Performance

Report

1800 951 822

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Performance report date: |
| North Lakes Terrace Care Community | 11 October 2022 |
| Commission ID: | Activity type: |
| 5883 | Site audit |
| Approved provider: | Activity date: |
| DPG Services Pty Ltd | 29 August 2022 to 31 August 2022 |

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 North Lakes Terrace Care Community (**the service**) has been considered by D. McDonald, 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 26 September 2022.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| Consumer dignity and choice | | Compliant |
| 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, throughout the service, stated they were treated with dignity and respect by staff and their culture and diversity were celebrated and valued. Staff demonstrated respectful interactions with consumers and showed understanding of consumer’s care preferences and individuality. Consumer care plans included information on emotional, spiritual, cultural needs and wellbeing.

Consumers said staff respect their culture, values and beliefs and they felt culturally safe in the service. Staff indicated they understood and valued consumer’s diverse culture, beliefs and individuality and how this influences their care on a daily basis. Consumer’s care plans included information on procedures in place to assist staff in providing culturally safe and inclusive care. Cultural safety, diversity and inclusion policies and procedures provide staff with direction and support to engage in safe and inclusive practice on a day-to-day basis.

Consumers said they were supported to make decisions which were right for them, maintain their independence, have others involved in their decision making, and were supported to maintain personal relationships with partners, family and friends. Staff described how consumers were supported to make choices and retain their independence, including assisting new consumers to develop social relationships at the service. Consumers were observed participating in care planning discussions.

Consumers described ways in which they were supported to continue to live the life they choose and do things which were important to them. Staff described the areas where consumers want to take risks and were observed supporting consumers to take risk, including mobilising independently. Staff explained how the consumer was supported to understand the benefit and potential harm when they were considering decisions involving risk taking. The service had a policies and procedures regarding dignity of risk.

Consumers said the information provided by the service was easy to understand and helped them to make informed choices. Staff were able to describe how the service provided consumers and representatives with timely information via care meetings, consumer meetings, emails and notice boards. Documents demonstrated the service provided consumers with regular updates. Relevant, accessible, easy to read information for consumers was available throughout the service.

Consumers said their personal privacy was respected with staff taking care to maintain their dignity by always knocking and asking to come in before entering. Staff were able to describe consumer’s personal privacy and how they maintained consumers dignity. The service had policy and procedures in place designed to ensure consumer information was kept private and secure.

# Standard 2

|  |  |  |
| --- | --- | --- |
| Ongoing assessment and planning with consumers | | Compliant |
| 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 said they were involved with the creation of their care plans. Care planning documents detail comprehensive information based on the assessment of consumer’s needs, to inform the delivery of safe and effective services. Staff outlined how the service planning safe and effective care with assessments commenced prior to and continuing post the consumers entry to the service. Assessment and care planning procedures outline care planning which screens for risks, aims to enable delivery of high quality, and consumer focused care and services underpinned by a partnership approach with consumers.

Consumers and representatives stated they were involved in assessment and planning and how this enabled them to identify, what was important to them, their wishes for end of life and advance care. Consumers’ care planning documentation identified requirements for various aspects of care including palliative care. Staff described how to determine what was important to consumers for their personal and clinical care delivery and the approach used for advance care planning. The service had documented processes and policies which upheld consumer preferences, needs and goals and collated information about consumers’ end of life wishes.

Consumers and representatives said they were involved in the process of creating their care plan, stating their representatives had direct input in care planning. Staff stated care plans were reviewed every 4 months and any changes to care plans were updated immediately. The service had policies, procedures and documentation regarding care planning and referrals with allied health services designed to enable partnership with consumers to meet their goals, needs and preferences.

Consumers said they had access to care plans which they understood, staff discussed their care plans with them, and a copy was available in their cupboard. Staff described how outcomes of assessment and planning were communicated with consumers and representatives. Care plans reviewed were easy to understand and contained relevant information such as medical history, skin integrity, leisure, dietary needs, personal hygiene, continence, mobility and transfers, behaviour support plans and personal care preferences.

Consumers and representatives stated the service talks to them regularly about their care planning and when things change which may impact on the consumers health, preferences, or well-being. Staff said consumer care plans were reviewed every 4 months and updated when things changed or impacted on a consumer’s wellbeing or condition. Electronic care information evidenced the consumers needs and preferences had been updated following changes to the consumer condition.

# Standard 3

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

## Findings

The Assessment Team recommended this requirement was not met. I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the Provider’s response and find the service compliant this requirement.

* Effective management of high impact or high prevalence risks associated with the care of each consumer

The Site Audit Report evidenced the service appropriately managed high impact risks to consumers, such as falls, pressure injuries, pain, and the use of restrictive practices. However, concerns with the behavioural support provided for one consumer were brought forward by other consumers and their representatives.

The named consumer had been experiencing ongoing episodes of agitation since March 2022 and was involved in an incident the day before the Site Audit, resulting in some decorative items in the service’s dining room being broken and other consumers who witnessed the incident becoming distressed.

The providers response refuted the deficits and included clarifying information, progress notes, a behaviour support plan and reviews of the consumer undertaken by external medical and dementia support specialists in support of compliance.

Documentation evidenced upon the consumers behaviours escalating, clinical assessment pathways were undertaken, behavioural charting commenced, the consumer was reviewed by their medical officer, external specialist support was sought and a comprehensive behaviour support plan containing non-pharmacological support strategies was in place. Additionally, progress notes demonstrate the consumer’s agitation was noted to decrease following their implementation, supporting the strategies implemented effectively managed the risk.

I also note the providers response which confirms while the consumer may at times be agitated, this has not resulted in physical harm to another consumer, any staff member or the consumer themselves

In relation to the incident, the day before the site audit, I consider the service effectively managed the risks as the steps taken ensured the safety of the consumer involved and the other consumers who reside at the service. I acknowledge due to the recency of the incident, actions in response to the incident were still being undertaken, had not yet been finalised and have now been concluded with additional behavioural support strategies identified. This supports compliance with the requirement.

I also note the service has implemented a daily review of the consumer to ensure their planned care strategies remain effective and has provided additional education to staff on understanding consumer’s experiencing dementia, behavioural and delirium support, open disclosure, serious incident reporting and the service’s policies for behaviour support and high impact/prevalence risk management in response.

Overall, I am satisfied there was sufficient evidence to support the service has systems and processes in place to manage high impact and high prevalence risks associated with the care of each consumer and where behavioural risks have presented these were effectively managed.

I find the remaining 6 Requirements of Quality Standard 3 are Compliant as:

Consumers and representatives said the consumers received good personal and clinical care which they considered safe and effective. Staff described how care delivered was safe, effective, and supported consumer’s health and wellbeing and gave examples of how the strategies implemented to reduce consumers risk of developing pressure injuries. Care plans reviewed for consumers with restraint contained appropriate consents, risk assessments and behaviour support plans.

Representatives who had a loved one accessing palliative care at the service said they had discussed advance care and end of life planning for the consumer and confirmed the consumer was comfortable. Staff approached end of life discussions upon entry however if consumers were not ready to discuss it at the time, they document and follow it up during care plan reviews. Staff were able to explain processes for supporting the needs and preferences of consumers nearing the end of life. The service had policies, procedures and documentation which guided practices for palliative and end of life care.

Representatives confirmed they were notified promptly by the service of any changes in consumer’s health status, including skin tears and hospital admissions. Consumer care plans demonstrated changing consumer conditions were recognised and responded to. Staff described how they recognised and responded to changes or deterioration in a consumer’s health or condition. The service had policies and other documentation to guide staff practice in responding to clinical deterioration.

Consumers and representatives said they were informed of changes to consumers care and staff share information about their needs. Staff could describe how information about consumer’s condition, needs and preferences were shared, including through handovers, meetings, and looking at care plans. Progress notes and care plans contained adequate information to support staff to know about a consumer’s condition and any changes in needs or preferences, and referrals to specialist providers. Changes in consumer care and services were communicated through the service’s electronic care management system and through staff handover practices.

Consumers and representatives said referrals were completed to other services and individuals in a timely manner. Staff described the process of assessment and referral to external health supports or services, including consultation with consumers and representatives. Care documentation evidenced timely referrals and care provided by other health providers such as dieticians, physiotherapists, and dieticians. Policies and procedures which enabled the provision of care in partnership includes referral to and use of other services and supports where needed.

Consumers and representatives stated staff regularly washed their hands and the service was clean. Staff demonstrated an understanding of the need to minimise antibiotics as well as take precautions to prevent and control infection. Policies, procedures, and frameworks guide staff to prevent and control infection and focus on maximising the efficacy of antibiotic usage. Various infection control practices were observed being implemented, including regular cleaning of high touch surfaces wipes, staff wearing personal protective equipment and undertaking hand hygiene between caring for consumers.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | | Compliant |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

## Findings

The Assessment Team recommended this requirement was not met. I have considered the Assessment Team’s findings; the evidence documented in the Site Audit report and the Provider’s response and find the service compliant this requirement.

* Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being.

The Site Audit report evidenced care plans included information on the emotional, psychological and spiritual support needs of consumers, consumers generally gave positive feedback on how they were emotionally supported, and staff described what strategies were used if they identified a consumer required additional support. However, deficiencies were described in response to consumers whose psychological state was negatively impacted following an incident which occurred the day before the site audit.

The providers response refutes the deficits and submitted additional clarifying information including progress notes and incident reports in support of compliance.

The provider confirmed the incident occurred the day before the site audit commenced and they were in the process of implementing actions in response including monitoring consumers for signs of distress or psychological impact. I note documentation evidenced while a consumer themselves did not indicate any concerns other than not wanting to sit next to the other consumer while in the dining room, the feedback relating to the negative psychological impact was provided by the consumers representative.

Documentation evidenced the service had referred the consumer for psychological support as soon as they were made aware of the representative’s concerns and upon reviewing the consumer the psychologist has not noted any signs of distress during their consultations. I also note other consumers were offered or provided with counselling services, with some declining as they advised they were not distressed or when accepted and reviewed by the psychologist, they did not raise concerns in relation to the incident.

I acknowledge the service has undertaken education with staff based on the concerns raised by the representative and note continued consultation with the consumer’s representatives has resulted in their concerns being finalised based on the service’s actions.

Overall, I am satisfied services and supports provided by the service, including in response to incidents, promotes each consumer’s psychological and emotional wellbeing.

Therefore, I find Requirement 4(3)(b) is compliant.

I find the remaining 6 Requirements of Quality Standard 4 are Compliant as:

Consumers felt service and supports for daily living meet their needs goals and preferences and they were receiving safe and effective services which maintain independence, wellbeing and quality of life. Staff demonstrated knowledge of consumer needs and preferred activities. Care planning documentation identified consumers’ choices and provided information about the services and supports a consumer required to do the things they want to do. The service introduced activities during COVID-19 lockdowns including a pen pal activity with a local school to support consumer needs.

Consumers stated they were supported by the service to maintain contact with the people who are important to them and engage in activities within and external to the service, with the service organising transport. Consumers said social interaction with other consumers and staff was encouraged. Staff demonstrated how consumers were encouraged to participate within and outside of the service and do things which stimulate interest which provide joy to the consumer, this included accessing services such as swimming pools and spas. Documentation demonstrated, how consumers were supported to engage in activities of choice and consumers were observed, participating in group and individual activity and maintaining relationships.

Consumers reported staff knew their preferences and assisted them to attend appointments outside of the service by giving reminders and organising transport or support. Staff reported changes in consumer’s care and services were communicated through verbal and documented handover processes, and through the service’s electronic care management system. Policies guided staff on the consultations required with consumers prior to the sharing of their information.

Consumer care plans indicated referrals were completed for support services such as religious/pastoral care, to external agencies or medical services. Staff indicated the service completed timely and appropriate referrals to external supports and other care services when there was a request, or a need identified. Access to external lifestyle services is guided by a well-being framework.

Consumers said the meals provided by the service were of sufficient quality and quantity and aligned with their preferences and dietary requirements. Consumers choose their meals daily from a menu. Consumers on a modified diet are served meals from the same menu. Staff said consumers had choices when selecting meals and had input into the menu through daily and weekly meetings and feedback. Documentation demonstrated the service had relevant practices to ensure safe food storage, preparation, delivery, and dietary needs and preferences were considered. The kitchen was observed to be clean, and hospitality staff had access to consumer’s dietary requirements. The dining room on each level was observed to promote a restaurant standard dining experience with small tables of 4 and 2 consumers per table to encourage a social atmosphere.

Consumers stated they felt the service kept equipment clean and tidy, and well looked after. Staff reported they had access to safe and appropriate equipment required to support consumers in their daily activities and described how the equipment was appropriate, safe, cleaned, and maintained on an ongoing basis. Equipment was observed to be suitable, clean, and well maintained. The equipment maintenance program was managed through an electronic system.

# Standard 5

|  |  |  |
| --- | --- | --- |
| Organisation’s service environment | | Compliant |
| 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 stated they feel like the service was their home as they were free to make their rooms their own with personal belongings important to them. Staff said they wanted consumers and visitors to feel welcome and supported with a sense of ownership in the service as their home and this was achieved by talking with consumers and communicating with representatives. Directional signage, indoor and outdoor spaces were available for consumers and visitors, and consumer rooms were individually personalised to suit each consumer.

Consumers said they felt the environment was safe, clean, and well maintained, and they could move freely both indoors and outdoors with ease. Staff described the systems and process for reporting maintenance issues, processing laundry and ensuring consistent cleaning practices were in place. Care equipment was stored away from all main thoroughfares and the service was observed to be clean and well maintained. Consumers were observed mobilising independently and moving freely throughout the service on all levels using wide hallways with handrails to aid those consumers requiring support.

Consumers and representatives said the furniture, fixtures and fittings were maintained to a high level of cleanliness, were safe and suitable to their needs. Policies, systems, processes and schedules were in place which ensured the cleaning and care of furniture, fixtures and fittings used by consumers. Furniture including dining and lounge chairs and equipment used for leisure and lifestyle activities were observed to be clean, in good condition and call bells were in reach of consumers.

# Standard 6

|  |  |  |
| --- | --- | --- |
| Feedback and complaints | | Compliant |
| 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

A range of mechanisms was promoted to encourage consumers, representatives and visitors to provide feedback and make complaints including feedback forms with suggestion boxes, online links, comments books and a range of committees, including the consumers committee and the social committee. Where consumers had communication challenges, the staff were encouraged to discuss directly with the consumers any concerns to gain a deeper understanding of issues.

Consumers advised they had no need for interpreter services and were happy with the feedback support the service provided. Staff described a range of services to assist consumers who had difficulty communicating or had need of interpreter services. Staff actively encourage consumers to provide feedback. Advocacy was included in staff training and in staff and consumer handbooks. Brochures and posters, in English and other languages, were available to consumers and them of how to contact external agencies including the Commission, translation and advocacy services if they required support to provide feedback.

Consumers provided mostly positive feedback about how the service responded to complaints. An electronic system was used to record the management of complaints and feedback and monitor the actions taken to address any concerns raised. Complaints were analysed for any trends to identify if any action was required. Policies included relevant information about how management and staff will respond to incidents or issues involving consumer’s safety and care including adopting open disclosure.

Consumers provided examples of improvements made as a result of feedback. Management described a range of methods or opportunities were used to identify areas of continuous improvement and included feedback and complaints. Improvement activities were logged on the plan for continuous improvement and actions were documented. Changes to activities and food were documented, as a result of consumer feedback.

# Standard 7

|  |  |  |
| --- | --- | --- |
| Human resources | | Compliant |
| 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 felt although staff were busy, there were generally enough staff to provide assistance when it was required. Staff felt they were sometimes rushed to attend calls; however, they were able to manage, and any shift vacancies were filled. Management described rostering systems, upskilling, and agency partnerships to support resourcing in the event of need, but advised the service was not currently using any agency staff. A review of staff rosters and call bell response times demonstrated the service had sufficient staff on rosters to provide quality and timely care to consumers.

Consumers reported staff were kind and caring and knew what was important to them. Staff stated they recognised consumers without family or visitors might become sad or down and said if they were aware of this, they made extra time to visit with the consumer. Staff were observed interacting with consumers in a caring and respectful manner, including knocking at doors, gently redirecting consumers as needed, and conversing easily in elevators to pass the time.

Consumers felt the staff were trained to do their jobs well, including what to do when an incident occurred, and felt confident the staff knew how to manage their clinical care. Staff described ways in which they were deemed competent in their roles. Documentation reviewed demonstrated the service had appropriate recruiting and training processes to ensure staff were competent and capable of performing their roles. The on-boarding checklists and position descriptions reviewed outlined the requirements for each role and staff files showed evidence of appropriate certifications, qualifications, screening checks, and inductions being completed at the time of employment.

Management described how staff were recruited in accordance with position descriptions and selection criteria. Management also described the on-boarding process and mandatory training requirements for staff. Staff described how they were provided with training and guidance if there were process updates, improvement initiatives or an incident occurred. A review of staff files and the service’s training database demonstrated how the service ensured staff remained up to date with training requirements. A clinical education manager described how, if staff were having difficulty with online assessments, they would schedule and run face-to-face group training to ensure all staff understand training and requirements.

Management and staff described the process of on-boarding and the use of a buddy system for the first 3 months of employment. Performance reviews occurred at the end of each month until the end of the probation period and then reviews occurred annually. Completion of mandatory training is considered as part of their formal performance review.

# Standard 8

|  |  |  |
| --- | --- | --- |
| Organisational governance | | Compliant |
| 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 felt they were engaged and contributed to how the service was run through a range of mechanisms to suit their needs, such as consumer and social committee meetings, feedback and complaints forms, or talking direct to reception or management. The service also had a program called meaningful mates, designed to match a staff member to a consumer to gain a deeper understanding of their needs. Consumer meeting minutes contained examples of services being changed to reflect consumers wishes such as swapping tinned with fresh fruit which was observed being offered at afternoon tea.

Management demonstrated how the Board was involved in the delivery of care and services and how they were informed about incidents and safety issues, via mechanisms such as surveys, performance reporting, and monthly meetings where service information and trends were reviewed and benchmarked against the other services in the region. Policies and procedures outlined how the board played a role in promoting a culture of safe, inclusive and quality care and services and was accountable for their delivery. The Board held meetings at service locations and engaged in observational audits while at the service to determine consumer satisfaction with the service and the services provided.

The organisation utilised a centralised intranet-based system, accessible by all staff, to manage governance processes, policies and procedures developed to direct staff in the implementation of effective delivery of safe, caring and quality services. These included legislative requirements, role responsibilities, consumer feedback mechanisms. Access to electronic systems was protected with passwords. The service had a range of governance systems in place in relation to continuous improvement, financial governance, regulatory compliance and complaints management.

The organisation maintained a personal and clinical care policy, supported by the risk management framework, which included role specific responsibilities for risk identification, escalation and management of identified risks. High-impact and high-prevalence risks had been identified and were falls, weight loss, and wound management. Management and staff were able to provide examples of additional and ongoing activity to support the objectives of the risk controls and the current high risks identified.

The organisation had a documented clinical governance framework, including policies relating to antimicrobial stewardship, minimising the use of restraint, and open disclosure. Staff with responsibility for the oversight of infection control outlined the components of the outbreak management plan and described recent updates, additional staff training and the running of vaccination clinics to promote prevention. Staff demonstrated a good understanding of their accountabilities and responsibilities under the clinical governance framework and what it meant to them in a practical way in relation to antimicrobial stewardship, the use of restrictive practices, and open disclosure.

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-2)