Performance

Report

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| Name of service: | Orana Gardens |
| Service address: | 81 Windsor Parade DUBBO NSW 2830 |
| Commission ID: | 0479 |
| Approved provider: | Orana Gardens Ltd |
| Activity type: | Site Audit |
| Activity date: | 7 December 2022 to 9 December 2022 |
| Performance report date: | 16 January 2023 |

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

**This performance report**

This performance report for Orana Gardens (**the service**) has been prepared by K. Spurrell, 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.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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

Findings

Following a site audit during 22 to 24 June 2021, the service was found non-compliant in Requirements 1(3)(a),1(3)(b),1(3)(c) and 1(3)(d). Evidence brought forward in the site audit report dated 7 to 9 December 2022, supports the service has implemented improvements to address areas of non-compliance and now demonstrates compliance with these Requirements.

Requirement 1(3)(a)

The service has provided ongoing staff education, supervision, and improved communication to the workforce to support staff in the handling of consumer information, appropriate communication techniques and respectful language and terminology. Management monitors the feedback and complaints that may relate to breaches on consumer’s dignity and respect and formalised ‘Dignity and Respect’ training modules have been included in the onboarding process. Consumers reported staff interactions to be polite and respectful and staff were aware of consumers’ needs and preferences. Care planning documentation reflected consumers’ identity and preferences.

Requirement 1(3)(b)

The service has provided ongoing education to guide staff practice in delivering person-centred care which is culturally sensitive which included cultural education toolboxes and participation days. All staff attended the formal ‘person centred care’ training which includes cultural awareness education. Consumers and representatives confirmed the service recognises and respects their cultural background and their spirituality and relationship statuses are valued and supported. Care planning documentation showed support planning and assessments which identified the consumers’ religion, language spoken and details about cultural background and other specific beliefs

Requirement 1(3)(c)

The service has effectively addressed deficiencies in how it supported consumer decision making. The service has undertaken assessments of all consumers to understand individual capacities and provided staff education on decision making and informed consent which all staff have completed. Additionally, improvements have been made to admission processes to assess consumer’s needs, preferences, and decision-making capacities on admission. Consumers and representatives confirmed the service gives consumers choice with regards their care and services and their choices are respected, and staff gave examples of how they support consumers to make decisions about their care and services.

Requirement 1(3)(d)

The service has introduced policies relating to consumer risk taking, dignity and choice, and strengthened the case conference process to occur more frequently. Renewed risk assessment and risk activity waiver forms have been introduced to formally assess risk and document any decisions regarding risk management and mitigation strategies. Consumers and representatives confirmed the service supports consumers to make decisions involving taking risks and staff understand what is important to them and what their needs are.

Regarding the remaining requirements of Quality Standard 1.

Consumers and representatives said they receive communication that is timely, clear, and easy for them to understand, including information about activities, meals, news, events at the service or COVID-19 updates. Staff explained how information is provided to each consumer through face-to-face conversations, emails, letters, and posters on the noticeboards. Information such as the lifestyle program calendar, newsletters, and announcements were observed distributed throughout the service.

Consumers said their personal information is kept secure by the service, staff ensure they knock on their door and wait for a response prior to entering, their door is kept closed when being assisted with care. Staff described how consumers’ personal information is kept confidential such as by conducting handover in a private space and not discussing consumer’s information in communal areas. Consumer files were observed to be stored safely in the electronic care management system which is password protected.

# 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

Following a site audit during 22 to 24 June 2021, the service was found non-compliant in Requirements 2(3)(a),2(3)(b),2(3)(c), 2(3)(d) and 2(3)(e). Evidence brought forward in the site audit report dated 7 to 9 December 2022, supports the service has implemented improvements to address areas of non-compliance and now demonstrates compliance with these Requirements.

Requirement 2(3)(a)

The service has implemented improvements such as inbuilt assessment tools within the electronic care management system to support the assessment and planning of consumer’s care and services. The service has introduced a tracking system for management to regularly monitor planning reviews and developed new policies and procedures to guide the admission process. Consumers and representatives confirmed they are involved in care planning processes and the Assessment Team reviewed care documents that evidenced considerations of risks particularly for complex health needs, falls risks, and medications.

Requirement 2(3)(b)

The service has improved admission processes to identify consumer’s needs and goals including advance care directives and end of life wishes, these preferences are also reviewed annually during the annual case conference to prompt discussions on palliative care and end of life wishes. The service has provided education for staff on palliative care and revised the palliative care policy to guide staff in providing palliative care and meeting consumer wishes. Consumers and representatives confirmed the service provides an opportunity to discuss consumers’ current care needs, goals, and preferences, including advance care directives and end of life planning if the consumer wishes.

Requirement 2(3)(c)

The service has introduced an annual case conference program with prompts in the electronic care management system and flow charts to improve the management processes for high-risk situations and to support timely referrals to specialist providers. Representatives confirmed their involvement in consumers’ assessment and care planning and management described a range of external allied health care providers including physiotherapists, speech pathologists, podiatry, and dietitian services that the service engages with to provide specialised care.

Requirement 2(3)(d)

The service demonstrated consumers and representatives had ready access to consumer’s care and services plans. Staff advised they had received training on the service’s electronic care management system and the assessment and care planning procedure, which now includes the generation of consumer’s care and services plan and a ‘signature box’ for consumers and/or representatives to sign off after each conference. Consumers and representatives confirmed they were offered or have received a copy of the consumer’s care and services plan and care planning documentation, progress notes and case conference records evidenced regular communication with consumers and representatives.

Requirement 2(3)(e)

The service demonstrated that consumer care plans are reviewed for effectiveness when circumstances change, or incidents occur that impact on the needs, goals, or preferences of consumers. The service has effectively implemented improvements such as providing staff education on care strategies to address consumers’ needs, goals and preferences and introduced a suite of policies regarding behaviour management to further support staff to deliver clinical and personal care. The Assessment team observed that all care planning documentation was up to date and reflected that information is shared by staff at handover and consumer changes documented.

# 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

Following a site audit during 22 to 24 June 2021, the service was found non-compliant in Requirements 3(3)(a),3(3)(b),3(3)(c), 3(3)(d), 3(3)(e), 3(3)(f) and 3(3)(g). Evidence brought forward in the site audit report dated 7 to 9 December 2022, supports the service has implemented improvements to address areas of non-compliance and now demonstrates compliance with these Requirements.

Requirement 3(3)(a)

The service undertook a training needs analysis of the workforce and provided targeted training for staff in nutrition, minimising the use of restraint and falls prevention. The service has integrated the electronic case management system and staff are consistently assessing resident needs using validated assessment tools, developing care plans which are tailored to each residents needs and carrying out activities which optimise the health and wellbeing of consumers. All care plans reviewed by the Assessment Team contained best practice strategies and evidence appropriate wound, weight loss and clinical care.

Requirement 3(3)(b)

The service demonstrated that incidents were investigated to identify contributing factors and management strategies to prevent or reduce future incidents, particularly in relation to weight loss, falls and behaviours. The service has implemented processes such as introducing flow charts to guide staff following an incident, including prompts for immediate actions, how to report, monitor and review circumstances surrounding the incident. The service demonstrated that all high impact and high prevalence risks associated with the care of each consumer are identified, risk assessed, and mitigation strategies put in place. Staff demonstrated a good understanding of behaviour management including identifying and responding to precipitating factors; staff have been provided with significant education on managing risk for consumers. All consumers are assessed for weight loss and if appropriate, commenced on high protein, high energy diet, care planning documentation evidenced identified risks, management strategies and ongoing reviews and dignity of risk forms were in place for all relevant consumers.

Requirement 3(3)(c)

Consumers said staff at the service support them to have their end-of-life care needs acknowledged and met. Staff described how they deliver care to consumers nearing end-of life, including considerations given to comfort and dignity. Staff described how families are encouraged and welcomed to be present throughout the end-of-life care of the consumer. Care planning documentation reflected consumers’ end of life needs, goals and preferences and progress notes detailed discussions on advance care plans.

Requirement 3(3)(d)

Consumers and representatives said staff identify changes in their condition, and respond appropriately, staff described how they identify changes in consumer consumer’s health, condition or ability which may indicate deterioration and how to respond accordingly. Policy and procedures document the organisation’s processes for responding to clinical or cognitive deteriorations and the Assessment Team observed progress notes that recorded changes in consumers care needs are recognised and responded to appropriately.

Requirement 3(3)(e)

The Assessment Team observed that care planning documentation consistently recorded and accurately reflected the consumer's choices when sharing information with others involved with consumer care. Consumers felt informed about their care and said the care delivered is consistent, staff have access to consumer records and there is an effective system to manage information. Care plans show evidence of updates, reviews and communication alerts and clinical hand over sheets contains current and accurate information relating to consumer care. All consumers subject to chemical restrictive practice were listed on the psychotropic register, alternative strategies had been trialled and reviewed for effectiveness.

Requirement 3(3)(f)

Consumers said the service refers them to appropriate providers, and they are satisfied with the referral processes, which included referrals to medical officers, podiatrists, physiotherapists, occupational therapists, speech pathologists and dieticians. Staff were familiar with a range of providers available to support consumers and accurately described the consumer referral process at the service; care planning documentation and progress notes reflected recommendations and input from other providers of care.

Requirement 3(3)(g)

Staff were observed wearing appropriate protective equipment, practicing hand hygiene, maintaining social distancing, and sanitising shared use equipment The service has employed an infection control prevention lead, is developing additional staff in infection control skills and has an outbreak management plan in place. Consumers and representatives confirmed the service has handled the management of COVID-19 outbreaks effectively and staff described infection control practices such as appropriate use of personal protective equipment and hand hygiene.

# 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

Following a site audit during 22 to 24 June 2021, the service was found non-compliant in Requirements 4(3)(a) and 4(3)(f). Evidence brought forward in the site audit report dated 7 to 9 December 2022, supports the service has implemented improvements to address areas of non-compliance and now demonstrates compliance with these Requirements.

Requirement 4(3)(a)

Consumers said the service supports them to do the things they want to do and were familiar with services and supports for daily living which improve their independence, health, well-being, and quality of life. The needs and preferences of consumers were observed in care planning documentation and staff described how they access these records to assist consumers to stay well and healthy and remain independent. The service has employed 4 lifestyle officers who work with consumers in different parts of the service. As a result, there are variations on the monthly activities calendar with planners developed for specific consumer needs in the different parts of the service.

Requirement 4(3)(f)

The service has improved the process of preparing and serving meals by introducing temperature-controlled containers to deliver meals to consumers at the correct temperature, consumers confirmed their satisfaction with meals, the variety and recent improvements made by the new chef and menu that changes every six weeks. The chef explained they receive consumer dietary assessments in the kitchen from the clinical staff during admission, during routine care plan review and consultation, or after a change of dietary requirements. Consumers said they have access to food 24 hours a day in addition to the planned meal and tea times. Most consumers said they can make a cup of coffee or tea and there are snacks available in both floors’ kitchenettes. The Assessment Team observed snacks and drinks such as juices, milk, tea, coffee, biscuits, and sandwiches available in the kitchenettes

Regarding the remaining requirements of Quality Standard 4

Consumers described feeling connected and engaged in meaningful activities that are satisfying to them and the service acknowledges and observes cultural, and religious practices that are significant to their culture or religion. Staff described how they support the emotional, psychological, and spiritual well-being of consumers in everyday practice such as providing services that are meaningful to each consumer. Care planning documentation reflected details regarding consumers’ emotional, spiritual, and psychological needs, goals, and preferences.

Consumers said they are supported to participate in activities within and outside the service as they choose and to maintain social and personal connections that are important to them. Care planning documentation identified people important to individual consumers as well as activities of interest. Consumers were observed participating in and enjoying group activities such as cooking classes and reported that the service was taking delivery of a new bus to increase the number of consumers who can attend outings.

Consumers and representatives provided positive feedback on how the service uses and shares consumer information in relation to their condition, needs and preferences, including where others share the responsibility for providing consumer care. Staff described how they access consumer information on the electronic care management system and share information with other staff during handovers at each shift change. Care planning documentation was observed to include adequate information to support safe and effective care in relation to services and supports for daily living.

Consumers and representatives said they are supported by other organisations, support services and providers of other care and services. Care planning documentation identified referral to various organisations and services, such as the hairdresser and physiotherapist and progress notes confirmed staff assist consumers to access these services and ensure they are prepared and ready for them at the appointed time. Staff accurately described other individuals, organisations and providers of other care and services and specific consumers utilising these services.

Consumers confirmed they have access to equipment, including mobility aids, shower chairs and manual handling equipment to assist them with their daily living activities. Staff described how equipment is kept safe, clean, and well maintained and confirmed they can access equipment when they need it. The equipment is serviced in line with the services preventative maintenance schedules for equipment which were observed to be up to date.

# 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

Following a site audit during 22 to 24 June 2021, the service was found non-compliant in Requirement 5(3)(c) Evidence brought forward in the site audit report dated 7 to 9 December 2022, supports the service has implemented improvements to address areas of non-compliance and now demonstrates compliance with this Requirement.

Requirement 5(3)(c)

Consumers said furniture, fittings and equipment are safe, clean, well-maintained, and suitable for them. Staff advised furniture, fittings and equipment are assessed for suitability prior to purchase to meet consumers’ personal and clinical needs and lifting equipment is maintained and cleaned between use. Staff explained the process for cleaning consumers’ rooms regularly and the preventative maintenance log was observed to be up to date for corrective maintenance.

Regarding the remaining requirements of Quality Standard 5

Consumers and representatives considered the service environment is open and welcoming, the service is easy to understand and allowed consumers to maintain their independence and they feel at home. Design features of the service were observed to allow greater accessibility for consumers to access all parts of the service, these included structural elements, interior decorating, and practical improvements to aid consumers with memory loss or cognitive impairment. The service had adequate signage to support consumers to navigate the pathways and newly renovated areas included engaging images, bright colours and different themes.

Consumers and representatives said they are happy with the cleanliness and maintenance of the service and confirmed they can freely access both indoors and outdoors. Staff described the regular cleaning schedule and preventative maintenance schedule and the process for arranging repairs to the building or equipment. The service was observed to be clean and tidy, walkways were clear and free of obstructions, and equipment stored in storerooms. Staff knew how to raise any concerns about the environment or safety, including hazards via the electronic care management system.

# 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

Following a site audit during 22 to 24 June 2021, the service was found non-compliant in Requirements 6(3)(c) and 6(3)(d). Evidence brought forward in the site audit report dated 7 to 9 December 2022, supports the service has implemented improvements to address areas of non-compliance and now demonstrates compliance with these Requirements.

Requirement 6(3)(c)

The service has made effective improvements to respond to complaints and ensure an open disclosure process is used. Consumers said the service has acknowledged and acted upon their complaints, staff were familiar with the principles of open disclosure and the complaints register evidenced that complaints are monitored, lodged, investigated, actioned, addressed in a timely manner. All staff described the principles of open disclosure and the instances in which it would be practiced, and recall receiving training on open disclosure and said it was regularly discussed at meetings.

Requirement 6(3)(d)

Consumers said the service responds to their feedback and referred to outcomes such as changes to clinical care and the food menu to demonstrate changes the service made as a result. Staff demonstrated knowledge of the complaints process and how data analysis identifies systemic trends in feedback and complaints. Management described improvements based on feedback such as developing prompting charts to assist staff when working with consumers who have difficulty communicating and a new incident management system.

Regarding the remaining requirements of Quality Standard 6

Consumers and representatives said feedback was welcomed and encouraged by the service and they knew how to provide feedback if they chose to do so. Staff said they regularly offer to assist consumers to provide feedback such as completing feedback forms. Feedback forms and boxes were observed throughout the service with management contact details displayed clearly to encourage direct consumer to staff feedback.

Consumers and representatives were aware of how to access an interpreter or advocate if they needed assistance with feedback. Staff were aware of how to book an interpreter and to assist consumers to contact an advocate in need and pamphlets for contacting external senior rights advocates were observed displayed and the service demonstrated it is proactive in informing consumers of their rights and advocacy services.

# 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

Following a site audit during 22 to 24 June 2021, the service was found non-compliant in Requirements 7(3)(a), 7(3)(c), 7(3)(d) and 7(3)(e). Evidence brought forward in the site audit report dated 7 to 9 December 2022, supports the service has implemented improvements to address areas of non-compliance and now demonstrates compliance with these Requirements.

Requirement 7(3)(a)

The service has appointed a care manager with specialist skills, reviewed and improved the roster system and introduced comprehensive assessment systems to ensure the workforce is planned to deliver quality services to consumers. Consumers confirmed they receive the care they need, there are sufficient levels of staff to attend to all consumers and staff are quick to respond to call bells. Staff stated they had the resources to provide the right level of care to consumers, and the levels of staffing changed based on the consumer’s needs. The organisation uses feedback from staff and consumers as well as clinical indicator and call bell data to ensure the levels of staffing are sufficient.

Requirement 7(3)(c)

Consumers and representatives said staff have skills to effectively perform their roles. The service has clear minimum requirements for recruiting new staff with appropriate qualifications and experience. The service maintains a register of all professional registrations required and ensures new staff attend a comprehensive induction process tailored to provide clear expectations for all distinct roles. All clinical staff have completed training covering restraint assessment, psychotropic medication administration and authorisation to effectively manage high prevalent and high impact risks.

Requirement 7(3)(d)

Consumers and representatives said staff were trained to provide the support they need. The service has mandatory units and competencies which new staff complete with first month of employment, training records evidenced that staff training is up to date and staff demonstrated a strong culture of engagement with learning and development. Targeted training on malnutrition and dehydration was delivered most recently in December 2022, falls prevention, most recently delivered in April 2022, documentation, collaboration, and communication was most recently delivered on August 2022, and for behaviour support, minimising the use of restraint and restrictive practices most recently delivered in June 2022. A review of learning records shows the service was up to date with training for manual handling, donning and doffing, medication administration, fire training, first aid, and the Aged Care Standards for all relevant staff.

Requirement 7(3)(e)

The service demonstrated the annual staff appraisal cycle in place to enable effective monitoring of staff performance including direct feedback following incidents, observations, or complaints. Staff confirmed their participation in formal appraisals and ad-hoc feedback processes, human resources documentation evidenced systemic coordination of appraisals with high levels of staff engagement.

Regarding the remaining requirement of Quality Standard 7

Consumers and representatives said staff were kind and respectful to them and they feel valued by the service. Observations showed respectful interactions between staff and consumers and feedback data showed the service receives more compliments regarding staff conduct than complaints

# 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

Following a site audit during 22 to 24 June 2021, the service was found non-compliant in Requirements 8(3)(a),8(3)(b),8(3)(c), 8(3)(d), and 8(3)(e). Evidence brought forward in the site audit report dated 7 to 9 December 2022, supports the service has implemented improvements to address areas of non-compliance and now demonstrates compliance with these Requirements.

Requirement 8(3)(a)

Consumers and representatives said they were engaged in the development and delivery of their services through care planning meetings, day to day feedback and regular consumer and representative meetings. Resident and representative meetings have been reinstated and held monthly with meeting minutes distributed to all consumers, accurate and updated information was observed to be distributed throughout the service including newsletters, meeting minutes and notices of activities and events. A new appointment to the Board was made for a designated resident representative who is present for all Board meetings. The appointment of a care manager has enabled oversight of consumer needs regarding communication requirements where they have a cognitive impairment. The care manager has overseen the updating of all behaviour management plans to ensure they are individualised, and the needs and strategies are current.

Requirement 8(3)(b)

The governing body displayed high levels of operational engagement throughout the service. Management described preparing a monthly clinical indicator report for the board including incidents, falls, wounds and pressure injuries, infections, and weight loss amongst others. Senior board executives demonstrated familiarity with monthly clinical data trends at the service as well as specifics regarding incidents which had occurred at the service. The service has introduced a new reporting process to collate relevant clinical indicators and risks in a routine and structured approach which is provided on a monthly basis.

Requirement 8(3)(c)

The service improved a wide range of systems across the service including an electronic care management system for effective data and information management sharing, an Information Management Policy which is accessible for all staff through the intranet. Staff complete an induction module on where and how information is accessed and the obligations to ensure that consumer information is protected. The service has developed a current continuous improvement plan, which is discussed weekly, within 2 distinct meetings, the Clinical Governance meeting held bi-weekly, and the Management meeting held on the alternate week. Actions for each item and their due dates are discussed and marked off as completed. The service has implemented a new incident reporting system and revised policies and procedures to guide staff practice on key areas of clinical care and improved consumer and representative feedback and complaint mechanisms.

Requirement 8(3)(d)

The service has effective risk management systems in place to detect, prevent and mitigate the impact of risks. Resources including policies and procedures provide clear guidance to staff on all areas of clinical care, staff said serious incident data is regularly discussed at meetings to address areas of concern and incident reports demonstrated that incidents are monitored effectively to determine trends and strategies to address them. Additional staff training has been developed and delivered in relation to reporting and responding to incidents and the management and response to risks. The data relating to high prevalence and high impact risks are reported on a monthly basis and discussed at the clinical governance meeting as well as the management meeting to ensure the most appropriate strategies are in place. Other professionals including physiotherapists and wound specialists are invited into the meetings as required to assist with oversight of trends and develop strategies for intervention.

Requirement 8(3)(e)

The service has appointed new management roles to oversee clinical governance and now undertakes and bi-weekly monitoring of clinical indicator data, restrictive practice, incidents, education, and made changes to clinical governance policies. The service has effective systems in place for infection prevention, control and management, outbreak management and antimicrobial stewardship. Staff have completed training covering restrictive practices, psychotropic medication administration and authorisation to effectively manage high prevalent and high impact risks as well as for the use of antibiotics and open disclosure. All staff interviewed were able to describe the principles of open disclosure and provide examples of when it should be practiced and said they had received training on the topic.

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