Performance

Report

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| Name of service: | Nuffield Village |
| Service address: | Gough Drive CASTLE HILL NSW 2154 |
| Commission ID: | 0039 |
| Approved provider: | Anglican Community Services |
| Activity type: | Site Audit |
| Activity date: | 11 October 2022 to 13 October 2022 |
| Performance report date: | 7 November 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 Nuffield Village (**the service**) has been prepared by Melissa Buhagiar, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

**Material relied on**

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

* the Assessment Team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the following information received from the Secretary of the Department of Health and Aged Care (**the Secretary**): Exceptional Circumstances determination dated: 18 June 2021, 02 December 2021, 21 June 2022.

**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**

The Assessment Team interviewed consumers and representatives who said they are treated with respect and their identity, culture and diversity are valued. Consumers were able to describe how staff respect their culture, values and diversity. Consumers and representatives interviewed said they can make decisions about how their care is delivered, how they are supported to do the things they want to do and who is involved in their care. Consumers advised that staff knock on their doors before entering maintaining their privacy.

The Assessment Team observed the service’s noticeboards displayed menu options, activity schedules and advocacy service information in multiple languages. Consumers and representatives said the information they receive is current, timely and easy to understand.

The Assessment Team reviewed consumers care planning documentation which included information about their individual preferences, identity and culture. Care planning documents identify consumer choices around when care is delivered, and staff were able to describe how consumers maintain relationships of choice. Care planning documentation reviewed reflected consumers cultural needs, interests and preferences.

The Assessment Team interviewed management and staff who were able to describe consumers cultural backgrounds and how this informs the daily provision of care and services. Leisure and lifestyle staff said they hold different cultural celebrations and groups to cater to and reflect the diversity of consumers at the service, this includes Spanish morning tea and Oktoberfest lunch. Management and clinical staff said they support consumers to do the things they want to do even if there are risks involved. Management said it is very important for consumers to continue to engage ‘as they used to’.

The service policies include information about treating consumers with respect and maintaining their dignity. Organisational policies included information on consumer autonomy, choice and decision making and diversity and culturally appropriate care.

**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**

The Assessment Team interviewed consumers and representatives who said they are satisfied with the assessment and planning of consumer care to address consumer needs, goals and preferences, including advance care planning and end of life planning. All consumers and representatives interviewed said they felt they are partners in care with the service. Most consumers and representatives sampled felt they are well informed about the outcome of assessment for their clinical and personal care and had no complaints in relation to this requirement. Some consumers had difficulty recalling seeing their care plan and if assessments had occurred. Most consumers and representatives sampled know care plans are readily available. Consumers said case conferences occur with staff and care and services are discussed. Consumer file review demonstrated care plans for consumers are in place.

The Assessment Team found that consumer assessment and planning include the identification and consideration of risks which informs the delivery of safe and effective care and services. The care manager said all new consumers entering the service are assessed for risks and risk mitigation strategies are implemented. Review of care planning documentation confirmed this for sampled consumers. Staff were able to describe the risks for consumers and how this was managed. The service ensures all consumers care and services are evaluated every three months and updated annually. Review also occurs when there is a change in condition for consumers. Care planning documentation for sampled consumers was observed. Consumer files show adjustment made to care planning after changes in condition.

Staff are able to describe what is important to consumers and how they want their care delivered including preference of female care staff for personal care. Documentation review shows consumers sampled have end of life wishes in place. The Assessment Team observed consumers receiving care and services according to their preferences during the site audit.

Staff said they involve the consumers and representatives in planning for care and other health practitioners where appropriate. Care planning documentation confirmed this. The Assessment Team observed staff talking with representatives about the care and services for consumers during the site audit. In relation to advanced care planning, the care manager acknowledged 25% of consumers do not have end of life wishes documented at the service. The care manager said some consumers and representatives are not always comfortable to talk about their wishes when approached by clinical staff and the service is continuing to complete this for all consumers. This has already been identified and included in the continuous improvement plan.

**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 Assessment Team found that overall sampled consumers and representatives interviewed felt they are satisfied the personal and clinical care the service delivers are safe and right for consumers. Representatives provided feedback that Medical officers and allied health professionals are consulted to assist with consumer pain management. The service includes non-pharmacological and pharmacological strategies to assist consumers with pain management.

The Assessment Team found that the service recognises deterioration or a change in a consumer’s mental, cognitive or physical function and escalates care in a timely manner. Representatives advised the team that they are contacted in a timely manner when their consumer becomes unwell or when an incident occurs following a registered nurse or medical review or when an update is required.

The service demonstrates information about the consumer’s condition needs and preferences is shared within the organisation and with others where responsibility for care is shared. Overall, sampled consumer representatives reported staff know the consumers and their care needs well and information about their care needs is shared.

The Assessment Team identified that the service is making referrals to specialist organisations and individuals who are able to provide the consumer the particular care they need in consultation with consumers and their representatives. Four consumer representatives sampled confirmed the involvement of other health care providers, and referrals to external services if needed by the consumer and that they were consulted. Sampled consumer care notes show evidence of referral to and input by specialist services including allied health professionals, Dementia Services Australia and wound specialists.

The Assessment Team reviewed sampled consumer care documentation which demonstrates individualised care delivery that is, overall, safe and tailored to the specific needs and preferences of individual consumers. The Assessment Team reviewed wound care documentation which demonstrates consumer’s wound management progress is consistently monitored, and all wounds are attended, reviewed, photographed and documented as scheduled and are healing. The service is effectively managing most high impact high prevalence risks for sampled consumers. Risks such as wounds, falls, pain, diabetes management and anticoagulant therapy were reviewed, and appropriate strategies are in place. The Assessment Team identified that the service has skin integrity and wound management policies and procedures in place. The policies relate to the identification of the risk of pressure injury and outlines preventative measures that can be put in place to minimise the risk of a consumer obtaining a pressure injury.

The Assessment Team reviewed care documents for a consumer who had recently passed away which reflects the service delivered end of life care according to the wishes and preferences of the consumer and recognised the consumer’s needs and goals. Management said they offer consumers opportunities to provide details of their wishes regarding end-of-life care on entry to the service. These were observed in consumers’ clinical files.

Staff explained how information, including from external providers is shared within the organisation via the electronic records and any new information regarding care is shared at handover and incorporated into the care plan where changes to current cares result. Staff also explained how significant information is shared via reflective practices, toolbox education, weekly clinical review meetings and weekly care supervisor catch-up and information is shared with families through care conferences, by phone or email.

The Assessment Team interviewed staff who were able to demonstrate an understanding of precautions in relation to preventing and controlling infection and the steps needed to take to minimise the need for antibiotics at the service. There is a staff and consumer vaccination programme and records are maintained for influenza and COVID-19 vaccinations for staff, consumers and volunteers. The service has policies and procedures to guide staff in relation to infection control management, the management of a COVID-19 outbreak and antimicrobial stewardship. Staff confirmed they received training in infection control strategies and COVID-19 as well as antimicrobial stewardship. The service has an infection prevention and control lead in place with the appropriate training. All representatives interviewed said they were very happy with how the service had managed the minimisation of infection related risks throughout the COVID-19 pandemic.

**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**

The Assessment Team interviewed consumers and representatives who confirmed consumers are receiving safe and effective services to support their needs, goals and preferences. They stated there is a group activities program and they participate according to their preferences and are supported in their individual interests. The service uses a ‘Rhythm of Life’ philosophy, which maintains the consumer as the central focus and gets to know the consumers and identify what the individual wants. It aims to enable consumers to continue to live the life they choose. The ‘rhythm of life’ approach invites consumers to take on particular roles. This includes assisting with setting the tables in the dining room, assisting with cooking at the men’s BBQ each month, calling the bingo, delivering consumer mail, and as a representative/advocate for consumers.

Consumers and representatives interviewed confirmed consumers receive the support they need for their emotional, spiritual and psychological wellbeing. Emotional, spiritual and psychological needs, goal and preferences are assessed when consumers first come to the service. Care staff, lifestyle staff and a chaplain and pastoral care team provide ongoing support for consumers and are available for consumers at times of special need such as settling into the service, end of life, bereavement, or trauma. Religious services are conducted regularly and representatives from local churches also visit. Consumers are referred to counselling service as needed.

Consumers and representatives interviewed confirmed consumers are supported to participate in the community within and outside the service, have social and personal relationships and do things of interest to them. The service provides activities outside such as regular bus outings. Visitors from the outside community such as volunteers, entertainers, the Community Visitors Scheme, and representatives from local churches also come into the service. There are lifestyle services, such as hairdressing; spiritual support with visits from local ministers; and support from the National Disability Insurance Scheme (NDIS). Management explained staff can refer consumers to specialists/specialist services such as counsellors, or Dementia Services Australia if needed. Families also take individual consumers on outings. The service facilitates social and personal interaction through the lifestyle program and flexible seating arrangement in the dining room.

Consumers and representatives interviewed indicated staff know them well and are aware of consumers’ individual needs, goals and preferences. Staff interviewed explained how information is shared and they are kept informed of the changing needs and preferences of consumers. All staff have access to the care documentation system. There is a handover process for each shift and lifestyle staff are updated about changes to consumer’s condition at a ‘huddle’ meeting each day. Care documentation reviewed has the relevant information for the effective delivery of services and support for daily living.

Consumers interviewed were generally satisfied with the meals provided at the service. They confirmed they are given choice, there is variety on the menu, special dietary needs and preferences are catered for, and they are given enough to eat. The catering staff explained that all new consumers have a dietary assessment by the registered nurse when they come to the service and this information is provided to the kitchen. The kitchen caters to individual dietary needs and preferences, and special needs such as pureed and textured meals, gluten-free and vegetarian requirements. The care planning documents reflect the individual dietary needs and preferences of the consumers sampled.

The lifestyle staff explained that each consumer is assessed for their lifestyle needs, goals and preferences when they come to the service and a lifestyle care plan is developed for each consumer. A review of care documentation showed each consumer has a ‘social, cultural and spiritual’ care plan including a detailed life story to help staff know the consumer. The lifestyle team prepare a monthly activities program informed by the identified interests of consumers and this is regularly reviewed and evaluated in consultation with consumers. A separate lifestyle program is provided for consumers living in the memory support unit which caters more directly to their needs and is more flexible to adapt to changing circumstances. Interviews with staff confirmed they know the consumers well.

The service provides equipment to cater for the needs of consumers and has processes in place to ensure it is safe, suitable, clean and well-maintained. Consumers confirmed they have the equipment they need, and staff say they have sufficient and appropriate equipment to provide for the care and lifestyle needs of consumers. The Assessment Team observed the equipment provided to consumers is safe, suitable, clean and well maintained. This includes equipment for routine and specialised care and to support lifestyle needs and preferences.

**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 Assessment Team interviewed consumers and representatives who confirmed the service environment is welcoming and they feel at home at the service. The service environment provides both private and communal space to cater for consumers personal and social needs. Management explained ways the service environment is made welcoming and easy to understand and supports the consumers’ sense of belonging, independence, interaction and function.

Consumers interviewed confirmed the service is safe, clean and well maintained, and they can move freely within the facility and outdoors. The service environment was observed to be safe, clean, well maintained and comfortable. Management and staff explained the systems in place for the cleaning and maintenance of the service environment, and for ensuring the safety of the environment.

The Assessment Team observed consumers had personalised their rooms, and some had brought some of their own furniture. The service is decorated with paintings, pictures and ornaments to create a home-like environment. There is signage to assist way finding. The Assessment Team observed the service to be well lit and maintained at a comfortable temperature with air conditioning. The corridors have railings to support consumers independence and mobility. The Assessment Team observed the living environment to be calm. This included the memory support unit.

The Assessment Team observed the furniture, fittings and equipment are safe, clean, well maintained and suitable for consumers. Consumers interviewed indicated they are satisfied that the furniture, fittings and equipment are safe, clean, well maintained, and meeting their needs. Management and staff explained the systems in place for the cleaning and maintenance of the furniture, fittings and equipment.

**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 Assessment Team interviewed consumers and representatives who said they feel supported to make complaints and give feedback. They described how they give feedback at consumer meetings, through feedback forms placed in a locked box at the entrance to the service, informal verbal feedback and through surveys. Staff and management were able to explain how they support consumers to give feedback according to organisational policies.

Some consumers were aware of where to provide complaints external to the service. Consumers said they would ask staff or family members if they were unsure of where to make an outside complaint. The service provides advocacy, language services and external complaints information in their admission pack, consumer handbook and via a display of pamphlets and posters available at the entrance to and throughout the service.

Consumers and representatives said that the service responds appropriately to any complaints raised and this was evident from a review of the complaints register. Consumers and representatives said their feedback is used to improve services.

The Assessment Team interviewed management who advised that the Older Person’s Advocacy Network (OPAN) come to the service on a yearly basis and are due next month. Leisure and clinical staff explained how they would help consumers and representatives to make a complaint external to the service by getting the contact details for OPAN or the Commission from the posters. Staff were able to describe improvements which had been driven by consumer feedback from meetings or surveys Staff were able to describe the complaints and open disclosure process and how they apologise when something goes wrong. Management explained how staff are guided by open disclosure and complaints management policies. External and internal complaints made by consumers and representatives or staff were followed up according to service policy.

**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**

The Assessment Team interviewed consumers and representatives and received mixed feedback about the sufficiency of staff at the service. The Assessment Team found while this feedback was received, no negative impact to consumers was identified. Consumers and representatives said the staff caring for them are always very busy and therefore they feel they need more. The consumers said their call bells are responded to in a timely manner. Staff said they feel they need to be more available for consumers and therefore they need more staff. Consumers interviewed said staff are always kind and gentle when assisting or providing care for them. One consumer said the staff at the service ‘are the best there are’ when drawing comparisons between this service and a service that the consumer had previously resided in. Another consumer described the staff as ‘angels on earth’.

Consumers and representatives interviewed said they believe the workforce is well trained, and competent in their roles. Concern was raised about some agency staff, however in raising the concern the representative said most are competent and provide care correctly.

Review of rosters demonstrated vacant shifts and planned, and unplanned leave are filled utilising the service’s own and agency staff. To ensure continuity of care for consumers, agency staff are ‘block booked’ wherever possible. Overtime shifts for permanent staff, in full or partial shifts, are also utilised as a strategy to ensure all available shifts are filled. The service is actively recruiting permanent and casual staff to continue to fill the roster, particularly as the care needs of consumers increase demand for staff time.

Call bell responses are monitored by management who undertake to speak with staff about responses above 10 minutes. Management said they have determined often the staff have spoken with consumers to acknowledge the call but may have had to finish assisting another consumer before tending to and deactivating the new call.

There is an entry in the service’s continuous improvement plan reflecting the ongoing monitoring of call bell response times. Management said the call bell system is to be upgraded in this financial year to enable closer monitoring of calls and response times as well as differentiating sensor mats from calls.

The Assessment Team observed staff at the service interacting with consumers and their representatives in a kind, caring and respectful manner. Staff interviewed were able to describe the many and diverse cultures represented at the service. Staff were observed to refer to or address consumers by their preferred names.

Management said workforce interactions with consumers are monitored on 3 levels. These are via a monthly auditing process, including observations of staff. A consumer and representative survey conducted annually to elicit feedback and evaluation of staff performance and other aspects of care and services. Finally, feedback and complaints are tracked. Management said there is a high amount of positive feedback received, both written and spoken.

The organisation has a comprehensive orientation process that includes information on the Quality Standards, elder abuse and mandatory reporting requirements including the SIRS, incident and hazard reporting, restrictive practices, dignity of risk, infection control and antimicrobial stewardship. New staff attend a minimum of 3 orientation and induction days focused on education and organisation systems and processes. Buddy shifts are provided at the service for new staff to assist them in getting to know the consumers and procedures in practice.

The service’s workplace trainer provides both planned and ad-hoc training. These are done either one on one with individual staff or in group settings in response to identified need, incidents and evolving trends, regulatory changes and staff feedback. Many training sessions have been provided in the last year including but not limited to behaviour management, open disclosure, SIRS and antimicrobial stewardship. In response to feedback received during the site audit, training was provided regarding privacy and dignity

The service’s plan for continuous improvement (PCI) contains an open line item relating to recruitment of staff who are appropriately trained and equipped to provide care and services to consumers. The organisation has an established framework for performance review and management of the workforce. The use of reflective practice conversations is encouraged by management and held with staff when incidents occur, or concerns are raised.

Those members of the workforce who are due performance appraisals are reported to the service manager by the people and culture (human resources) department. Completion of appraisals is monitored by the same department and reminders sent to the service manager to ensure timely completion.

**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**

The Assessment Team found that the service demonstrated how consumers are engaged in the development, delivery and evaluation of care and services, at service and organisation level. Those consumers and representatives interviewed expressed their approval of the service’s management team.

One consumer has been identified as the service’s consumer representative. The consumer participates in meetings at service and organisation level to provide input on the consumer’s behalf. The organisation has a ‘WElders’ (wise elders) group which meets regularly to discuss changes at the organisation and needs of consumers. These meetings are chaired by the organisation’s general manager for customer experience. The consumer said the other consumers and staff at the service know that they can raise concerns or discuss things that are bothering them. The consumer feeds information back to management anonymously or referring directly to the person to address the concerns depending on their preferences regarding anonymity.

Regular resident meetings and family forums are held at the service to ensure consumer and representative feedback and input are received. Minutes for these meetings were reviewed and reflected a practice of open disclosure relating to all aspects of the service management is used, not just when things go wrong.

Management advised that a consumer participates in the interview process for selection of new staff. The service manager said as the consumer is a former nurse and the experience and wisdom are valuable to the recruitment process.

The organisation’s governing body utilises many avenues to ensure they are informed and accountable for the delivery of safe, quality care and services for their consumers. The organisation’s strategic plan 2018-2028 outlines Anglicare’s mission, purpose and goals and outlines an expectation of culturally safe and inclusive care. The organisation’s general manager said the new chief executive officer has determined the strategic plan requires updating to reflect a renewed vision and purpose. Meetings regarding these changes were in progress during the site audit.

Board meetings are held regularly where they review reports provided to them by each service relating to incidents, infections, complaints and SIRS (among other topics). Concerns or suggestions received from consumers are raised with the board for consideration, often via the WElders group.

The board has initiated several changes across the organisation in recognition of their need to hear more clearly from consumers and their representatives about their needs, and of the service’s need for additional and accessible support. The general manager for customer experience is the newly created role dedicated to meeting with the consumers and hearing their voice. In order to provide sufficient support at service level a restructure was undertaken with new roles created such as the provision of quality managers, adequate care coordinators and care managers.

Management at the service demonstrated how organisation wide governance systems have been effectively implemented at the service. The organisation uses various systems to document and collect information effectively to enable review and action as required. This includes but is not limited to; electronic systems for documentation of consumer clinical care and needs; organisational policies and procedures; a recently updated incident reporting and management system and complaints reporting. All staff have access to the systems according to their roles and were able to demonstrate their understanding of their use. The organisation has policies and procedures that dictate the access, use and storage of their information across all platforms.

The service’s continuous improvement plan demonstrated the service identifies and actions areas for improvement on an ongoing basis. The areas for improvement are identified from a variety of sources including but not limited to; feedback from internal audits, the Commission’s audits, the organisation’s clinical governance team, consumer experience surveys and complaint trends.

The organisation conducts regular reviews to track the service’s budget and spending. Management at the service said when additional equipment or supplies for the provision of care and services to consumers is required which requires additional review and approval it is always approved. The financial position of the service is regularly disclosed to consumers and their representatives through monthly resident meetings and family forums. In preparation for the new financial year, the service’s roster budget was reviewed and resulted in an expanded number of staff across 4 roles at the service. This was in response to recognition of increasing consumer care needs.

Workforce governance is effectively monitored at both the service and organisation level. This includes the monitoring of staffing numbers as determined by the total hours per day required to care for the consumers at the service. The use and frequency of use of agency staff, overtime, unfilled shifts and staff turn-over are also monitored. Management said as care needs of consumers and service occupancy increases so too will staffing levels to ensure ongoing provision of quality care and services.

Changes to aged care regulation and legislation are effectively monitored by service management and the organisation. Policies and procedures are updated as required by the organisation and sent to management to communicate to consumers and staff through email as well as staff and consumer meetings.

The organisation’s risk management guidelines have been implemented across the service. These guidelines incorporate a risk matrix and rating scale and outline the need to track identified risks on a risk register. Accountabilities for tracking risk are outlined in the guidelines, including the need for risk reporting and documented responses to this reporting.

The Assessment team identified that oversight of service-level risk is achieved through monthly reporting of incidents, and key clinical areas in the service’s clinical quality indicators. Documentation reviewed demonstrated risks and incidents are identified through various avenues by the service and actioned appropriately, including reporting through approved channels and used to inform continuous improvement. Areas reported include but are not limited to pressure injuries and wounds, psychotropic medication usage, use of restrictive practices, unplanned hospitalisations as well as SIRS reporting. Actions are taken to address identified trends such as increasing falls or concern over consistency of unplanned hospitalisations.

The organisation has a clinical governance framework which outlines the responsibilities of all levels of the organisation. These responsibilities include specific accountabilities for the provision of safe and quality care, the continual improvement of practice, and consumer safety through processes of identifying and assessing risk. There are established policies and procedures for open disclosure, antimicrobial stewardship, and restrictive practices which are included in the organisation’s orientation process, and regularly revisited at service level. Training records reflect most staff have received additional training in these areas.

The organisation’s governance framework outlines the clinical governance monitoring and reporting processes at all levels. This includes but is not limited to; daily staff huddles, service-level governance and quality leadership meetings, and organisational clinical governance meetings.

The organisation ensures oversight and adherence to all policies and procedures through monthly quality monitoring reports, monitoring of infection and antimicrobial use reports, and reporting to the medication advisory committee. The workplace coach monitors staff practice ensuring they are in line with policies and procedures, and to inform further education and training.

1. The preparation of the performance report is in accordance with section 40A site audit, of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)