers’ needs were being met. Management and staff outlined how assessment and planning of care was done in partnership with consumers and others they wished to involve in their care. Care planning documentation evidenced regular care plan evaluations and review, in line with the service’s policies, and included input from a range of external providers such as medical officers, physiotherapists, dietitians, and speech pathologists.

Consumers and representatives confirmed care and services were reviewed regularly and when changes occurred. Consumer care planning documentation evidenced regular reviews for continued effectiveness, when circumstances changed, or when incidents occurred which impacted on the needs, goals or preferences of the consumer. Management and staff were able to explain the process for scheduled review of care planning documentation and care plans were observed to be reviewed at least 3-monthly, in line with the service’s policy.

I am satisfied that care and services meet consumers’ care needs and preferences. Care is planned in partnership with the consumer and with those people the consumer wishes to be involved in their care. I find Standard 2 is Compliant.

# Standard 3

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

Findings

The service had policies, procedures, and guides for key areas of care, including restrictive practices, wound care, and pain management. Management and staff demonstrated an understanding of these procedures and were able to describe how they applied them in their day-to-day roles to ensure care delivery was safe and effective.

Consumers advised they received safe and effective personal and clinical care that met their needs and optimised their well-being. Consumers described how clinical staff, care staff and allied health professionals worked in partnership to optimise their well-being. Consumers and representatives felt referrals were timely and appropriate.

Management and staff demonstrated knowledge on the delivery of best practice principles in relation to the management of restrictive practices, skin integrity and pain. Care planning documentation reviewed demonstrated comprehensive care plans which included assessments, progress notes, medication and other relevant charting that reflected individualised care that was safe, effective, and tailored to the specific needs and preferences of each consumer. Staff described how information about consumer needs and preferences was documented and communicated within the organisation and with others where responsibility for care was shared. Care planning documentation provided adequate information to facilitate delivery of care and included evidence of the involvement of various service providers such as medical officers, physiotherapists, dietitians and speech pathologists.

In relation to the management of restrictive practices the service demonstrated that in most instances there was evidence of informed consent, and that detailed behaviour support plans were in place and regular reviews were completed. Care planning documentation confirmed the involvement of the medical officer in review processes relating to the use of restrictive practice. Staff were familiar with personalised behaviour management strategies and representative feedback was positive. While some deficits were identified in relation to the management of restrictive practice, specifically the documentation of consent associated with the use of a medication used as chemical restraint, this was addressed promptly by the service and an action item was added to the continuous improvement plan. No negative impact was identified for the consumer and all consumers and representatives were satisfied with care delivery.

High-impact and high-prevalence risks were effectively managed through regular clinical data monitoring, trending, and reporting. Risk mitigation strategies for individual consumers were implemented and were observed to be in place. Management and clinical staff described the service’s high-impact, high-prevalence risks, how these were managed and measures that had been implemented to mitigate the risks to individual consumers. Consumers and representatives expressed their satisfaction with how risks were managed by the service and described how the interventions that had been put in place for each consumer were effective. Review of care planning documentation evidenced consideration of risks to each individual and strategies to manage and minimise these risks.

The service had policies that detailed how staff were to provide care for consumers nearing end-of-life to ensure their wishes were met and their comfort maximised. Management and staff demonstrated an understanding of how they recognised and addressed the needs and preferences of consumers nearing end-of-life and how they maximised their comfort and preserved their dignity. The Site Audit report included information the service engaged in discussions with representatives when a consumer’s health deteriorated to ensure the consumer’s comfort was maintained.

Consumers and representatives said the service was responsive to consumer care needs and would engage with them when there was a change in the consumer’s health and discuss planned management strategies. Staff described how deterioration or change was recognised, responded to, and managed in partnership with allied health professionals, medical officers and relevant specialists. Documentation, including policies and procedures, detailed and provided guidance on how staff were to react if deterioration or change in a consumer’s health was observed. Care planning documentation confirmed staff addressed and responded to a deterioration or change in a consumer’s health promptly.

Consumers and representatives interviewed expressed confidence in the minimisation of infection-related risks and said staff consistently used the appropriate personal protective equipment and practiced hand hygiene; this was consistent with observations made throughout the Site Audit. Management and staff demonstrated an understanding of precautions to prevent and control infection risk and the steps they could take to minimise the need for antibiotics. The service had implemented policies and procedures to guide staff related to antimicrobial stewardship and infection control management and had support of an infection prevention and control lead.

I have considered information in the Site Audit report where a deficiency was identified in relation to the documentation of consent associated with the use of chemical restraint. I am persuaded this was addressed during the Site Audit and would encourage the approved provider to monitor the situation to ensure the service continues to meet its obligations in relation to the management of restrictive practice. I am satisfied that consumers are receiving personal care and clinical care in accordance with the consumers’ needs, goals and preferences and that care delivery optimises consumers’ health and well-being. I find Standard 3 is 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

Consumers and representatives described how the service supported consumers to engage in activities that met their needs, goals, and preferences. They expressed satisfaction at how the consumer’s quality of life was maximised and provided examples of the consumer being involved in a variety of activities both within the service and the broader community.

Lifestyle staff and management explained how they partnered with consumers to conduct a lifestyle assessment upon entry to the service, which identified the consumer’s individual preferences, including likes, dislikes, interests, and social, emotional, cultural, and spiritual needs. Lifestyle staff explained this information was reflected in the consumers’ care planning documentation and was shared with others who were involved in care delivery. They said the activities schedule was tailored to the interests of consumers and was informed by care plan reviews, consumer meetings and verbal feedback. The service’s activities calendar for July 2024 demonstrated activities were scheduled at the service 7 days of the week including, but not limited to, exercise classes, art and craft workshops, bus outings, board games, movie screenings, gardening, fishing, cooking, weaving, volunteer visits, women’s and men’s group meetings and group discussions at the service’s yarning circle.

Consumers and representatives said consumers were supported when they were feeling low, and described how the service promoted consumers’ emotional, spiritual and psychological well-being. Staff were familiar with consumers whose families visited and how they supported consumers to maintain contact with people outside the service, including during periods when there had been an infectious outbreak. Examples were provided by management, staff and consumers about how consumers’ emotional and psychological needs were met including through the use of counselling services, volunteer visits, and support to participate in and attend religious services. Additionally, management said when a need is identified consumers can be referred to a medical officer, psychiatrist or specialist health service. Care planning documentation included information on consumers' well-being needs, goals and preferences.

Policies and procedures guided staff in making referrals to relevant organisations and external providers of care, and consumers confirmed referrals were made in a timely manner when a need was identified. Care planning documentation evidenced a variety of referrals to other providers of care such as mental health service providers and dementia specialists. Lifestyle staff and management advised that a range of external services had been engaged by the service such as community services, visiting religious services and volunteers, and a volunteer that runs women’s and men’s group meetings.

Most consumers and representatives, including consumers with specialised dietary requirements were satisfied with the meals provided and said they were varied and of suitable quality and quantity. Hospitality staff described how the service’s menu is rotated quarterly and that the menu changes in response to feedback from food focus meetings, feedback forms and verbal feedback from consumers and their representatives. Processes were established to ensure information relating to consumers’ dietary needs was available to guide staff. A meal service was observed and was delivered in a timely and organised manner, staff were available to assist consumers, the menu was displayed, and staff adhered to safe food protocols.

Equipment provided to consumers was observed to be safe, suitable, clean and well maintained. Consumers reported having access to clean equipment, including personal equipment to assist them with their mobility needs. Lifestyle staff advised that they could access equipment and supplies in the activities room, such as board games and books, to support the delivery of daily living services and supports without any issues. Lifestyle staff said they could reach out to management to approve purchases of additional equipment and supplies for lifestyle activities. Staff were able to describe how the equipment was kept safe, clean and well maintained.

For the reasons detailed I am satisfied consumers receive safe and effective services that optimise their health, well-being and quality of life. I find Standard 4 is 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 was welcoming and easy to understand, and optimised each consumer’s sense of belonging, independence, interaction, and function. The service had outdoor courtyards, gardens and verandas that were open to all consumers with outdoor structures to provide shade. Communal areas were available and included dining rooms, lounge rooms and activities rooms with board games and bookshelves. Consumers were observed moving both independently and with assistance as required, between other consumer’s rooms, communal areas, the activities room and outdoor areas during the Site Audit. Consumers and representatives were satisfied with the service environment and said it was safe, clean, welcoming and easy to understand; one representative said signage and waypoints supported consumers to navigate the service. Consumers and representatives felt consumers could move freely both indoors and outdoors.

Management and staff described how they welcomed consumers to the service by orientating them and encouraging them to personalise their rooms with furnishings, pictures and other memorabilia.

Environmental services staff advised that cleaners adhered to a daily cleaning schedule, including cleaning of communal areas, dining areas and consumers’ rooms. They described maintenance processes, infection control processes and additional cleaning requirements in relation to COVID-19 and other infectious outbreaks. The cleaning schedule was reviewed and demonstrated regular cleaning of the service occurred. Scheduled and reactive maintenance logs demonstrated maintenance was conducted in a timely manner.

Consumers said that equipment and fittings were cleaned and maintained regularly. Staff described their role and the processes for cleaning and maintaining personal equipment, furniture, and fittings in the service and how they were made suitable for each consumer.

I am satisfied the organisation’s environment suits consumers’ needs and is safe and comfortable. I find Standard 5 is Compliant.

# Standard 6

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

Findings

The service had policies and procedures to ensure consumers and their representatives were encouraged and supported to provide feedback or make complaints, including through the use of paper feedback forms that could be submitted in locked letterboxes, through electronic channels or during monthly consumer meetings. Complaints and feedback were analysed, and trends were identified to inform continuous improvement initiatives.

Consumers and representatives reported feeling safe and comfortable to provide feedback or make a complaint and could describe the different avenues available to them to do this. They were confident their feedback was used to improve the quality of care and services and said the service responded to and resolved their complaints or concerns when raised and described how the service practiced open disclosure.

Management and staff explained the processes in place to encourage and support consumers and representatives to provide feedback and make complaints and said this can be formal or informal. They demonstrated an understanding of open disclosure and explained that they acknowledged complaints, apologised to the complainant and kept them informed throughout the complaint resolution process. Staff said they resolved the issue of concern if it was within the scope of their role by developing a plan with the consumer or representative and by escalating to management or senior staff when appropriate.

Feedback and complaints forms were readily available and accessible throughout the service and locked letterboxes were in place for the forms to be submitted anonymously if required. Review of consumer and representative meeting minutes from May and June 2024 evidenced that feedback was a standing agenda item, and that management had followed up on feedback that was raised. The feedback and complaints register demonstrated appropriate action had been taken in response to complaints and improvement initiatives were reflected in the continuous improvement plan. The service brought forward examples of improvements that had been made following complaints, including complaints about safety which had been resolved promptly.

Advocacy material was readily available to consumers and representatives across the service and was provided during the entry process and as otherwise required. Consumers and representatives said they were aware of and had access to advocates, language services and other methods for raising and resolving complaints but preferred to raise concerns within the service.

I am satisfied the organisation supports consumers to provide feedback and make a complaint and that complaints are resolved promptly and used to improve the quality of care and services. I find Standard 6 is Compliant.

# Standard 7

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

Findings

Consumers and representatives felt the service had sufficient staff to meet their care and service needs. Management and staff described how they ensured the workforce was planned to enable delivery of safe and effective care. Management described how the service used a roster based on consumers’ clinical care needs and demonstrated the service was staffed to an adequate level. Call bell response times were monitored regularly to ensure staff were responding to consumers’ requests and meeting organisational expectations.

Management explained that in instances of unplanned leave, shifts were filled by having clinically trained management support the staff on the floor and having clinical staff perform the duties of care staff; they provided an example of how this had occurred recently. Management said a digital staff rostering system was used to promote available shifts to existing staff or extend the shifts of staff already rostered. Staff described how staff levels were appropriate to ensure that consumers’ care needs were met and confirmed that if the service was short staffed, management offered to extend their shift or advertised the available shift to the staff pool.

Most consumers and representatives said staff were kind and caring, and always gentle when providing care and services. Management and staff demonstrated they were familiar with each consumer’s individual needs and identity and were generally observed to act in a positive, caring, and respectful manner, using each consumer’s preferred names in greeting, and in line with their choice.

Consumers and representatives said staff were competent and performed their roles effectively. They expressed confidence in staff being skilled and knowledgeable to provide quality care and meet their needs. Management described how they monitored staff competency and how they supported new starters. Staff said they did not lack training in any areas, that they had the necessary skillset to carry out their roles, and that they were provided with regular education which allowed them to stay up to date on best practice. Management confirmed all staff received education on respectful consumer interactions as part of their orientation and annual refresher training modules, and this was reflected in the training register. Management and staff were able to describe consumers’ needs and preferences and spoke about consumers in a respectful manner.

Care and clinical staff confirmed they were supported by the service and provided with various online and in-person training to deliver quality care and services to the consumers. Staff said they were comfortable identifying gaps in knowledge and requesting training from management in specific areas. Staff demonstrated an understanding on topics including the Serious Incident Response Scheme reporting, open disclosure, and restrictive practices, and were additionally able to explain their roles and responsibilities when it came to management of these areas.

Consumers and representatives expressed their satisfaction with staff performance and described how they were involved in providing feedback about staff performance. Staff said they were supported by management during performance reviews and provided with opportunities for improvement. Management described how the performance of staff was monitored through annual formal performance appraisal processes, continuous informal monitoring and review, and ad-hoc performance management when the need arose.

Staff were kind, caring and gentle throughout the Site Audit and attended to consumers in distress by providing them with reassurance, and redirecting them in a gentle manner in line with their care needs.

I am satisfied consumers receive quality care and services from staff who are knowledgeable, capable and caring. I find Standard 7 is 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 and representatives were actively engaged in the development, delivery and evaluation of care and services. Consumers said they were able to provide feedback about the operations of the service and management provided practical examples of how this occurred. Management and staff described various mechanisms in place to ensure consumers and their representatives provided input and made decisions about the care and services provided to consumers. Service documentation including meeting minutes demonstrated consumers and representatives were encouraged to participate in the development and improvement of care and services.

Management described an organisational and governance structure that supported the delivery of quality care and services and included regular monitoring from the governing body through compliance reporting, internal and external audits, and consumer feedback. Organisational documentation demonstrated the governing body was kept informed and held accountable for the outcomes of care and services at the service. There were processes to ensure the Board was kept up to date with service-level information such as clinical governance, regulatory and legislative compliance and updates, audits, continuous improvement plans, workforce, feedback and complaints, high-impact and high-prevalence risks, outbreak management, hazard analysis and risk management, maintenance, and incidents.

The service demonstrated effective organisation wide governance system to ensure oversight over key areas. Management and staff described processes and mechanisms relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and feedback and complaints. Staff feedback aligned with processes specified in the service’s policies and procedures.

Risk management systems and practices, included management of high-impact or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can, and managing and preventing incidents using an incident management system. Management and clinical staff demonstrated an applied understanding of the high-impact and high-prevalence risks associated with the care of consumers and described how the service managed these.

The organisation’s clinical governance system ensured the provision of quality and safe clinical care, including antimicrobial stewardship, and by practicing open disclosure. While a deficit was identified in relation to the documentation of consent associated with the use of a medication used as a chemical restraint, this was addressed promptly by the service and an action item was added to the continuous improvement plan; no negative impact was identified for consumers and all consumers and representatives were satisfied with care delivery. Policies, procedures, frameworks, and guidelines relating to antimicrobial stewardship, restrictive practice, and open disclosure, as well as the organisational clinical governance framework were in place. Management and staff demonstrated how these policies and procedures were applied in the delivery of care and services.

I am satisfied the service is well run and partners with consumers in improving the delivery of care and services. I find Standard 8 is 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)