Performance

Report

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| Name: | North Rockhampton Nursing Centre |
| Commission ID: | 5446 |
| Address: | 691-711 Norman Road, NORTH ROCKHAMPTON, Queensland, 4701 |
| Activity type: | Site Audit |
| Activity date: | 9 January 2024 to 12 January 2024 |
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| Service included in this assessment: | Provider: 1132 Queensland Health  Service: 3736 North Rockhampton Nursing Centre |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for North Rockhampton Nursing Centre (**the service**) has been prepared by D Saunders, 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

# 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 they are treated with dignity and respect, feel valued and supported to maintain their identity and culture and can make informed decisions about their care and services.

Staff consistently spoke of consumers in a respectful way demonstrating knowledge of the consumer’s individual experience, identity and valuing their diversity. Care planning documents reflected the diverse experience of each consumer and provided details as to the meaningfulness of a particular aspect of identity to that individual consumer.

Care planning documents were detailed and specific to each consumers’ background. Significant life events such as achievements or living through trauma, their educational and work background, culture and identity as well as the meaningfulness of that experience to them were described.

Consumers and representatives interviewed expressed satisfaction their care and services were culturally safe. Staff and others demonstrated practical ways they provide culturally safe care, as well as speaking of culture with value and the ways they share culture at the service. Management described how culturally safe care and services were delivered to consumers. Care planning documents reviewed were specific in references to a consumer’s cultural needs.

Clinical and care staff provided examples of how consumer’s culture influences the way they deliver care and service. For example, staff spoke about how they ensure consumers only get care from female or male carers who have expressed this preference.

Care documentation reviewed include specific cultural needs across all aspects of care and service including in well-being activities, personal care, food and end of life wishes.

Consumers expressed they are able to provide feedback on ways in which their choices regarding their care and the people involved in their care are supported, and how they are able to communicate their choices. Staff described ways they supported consumer choice, and relationships. The organisation’s policy documentation highlighted the consumer’s right to autonomy over their choices.

Care staff were able to describe family members for sampled consumers, and how they kept in touch. They could also advise who the ‘substitute decision maker’ (representative) was for each sampled consumer, and what decisions the consumer could make independently.

Consumers and representatives interviewed confirmed they are able to understand the service’s communications and they can make choices based on the information provided. Many spoke about how the staff keep them informed verbally. Consumers spoke specifically about how information is provided to them in the activity calendars, newsletters and the daily menu displays. Staff explained how they help consumers to understand information including ensuring glasses and/or hearing aids are available, if required.

Consumers felt staff were respectful of personal information and the service demonstrated they discuss consent for release of information with consumers on admission to the service which can be varied or withdrawn at any time. Staff described numerous ways they protect consumers’ privacy including discreetly providing care in the privacy of their room and using the allocated ‘care in progress / do not disturb’ door signs. There is an organisational wide privacy policy that outlines the service’s commitment to protecting the privacy of consumer’s personal information.

For the above reasons I find this standard 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 consumer representatives interviewed stated they are satisfied with the assessment and care planning process at the service and said the care delivered meets consumers’ needs. Staff interviewed demonstrated they are aware of assessment and care planning processes, which identify risks to the consumer’s safety, health, and well-being. For the consumers sampled, as well as the review of a further 13 consumer files, the Assessment Team identified the service undertakes a comprehensive assessment and care planning process when the consumer enters the service to identify their needs, goals, and preferences. The service has clinical guidelines, policies and procedures to guide staff in their practice and when incidents occur, which are recorded and investigated. Care plans are reviewed and changed whenever a risk is identified, and interventions have been identified.

All consumers and representatives sampled confirmed their involvement, or that they have had discussions, regarding advanced care planning and how care is to be provided. Registered staff interviewed stated advance care planning and end of life planning information is discussed with consumers and representatives on admission, or when the consumer wishes and as the consumer’s care needs change. The care planning documents reviewed identified whether there was an advanced resuscitation plan (ARP), advance health directive (AHD) or statement or choice (SOC) in place, consumer’s needs, goals, and preferences including advance care planning and end of life preferences where consumers/families have expressed their wishes. The assessment and planning identifies and addresses the consumer’s current needs, goals, and preferences.

Consumers and their representatives who were interviewed reported they were involved in assessment and planning on an ongoing basis. A review of care documentation for the sampled consumers identified consumers and their representatives were consulted in assessments and care planning. Other multi-disciplinary team members were also involved, such as medical officers (MO), physiotherapists, speech pathologists, podiatrists, dietitians, and their input is reflected in the documentation.

Clinical staff said they involve consumers and their family members in assessments and planning on entry to the service and then ongoing, to ensure consumers are actively involved in assessments and care planning and their personal preferences identified.

Consumers said they know what care and services they receive and when their care delivery occurs each day. Consumers and representatives interviewed advised they would be comfortable requesting a copy of the consumer’s care planning documentation if they chose to. The registered staff reported consumers are involved in the assessment and review process and are consulted during the process if able. Where the consumer is unable to participate, they involve the representative in the process. Consumers’ care plans reviewed were relevant to their needs and included information covering, communication, nutrition and hydration, transfers and positioning, mobility, restrictive practices, behaviour support plans, sleep management, family social history and end of life care.

Consumers and representatives interviewed confirmed that consumer’s care and services are regularly reviewed when the consumer’s circumstances have changed, there is a deterioration of condition or when incidents impact on the needs, goals, or preferences of the consumer. Care plans sampled demonstrated evidence of review on a regular basis (3-monthly), or when circumstances change and when incidents occur including falls and behaviours.

Registered staff, the Director of Nursing (DON) and Nurse unit managers (NUMs) were all aware of their responsibility in relation to the incident reporting process, escalation of incidents and the requirement to report any change in the consumer’s condition, needs or preferences which may prompt a re-assessment.

For the above reasons I find this standard 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 consider they received the care they need and stated they were satisfied with management of individual risks, including falls, pressure injuries and pain.

The Assessment Team reviewed care documentation for a sample of consumers which reflected individualised care was safe, effective, and tailored to the specific needs and preferences of the consumer. Clinical staff demonstrated knowledge of individual consumer’s personal and clinical care needs, and how they meet these. The service had policies, procedures, and tools in place to support the delivery of care provided, for example, policies, procedures, and guidelines in relation to restrictive practices, falls management, wound care, skin integrity, incontinence, pressure injury prevention and management and a pain management policy that incorporates ongoing pain assessment to guide staff practice.

The Assessment Team reviewed the clinical care provided across the areas of restrictive practice, skin integrity, medication management, and pain management. They universally identified sound practice.

Consumers and representatives were satisfied with how the service manages risks associated with their care and services. Clinical staff were aware of the types of risks for consumers at the service and could explain the strategies used to manage individual consumer risks, for example the use of frequent repositioning and promoting skin integrity to reduce the risk of pressure injuries (PI). For the consumers sampled, care documentation described the key risks to those consumers. These included falls, swallowing, diabetic management, behaviour, and infections, including urinary tract infections (UTI). Clinical staff advised, and documentation demonstrated, the service had processes related to the effective management of high impact risks, including dignity of risk (DOR) for consumers.

Consumers and representatives interviewed expressed confidence that when the consumer needs end of life care, the service will support them to be as free as possible from pain and to have those important to them with them. Consumer’s Advanced Health Directives (AHD) or other end of life directives, for example CPR advice, are retained by the service and are reflected on the consumer’s care plan. Clinical staff described the way care delivery changes during palliation. Assessments include pain and review of consumer’s medications by medical staff.

Consumers and representatives had no concerns about the service’s ability to recognise deterioration in their health and believed they would receive prompt action if this occurred. For the consumers sampled, care planning documentation and/or progress notes reflected the identification of deterioration or changes in their condition. Registered staff described ways in which they respond to deterioration or a change in the consumer’s condition or health. This included completing observations, contacting the MO, contacting EPOAs, transferring to hospital if needed, and documenting in progress notes. The service has clinical policies and guidelines in place to direct the provision of care by staff if a deterioration occurs.

Consumers and representatives were satisfied their care needs and preferences are effectively communicated between staff and they receive the care they need. For consumers sampled, a review of care planning documentation demonstrated progress notes, care and service plans and handover reports provided adequate information to support effective and safe sharing of the consumer’s information to support care. Information is specific to individual consumers, such as wound care that requires attention, routine blood glucose levels (BGL), mobility aids required, nutritional requirements and hygiene preferences. Clinical and care staff interviewed described how changes in consumers’ care and services are communicated in the service’s online progress notes and at handover including identification of consumers whose care needs may have changed or whose condition has deteriorated.

Consumers and representatives said referrals are timely, appropriate and occur when needed, and that the consumer has access to relevant health professions, such as allied health providers and medical specialists. For the consumers sampled, care documentation indicated the input of other health professionals such as, physiotherapists, speech pathologists, dietitians, MOs, and referrals where needed. The service had procedures for making referrals to health professionals outside of the service, through electronic messages and telephone communications. The NUMs said the service documents each referral, and each referral is followed up by them to ensure the referral is accepted and responded to in a timely manner.

Consumers and representatives stated they were satisfied with infection control practices at the services during the COVID-19 outbreaks. The service has documented policies and procedures to support the minimisation of infection related risks through the implementation of infection prevention and control principles and the promotion of antimicrobial stewardship. The service was able to demonstrate preparedness in the event of an infectious outbreak, including a COVID-19 outbreak management plan. Care and clinical staff interviewed demonstrated an understanding of how to minimise the need for, or use of, antibiotics and ensure they are used appropriately.

Observations by the Assessment Team indicated the service was following appropriate infection minimisation practices.

For the above reasons I find this standard 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 stated that the services and supports provided meet their needs and goals and optimise their wellbeing and quality of life. Recreation staff were aware of consumers’ preferences and goals and considered these when providing supports. A review of sampled care planning documentation identified a range of information is recorded in each consumer’s lifestyle care plan, including their past, preferences, and things that were important to them. The Assessment Team observed a number of activities taking place at the service and observed consumers with different physical and cognitive needs taking part.

Consumers interviewed spoke about how staff are supportive and spend time with them if they are feeling low. Consumers’ emotional, spiritual and psychological well-being and corresponding strategies are recorded throughout the care plans reviewed. Interviews with staff and review of documentation demonstrated a range of activities and supports available including support visits from recreation staff, pastoral volunteers, church services, and referrals to specialist services if additional support is required.

Consumers and representatives interviewed were able to provide examples of how the service supports consumers to maintain relationships with loved ones and do the things of interest to them. For the consumers sampled, care plans reflected their interests and what activities they enjoy participating in. Recreation staff were able to explain how staff support consumers to stay connected with people important to them. The Assessment Team observed family and friends being welcomed into the service and enjoying quality time with their loved ones.

Consumers expressed satisfaction and that staff understand their needs and preferences when delivering their care. Staff described how they document and communicate care, and how they would know if an aspect of care had changed. Staff expressed confidence that they have the information they need to provide the right care to consumers. Handover documentation and care plans are clear, current and specific in the way they communicate a consumer’s needs and preferences in relation to activities and social participation such as including times of prayer or how to support a consumer to attend an activity.

Consumers interviewed said that they receive supports and services from outside organisations and individuals. The recreational coordinator was able to describe how the service works with outside organisations to ensure consumers are supported to maintain a good quality of life. The service engages with local volunteer and religious organisations to provide social, emotional, and spiritual support to consumers at the service. The Assessment Team observed volunteers attending the service on multiple days during the Site Audit. A pastoral visitor attends weekly with consumers who prefer private communion.

Consumers sampled reported being satisfied with the meals provided stating that they are of suitable quality and quantity. Hospitality staff outlined the practices which allows for a variety of meals to be offered. Sampled consumer care plans were reviewed and included information such as allergies, dietary requirements, and personal preferences. The Assessment Team made various observations that demonstrated the service had relevant practices to ensure safe food storage, preparation, and delivery. Meals are cooked fresh onsite by rotational cooks under the supervision of the service manager. The kitchen was observed to be clean, organised and well maintained.

Consumers interviewed reported that they find the equipment at the service suitable, safe, clean, and well maintained. Recreation staff interviewed stated that equipment was available to them when they needed it and could not think of any issue they have had with equipment. Maintenance staff were able to explain the processes for maintaining equipment. A review of maintenance documentation found support equipment to be appropriately maintained.

For the above reasons I find this standard 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 sampled stated that they feel at home at the service and representatives interviewed stated that they are always welcomed when they visit their loved one. Management and staff stated that they ensure that consumers and their loved ones always feel welcomed within the service. During interviews the Assessment Team observed that each consumer has personalised their rooms with personal pictures and art.

Care staff described how they enjoy greeting consumer visitors, and how important it is for consumers wellbeing to receive visitors.

Consumers interviewed were happy with the standard of cleanliness and felt safe in their environment. The environment allows consumers to move freely both indoors and outdoors. Consumers have free access to outside areas including gardens and veranda areas. Staff described how they monitor the safety and comfort of the environment for each consumer to participate in activities.

The Assessment Team’s interviews with consumers confirmed they feel safe when staff assist them with their mobility or transfers. Interviews with staff, a review of maintenance documentation and observations confirmed that furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers.

Maintenance staff described how they regularly checked, or contracted other relevant services, to review various aspects of the service environment or equipment to ensure it is maintained and safe. This includes checking consumers personal furniture and mobility aids to ensure consumer safety.

Clinical and care staff said they have access to appropriate equipment and described how specific equipment is identified in consumers’ care plans and confirmed that equipment is regularly checked and cleaned by nursing staff, the physiotherapist, maintenance personnel and/or specialist contractors.

For the above reasons I find this standard 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

Consumers and representatives interviewed stated they are encouraged and supported to raise concerns or provide feedback through verbally telling staff, completing a Consumer Feedback Form, providing feedback in the Residents Meeting, consumer surveys or sending feedback to management via email. Management interviewed could describe the different avenues how they regularly seek input and feedback from consumers, carers, the workforce and others as outlined in the service’s Feedback and Complaints Policy. The Assessment Team observed that Consumer Feedback Forms and feedback boxes were located at the reception area and nurses’ stations in each wing of the service.

Consumers and representatives interviewed reported they are informed about how to access advocacy, interpreter, and legal services, as well as external complaints through the service’s Information Booklet and monthly newsletters. Management and clinical staff interviewed knew how to access advocacy and interpreter services for consumers when needed. Advocacy and interpreter information for various organisations and the Aged Care Quality and Safety Commission (the Commission) were observed within the service. The service’s Interpreter Service Policy, Resident Advocacy Policy, Feedback and Complaints Policy and Information Booklet included information on accessing various methods and support services for raising and resolving a complaint.

Consumers and representatives interviewed felt that the service responds to their complaints appropriately and the service communicates with them to discuss their concerns. Management and staff interviewed could describe the complaint management and open disclosure processes. The service’s feedback and complaint system included the date of the complaint, description of complaints and the action taken in response. The service’s Feedback and Complaints Policy outlined its commitment to take appropriate action in response to complaints, and the Open Disclosure Policy outlined the service’s commitment to systematic approach to ensure instances of harm or potential harm to consumers are identified and open disclosure is practiced appropriately within a framework of communication with consumers when things go wrong.

Consumers and representatives interviewed said that feedback and complaints are reviewed and used to improve the quality of care and services. Management and staff could describe how service improvements have been made in response to feedback, and the service’s Feedback and Complaints Policy outlined the service’s commitment to review feedback and complaints and use them to improve the quality of care and services. The service’s Continuous Quality Improvement for Residential and Aged Care Policy and Plan for Continuous Improvement Register detailed the changes made in response to feedback and complaints to improve care and services.

For the above reasons I find this standard 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 consumer representatives interviewed reported that there are enough staff to meet consumers’ needs. Management reported that vacant shifts are filled through management staff with clinical backgrounds, permanent part timers, extended shifts and a casual pool. Staff sampled felt there were enough resources available at the service and they have sufficient time to provide safe and quality care to consumers. A review of the rosters for the fortnight immediately preceding the Site Audit, and other documents, demonstrated the service had enough staff to fill shifts to deliver safe and quality care and services.

Consumers and representatives interviewed said staff are kind, caring and respectful regardless of consumers’ culture and diversity. Management, clinical staff, and care staff were observed interacting with consumers using respectful language when assisting them.

Consumers and representatives interviewed said staff knew what they were doing. Management described the process to ensure that staff are suitable for, competent and capable in their roles. A review of documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

The Assessment Team’s review of the records of the sampled RN and AIN indicated that staff are appropriately qualified and that the service carries out the necessary checks required for their roles. The checks included police criminal checks, Australian Health Practitioner Regulation Agency (AHPRA) registration, certification, and mandatory trainings.

Position descriptions of roles such as RN and AIN, were observed to include responsibilities, accountabilities, qualifications, professional registration, personal attributes, training and experience for the role. The review of the RN’s and AIN’s records revealed that their qualifications, knowledge and experience matched their respective position description.

Consumers and representatives interviewed were confident that staff are trained in providing consumer care and services. Clinical and care staff said they were satisfied with the training provided by the organisation via online learning and face-to-face. A review of the service’s Recruitment and Selection Policy, Education Calendar 2023 and other documentation found additional evidence that the workforce is satisfactorily recruited, trained, equipped and supported to deliver the outcomes required by the Aged Care Quality Standards.

Management and staff interviewed could describe how performance appraisals occur, and a review of staff records and documentation pertaining to staff performance further supported that staff performance is continually assessed and monitored, including through ongoing supervision, identifying and addressing issues as they arise. Management explained they monitor staff performance through performance assessments every 6-to-12-month period as per the service’s Performance and Development Policy. The process includes reviewing and setting performance goals and expectations, identifying development needs, and ensuring the needs are clearly outlined. They use an electronic system to record and monitor timeliness of performance assessments.

For the above reasons I find this standard 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 interviewed reported they are engaged in the development, delivery and evaluation of care and services. Management advised there are different avenues such as the monthly Residents Meetings, care plan reviews, consumer experience surveys, and feedback forms where consumers and their representatives can provide feedback to improve service and care delivery. The service could provide documented evidence to demonstrate that consumers are engaged and supported in providing input on service delivery.

Management could demonstrate how the governing body, the Board, is involved in the delivery of care and services as indicated in its organisational chart and outlined in its organisational and clinical governance framework. A review of the service’ Organisational and Committee Framework and Clinical Governance Framework indicated that the Board is accountable to consumers in ensuring the delivery of care and services that are safe, effective, integrated, high quality and continuously improving.

The service has effective governance systems in place including a governance and reporting structure, electronic information management, workforce management, continuous improvement, policies and procedures, management meetings, reports including information for the governing body to satisfy itself that the Quality Standards are met.

The service’s Risk Management Framework and Risk Management Policy outlined its commitment to identify, assess, evaluate, treat, and monitor current and emerging risks. Management and staff described the processes to effectively manage risks and incidents including the prevention of abuse, harm and neglect of consumers.

The organisation has a clinical governance framework in place that included policies, procedures, service delivery practices, and staff training requirements across the areas of antimicrobial stewardship, restrictive practices, and open disclosure.

Management said that they discuss antimicrobial stewardship at the Antimicrobial Stewardship Committee meetings. Management and staff received training in infection prevention and control as part of their annual mandatory training program.

Management and clinical staff interviewed could describe chemical restraints, environmental restraints, mechanical restraints, physical restraints, and seclusion and were aware of the requirements around using restrictive practices, including the need to seek alternative interventions prior to using any form of restraint.

Management and staff interviewed could explain what open disclosure meant to them, as in being open and honest when things go wrong, to communicate with consumers and families, acknowledge the issue or mistake, and find a solution and learn from it.

For the above reasons I find this standard 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)