Performance

Report

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| Name of service: | Park Lane Croydon |
| Service address: | 295 - 299 Maroondah Highway NORTH CROYDON VIC 3136 |
| Commission ID: | 3834 |
| Approved provider: | Norsan Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 28 February 2023 to 2 March 2023 |
| Performance report date: | 09 April 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 Park Lane Croydon (**the service**) has been prepared by E Blance, 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 provider’s response to the assessment team’s report received on 24 March 2023.
* 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

I find this Standard compliant.

Consumers and representatives indicated that consumers were mostly treated with dignity and respect, and their identity, culture and diversity was appreciated and valued. Staff demonstrated knowledge of consumers’ culture and life backgrounds and could explain how this influenced care delivery. Staff were observed interacting with consumers respectfully. Care planning documents reflected the consumers’ diversity. Policies for supporting a diverse and inclusive culture at the service guided staff practice. The Site Audit report identified one instance where a consumer did not feel respected by staff and the service undertook appropriate action in response.

Staff demonstrated awareness of various cultures and what it may mean in terms of delivering culturally safe care. Management explained how they supported culturally and linguistically diverse consumers and described the resources available to them. Consumers and representatives said the service recognised and respected unique backgrounds, especially in terms of religious needs and provided care that was consistent with their preferences. Care planning documents reflected the consumer’s backgrounds and preferences and included care needs unique to them.

Consumers and representatives said consumers’ were given choice about how and when care was provided, and their choices were considered and respected by staff. Management and staff were able to describe how they supported consumers to make choices, maintain independence and relationships of choice. Care planning documentation identified consumer’s individual choices around how and when care was delivered, who was involved in their care and how the service supported them in maintaining relationships that were important to them.

Staff demonstrated they were aware of the risks taken by consumers, and said they supported the consumer’s wishes to take risks but were also committed to ensuring that strategies were in place for risk mitigation. Consumers described how the service supported them to take risks. The service had a suite of policies and procedures relating to consumer dignity and choice which outlined the service's support of independence, including exercising choice when participating in activities that are risky.

Consumers and representatives described the information they received to help them make decisions about the things they would like to do. Staff were able to describe ways in which information was provided to consumers, in line with their needs and preferences. Information such as daily menus, activity schedules, complaints processes, and advocacy support were displayed on noticeboards in each wing of service. Any changes to the schedule, such as a change of activity, were provided verbally.

Consumers and representatives said privacy was respected and that their personal information was kept confidential. Staff described practical ways they respected the personal privacy of consumers. Staff were observed practicing ways to protect consumer privacy such as the locking of nurse’s station doors, password protection on all computers and knocking on doors before entering consumers’ rooms. When computers were not being used in communal areas they were observed to be locked and password protected and were not used while other consumers were present.

In considering my decision I have placed weight on the information evidenced by the service within the Site Audit report and 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

I find this Standard compliant.

Assessment and planning considered risks to each consumer’s health and well-being. Consumers and representatives said they received the care and services they needed, and they were involved and had a say in the care planning process. Staff described the care planning process and how it informed the delivery of care and services. Care planning documentation evidenced consideration of individual risks that influenced delivery of care and services. Assessment and planning including risk policies and procedures were observed accessible to staff for guidance on the care planning and assessment process.

Consumers and representatives said assessment and planning identified and addressed the consumers current preferences and end of life wishes. Staff described how the service ensured that assessment and planning reflected consumers' current preferences and how they approached conversations around end of life care planning. The service had advance care planning and end of life planning guidelines and procedures to guide and assist staff and consumers with decision making and support the end of life pathway.

Care planning documentation evidenced regular care plan evaluations and review, and involvement of a diverse range of external providers and services such as medical officers, physiotherapists, dietitians and speech pathologists in consumer care. Consumers and representatives were able to explain who was involved in their care. Staff described the importance of consumer-centred care planning and explained how they actively collaborated with consumers, representatives and other providers of care to ensure quality care was provided. The service’s assessment planning partnerships policy and procedure demonstrated the commitment of ongoing assessment and planning with consumers, representatives and other care providers in the provision of care at the service.

Consumers and representatives said they felt the service maintained good communication with them and said that staff explained things to them clearly and clarified clinical matters if needed. The service recorded all care planning documentation and progress notes with care plans being available to consumers and representatives if they wished to have a copy of their information, and progress notes evidenced that staff update representatives on care outcomes through telephone calls and emails on in person. Management said care planning documentation is printed and given to, or emailed to, consumers and representatives during care plan reviews.

Care planning documentation evidenced review on both a regular basis and when consumers’ circumstances changed. Management and staff described how and when consumer care plans were reviewed. Consumers and representatives said staff discussed with them when something happened which changed their health circumstances, goals or preferences and implemented changes to their care accordingly. Clinical staff and management said care plans were reviewed every 3 months, or after any change was identified through incidents or deterioration in health. The service had policies and procedures which guide staff in the assessment and planning process for consumers on a regular basis or as needed following a change in health status.

In considering my decision I have placed weight on the information evidenced by the service within the Site Audit report and 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

I find this Standard compliant.

Most consumers and representatives said they received safe and effective personal and clinical care. Care planning documentation including assessments, care and services plans, progress notes, medication charts and other care charts reflected individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer. The service had policies, procedures and work instructions for key areas of care including but not limited to, restrictive practices, pressure injury and wound management and pain management reflective of best practice. Management and staff described how they knew the care they provided was safe and effective.

The service was able to demonstrate that restrictive practices was aligned to best practice, with documented behaviour support plans, tailored non-pharmacological strategies and documented consent. Management said restrictive practices were managed by the clinical team, in consultation with the medical officer, who reviewed restrictive practices at least every 3 months or when there were changes. The Site Audit report identified 2 consumers subject to chemical restrictive practice that was in contrast to the service’s records, however legislative requirements were met and there was no negative impact to care identified for these consumers and the service committed to undertake a review of restrictive practices. Wound management plans and wound charts identified staff effectively managed wounds and referred to other specialists where needed. Pain management plans were created in consultation with other health providers, provided strategies including pharmacological and non-pharmacological interventions for pain such as massage and heat packs. Staff demonstrated knowledge of both catheter and diabetes management for consumers.

Management described and clinical indicator data demonstrated prevalent risks at the service were monitored by the service. Clinical incidents were recorded, and these contributed to the monthly clinical indicators that were reviewed monthly by the clinical governance committee with an aim to trend, investigate and reduce incidents. Staff were able to describe a range of mitigation strategies used to manage these risks, which aligned with care planning documentation for consumers. Clinical management advised strategies to manage individual consumer risks included monthly falls management meetings to review each fall and provide individualised strategies such as sensor beams and frequent visual observations. Consumers and representatives expressed satisfaction of how these risks were managed by the service.

Care planning documentation included an advance care plan and evidenced discussions with representatives regarding palliative care. Consumers and representatives expressed satisfaction about how the service provided care nearing end of life. Staff were able to describe how they approached conversations around end of life, how they provided palliative care and maximised the comfort of consumers towards the end of life. Management described an end of life pathway checklist to maximise consumer comfort which includes regular repositioning, oral and eye care, regular monitoring of pain and supporting consumers' families.

Care planning documentation and progress notes evidenced the identification of, and response to, deterioration or changes in condition. Consumers and representatives said the service recognised and responded to changes in condition in an appropriate and timely manner. Clinical staff explained how deterioration was recognised, responded to, documented and monitored at the service. The service had policies and procedures in place to guide staff in response to deterioration.

Care planning and handover documentation provided information to support effective and appropriate sharing of the consumer’s information to support care. Consumers and representatives were satisfied with the delivery of care, including the communication of changes to consumers' condition. Management and staff were able to describe specific care needs and preferences of consumers, which aligned with care planning documentation, and how information was shared when changes occurred through weekly staff meetings and a verbal and documented daily handover.

Care planning documentation confirmed the input of others and referrals where needed, including input from services such as dietitians, physiotherapist, speech pathologists, geriatricians and medical officers. Consumers and representatives said referrals were timely, appropriate and occurred when needed and the consumer had access to relevant health professionals, such as medical officers and other allied health professionals. Staff described how other providers of care supplement the care at the service. Management described how a physiotherapist team is on site every day, and were referred to consumers who experienced a fall, physical pain, changes in mobility or general decline or express the desire to improve their physical strength.

The service had documented policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of appropriate antibiotic prescribing. Consumers and their representative’s commended staff on their frequent use of personal protective equipment and hand hygiene. An outbreak management plan supported the service’s preparedness in the event of a COVID-19 outbreak with the assistance of an appointed infection prevention control lead. Management and clinical staff advised the service monitored infections through clinical indicator reporting and described how they supported staff to understand how they minimise the need for or use of antibiotics and ensure they are used appropriately. The Site Audit report raised the observation of staff not performing hand hygiene in line with best practice. Management demonstrated an appropriate response to mitigate this risk and no impact was identified to consumers.

In considering my decision I have placed weight on the information evidenced by the service within the Site Audit report and 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

I find this Standard compliant.

Consumers felt supported to participate in activities they liked and provided with appropriate support to optimise their independence and quality of life. Lifestyle staff explained how they partnered with the consumer and their representatives to collect the consumer’s individual preferences, including leisure likes, dislikes and interests, social, emotional, cultural and spiritual needs and traditions. Staff could explain what was important to consumers and what they liked to do. Lifestyle staff advised the activities schedules were tailored to the interests of consumers and that a different activity schedule supports consumers within the memory support unit, however those consumers were also supported to participate in activities with consumers who reside in other areas of the service.

Consumers described ways they were supported to stay in touch with family or friends, and how they received comfort and emotional support. Management and lifestyle staff advised that consumer’s emotional, social and psychological well-being was supported through mechanisms including facilitating connections with people important to them through technology, volunteers and staff support, religious services, and referrals to emotional and psychological support specialists. Staff described how they identified consumers as feeling low due through changes in their behaviours including facial cues and changes in social behaviour. Care staff said they spent one-on-one time with consumers, asked them what they would like or if there is anything they could provide to give comfort. Care staff also advised that they notify registered staff to assess whether a clinical response was required. Management and lifestyle staff advised referrals to emotional specialists or psychological services were made for consumers where appropriate.

Consumers said they felt supported to participate in activities within and outside the service, keep in touch with people who were important to them and do the things of interest to them. Lifestyle staff said the service offered activities that supported them to participate outside the service’s environment, including visitations and liaisons from external organisations such as entertainers and the local library, as well as supporting frequent and regular visitations for family and friends of consumers, facilitating phone calls, and supporting close connections with other consumers.

Consumers and representatives indicated the consumer’s condition, needs and preferences were effectively communicated within the service and with others responsible for care. Staff were also able to describe the processes for how they were kept informed and made aware of any changes to a consumer's needs and preferences, this including through documented and verbal handover processes, information available in the electronic care management system and staff meetings. Care planning documentation contained detailed information to support effective and safe care, as it relates to services and supports for daily living.

Consumers said they were supported by external organisations, support services and providers of other care and services. Care planning documentation indicated which consumes were attended to by other organisations and services, such as the visiting hairdresser, volunteers and members from the local Church. Lifestyle staff advised that a range of external services such as the community library service, a hairdresser available once a week onsite, visiting musicians and performers, volunteer services and social workers, amongst others are engaged by the service to broaden the lifestyle services and supports delivered to consumers.

Most consumers and representatives expressed overall satisfaction with the quality and quantity of meals and said that they were able to request alternatives such as sandwiches and fruits when they did not like what was on the menu that day. Care planning documentation reflected consumers’ dietary needs and preferences. Catering staff were able to explain specific dietary needs and preferences of consumers and how they accommodated those and described how they ensured consumers enjoy the food and receive enough of it, as well as how consumers influenced the menus. Catering staff said they had continuous improvement processes in place such as food focus groups and consumer meetings to obtain consumer input and feedback into the menu. The Site Audit report raised some dissatisfaction for 3 consumers regarding the quality of the meals. Management provided strategies to assist with managing the experience of consumers and no impact was identified to the consumers.

Consumers said they had access to safe, clean and well maintained equipment overall. The Site Audit report raised that some consumers said that they had not seen their personal mobility equipment cleaned or felt that it was their own responsibility to clean their equipment. Management evidenced that personal mobility equipment such as wheelchairs and walkers are cleaned as part of a room audit that each room receives once a month and no consumers provided negative feedback regarding the cleanliness of their mobility equipment and overall, personal mobility equipment was clean and fit for use. Lifestyle staff advised there were no issues in procuring lifestyle supplies and equipment to support the activities program as management purchase the equipment required. Preventative maintenance schedules demonstrated regular servicing of equipment relevant to services and supports for daily living, including mobility aids and manual handling equipment.

In considering my decision I have placed weight on the information evidenced by the service within the Site Audit report and 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

I find this Standard compliant.

Consumers and representatives confirmed that the service was welcoming and created a sense of belonging. The service consisted of a mix of 108 shared or single bedrooms, with an ensuite in each room, shared spaces including courtyards, gardens, lounges and dining areas, and navigational signage as well as wide corridors with handrails aided movement around the service for consumers with mobility equipment. Consumers were encouraged to personalise their rooms to make them feel more at home and were paired with consumers who have common interests when they first enter the service. Management said staff encouraged consumers to have family and friends visit them on a regular basis and kitchen staff catered for families and friends who visit the service during mealtimes.

Consumers and representatives said the service environment was safe, clean, well maintained and allowed them to move freely. Environmental staff described how the service environment was cleaned and maintained. Overall, consumers and representative were happy with the service’s cleanliness and the service was observed to be mostly clean and well maintained. The Site Audit report raised that some 4 monthly checks for equipment were overdue and that carpet required cleaning, however these tasks had been identified by the service and had been scheduled for the following month and no impact was identified for consumers.

The service was able to demonstrate furniture, fittings and equipment was safe and well maintained. All consumers said they had access to safe, clean and well maintained equipment overall. Staff said they had access to equipment when they need it and could describe how equipment was kept safe, clean and well maintained.

In considering my decision I have placed weight on the information evidenced by the service within the Site Audit report and 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

I find this Standard compliant.

Consumers and representatives described how they provided feedback or made a complaint, and that they felt safe doing so via various mechanisms such as feedback forms, directly to management or staff, and electronic channels. Management and staff described processes in place to encourage and support consumers and their representatives to provide feedback and complaints. The service had policies, procedures and systems to ensure consumers, representatives and staff were encouraged and supported to provide feedback or complaints. Information was observed displayed at the service about feedback and complaints including noticeboards, posters, pamphlets and brochures.

Representatives of consumers said they were aware of external complaints mechanisms as well as advocacy and language services promoted to them through notices on noticeboards, pamphlets, brochures, and the consumer handbook. Clinical and care staff described how they supported consumers to provide feedback or complaints such as liaising with the family of consumers with a cognitive impairment or providing assistance when completing a feedback form.

Consumers and representatives expressed overall satisfaction with how the service addressed and resolved their concerns or complaints and that open disclosure was applied in response to complaints and incidents. The complaints register evidenced timely and appropriate actions were taken in response to complaints, with documented open disclosure application. Management and staff demonstrated coherent understanding of open disclosure process. The Site Audit report raised dissatisfaction for one consumer in relation to the service’s response to anonymous feedback. Management provided actions to be undertaken to address the concern and no impact was identified for the consumer.

Management and staff described the main trends in complaints and the actions taken or proposed actions to be done. The service demonstrated a systematic and best practice approach in the management of feedback and complaints as well as identifying continuous improvement opportunities based on feedback and complaints received as well as from audits and surveys. Various and recent organisational and service-level meeting minutes evidenced discussion about feedback and complaints. The complaints governance report outlined Continuous improvement trending and analysis. Consumers felt their feedback was used to improve care and services and provided examples of how their feedback had caused change.

In considering my decision I have placed weight on the information evidenced by the service within the Site Audit report and 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

I find this Standard compliant.

The Site Audit report raised that 9 consumers were dissatisfied with the service’s staffing levels, agency use and response to calls for assistance, however for these consumer’s no impact was identified and the service demonstrated a planned workforce with ongoing staff recruitment and systems remediation in response to the feedback and complaints from consumers, representatives and staff. Management advised how they ensured the service had adequate staffing through forward planning, ongoing recruitment and fixed agency usage. Documentation evidenced that the service had recruited staff, call bell response times are monitored, and staff are reminded and trained to ensure that they response to call bells in a timely manner. Some strategies to manage a planned workforce included monitoring of workforce for any planned and unplanned leave. Ensuring there were always registered staff on site 24 hours a day. Staff could extend their shifts to aid unplanned leave and registered staff could assist enrolled staff as needed. Management advised they were upskilling their care staff to provide greater flexibility and described ongoing recruitment of new staff as a result of consumer and staff feedback, as well as an approved additional shift for a particular wing in the service, as observed in the continuous improvement plan.

Consumers and representatives said that staff were kind, caring, respectful and gentle. Staff were observed to greet consumers by their preferred name and demonstrated that they were familiar with each consumer’s individual needs and identity. The service had a suite of documented policies and procedures to guide staff practice. The Site Audit report raised that one consumer was dissatisfied with the care they received from an agency staff member. The service demonstrated effective and appropriate management of this issue.

Consumers and representatives said overall they considered staff to be skilled and competent in their role. Management described training and orientation requirements for staff. Staff said they were confident that training provided had equipped them with the knowledge to carry out care and services for consumers. Documentation evidenced staff had pre-required qualifications, knowledge and experience to be employed within the service. The Site Audit report raised feedback from one consumer in relation to staff competency which was addressed appropriately by management and no impact was identified for the consumer.

The Site Audit report raised that some consumers and representatives expressed training suggestions for new and agency staff however there were no identified clinical impacts. Management described the mandatory and non-mandatory trainings for staff which include numerous topics delivered in various ways. Staff confirmed access to these trainings and that they felt supported by management. All staff described the way in which they accessed policies and procedures available through an online portal and were able to describe escalation process when an incident occurs. Management advised the training schedule was based on consumer and staff feedback, clinical trends, quality report trends, audits and continuous improvement opportunities identified within the service. Agency care staff confirmed that they were required to complete orientation prior to their first shift, had access to handover notes and reviewed the electronic care management system to ensure they knew preferences for consumers.

Performance of staff was regularly reviewed, goals were set by staff, and action were taken in response to staff performance. Management described how the performance of staff was monitored through formal performance appraisals and informal monitoring, including after 3 months of commencement, the sixth month probation period and annually. The service had a suite of policies that informed staff of the expected performance and behaviour. The service had a policy that stated that all staff were expected to have an appropriate regular performance evaluation and outlined the appraisal system.

In considering my decision I have placed weight on the information evidenced by the service within the Site Audit report and 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

I find this Standard compliant.

The service had established processes to support consumers to engage in the development, delivery and evaluation of care and services. Consumers and representatives expressed overall confidence that the service was run well and expressed satisfaction with their level of ongoing engagement in the service. Management described the involvement of consumers and representatives through the bi-monthly consumer and representative meetings where the organisation’s director was present, the bi-monthly consumer advisory committee meeting where consumers were asked if they would like to volunteer as consumers’ representative, the monthly food focus meetings, and the ‘partners in design’ meetings which entails the service’s partnership with consumers about care and services.

The service was able to demonstrate that it had policies and procedures with the governing body promoting a culture of safe, inclusive and quality care and services and was accountable for their delivery. Management described the organisational structure that governed the delivery of quality care and services across the organisation. Management described consumer-driven changes at the service and various ways the governing body ensured the service was meeting each of the Quality Standards. Management described changes made in the service driven by the governing body as a result of consumer feedback, experience and incidents. In order to satisfy itself that the Quality Standards were being met, the service conducted weekly governance meetings and bi-annual 5-day gap analysis against the Quality Standards, management meetings, monitoring of the risk register that alerted the governing body about incidents, as well as the continuous improvement plan, surveys, and audits.

Management and staff were able to describe processes and mechanisms in place for effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. This information was also considered under other Requirements within this report. The service’s information management systems were demonstrated to be effective and fit for purpose. Opportunities for continuous improvement were identified through a variety of mechanisms such as internal audits, clinical indicators, incidents, consumer surveys, observation of practice and consumer and staff feedback. Management described the organisation’s financial management and said they conduct a financial governance meeting to see trends and ask feedback from management. The service had a clear system for recruitment and management of staff with defined skills and competencies. Management said audits benchmark the service and ensured the organisation and service meet its regulatory compliance requirements. Management said that meetings with the governing body and management also discussed topics about regulatory and legislative requirements in the industry. The service demonstrated a system for encouraging, organising and actioning feedback and complaints.

The service had a wide range of frameworks, policies and procedures to support effective management of risks and incidents, and the service was able to demonstrate the implementation of these. Staff demonstrated an understanding of consumers with high-impact or high-prevalent risks. Staff demonstrated how they supported consumers to live the best life they could. The service had a system to support the reporting, recording and reviewing of serious incidents and it was included in staff mandatory training. Management advised the governing body monitored and oversee incidents, reportable incidents and the high-impact or high-prevalent risks to consumers, including regular trending and analysis of incidents.

The service was able to demonstrate the service’s clinical governance systems ensured the quality and safety of clinical care, and promote antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process. Staff demonstrated an understanding of practical applications of those policies and procedures. The service had a documented clinical governance framework, and policies and procedures relating to antimicrobial stewardship, open disclosure and minimising the use of restrictive practices. The Site Audit report identified 2 consumers subject to chemical restrictive practice that was in contrast to the service’s records, however legislative requirements were met and there was no negative impact to care identified for these consumers and the service committed to undertake a review of restrictive practices.

In considering my decision I have placed weight on the information evidenced by the service within the Site Audit report and I find this Standard compliant.

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)