Performance

Report

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| Name: | Paynesville Gardens Care Community |
| Commission ID: | 4526 |
| Address: | 3-5 Fort King Road, PAYNESVILLE, Victoria, 3880 |
| Activity type: | Site Audit |
| Activity date: | 5 June 2024 to 7 June 2024 |
| Performance report date: | 17 July 2024 |
| Service included in this assessment: | Provider: 3061 DPG Services Pty Ltd  Service: 3038 Paynesville Gardens Care Community |

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 Paynesville Gardens Care Community (**the service**) has been prepared by Katherine Richards, 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 Approved Provider’s response received on 2 July 2024.

# 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been found Compliant.

Consumers confirmed they were treated with dignity and respect, and felt valued as individuals. Staff demonstrated an understanding of consumers’ identity and diversity, and described how they treated consumers with dignity and respect and recognised their individuality through considering life stories and backgrounds when delivering care. Care planning documentation reflected consumers’ diversity and background.

Consumers and representatives advised consumers’ cultural backgrounds were recognised, and staff provided care which was consistent with their cultural preferences to ensure cultural safety. Policies were in place which outlined the organisational commitment to create cultural safety through recognising and respecting consumers’ cultural needs. Staff advised how they supported consumers’ cultural needs by celebrating days of cultural significance.

Consumers and representatives reported consumers were supported to exercise choice and independence when making decisions regarding their care, including who should be involved, and to maintain relationships of choice. Staff advised they supported consumers to make their own decisions by asking for their care delivery preferences and respecting their choices. Care planning documentation outlined consumers’ choices around how care was to be delivered, and their relationships of importance.

Consumers confirmed they were supported to engage in their chosen activities which contained risk. Care planning documentation demonstrated risks were identified by the use of assessments, and the strategies to mitigate risks had been discussed with consumers and their representatives. Staff were familiar with the risks associated with consumers’ choices, and the strategies in place to promote their safety.

Consumers and representatives reported they were provided with current information through printed information, verbal reminders, and email correspondence, which was clear and easy to understand. Staff described how they adapted their communication style to ensure information was effectively communicated to consumers living with sensory impairments. Noticeboards displaying current information regarding upcoming lifestyle activities, consumer meeting minutes and newsletters were observed throughout the service.

Consumers confirmed staff respected their privacy, and staff knocked on their bedroom doors prior to entry. Staff described a practical understanding to ensure consumers’ privacy was maintained by knocking on doors and awaiting a response prior to entry, and closing doors when providing personal care. Staff were observed to confidentially communicate and share consumers’ personal information.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Care planning documentation included detailed assessment and planning to identify consumer risks and needs. Policies and procedures directed staff to ensure all care plans, assessments and chartings were completed upon the consumer’s initial entry into the service to identify risks. Staff described the initial and ongoing assessment process, and how it informed the delivery of consumers’ care and services.

Consumers confirmed their preferences were assessed, and were involved in discussions regarding their end of life goals. Staff described how they approached end of life planning conversations with consumers and representatives during care reviews and regular follow-ups, and in consideration with policies. Care planning documentation reflected consumers’ current needs, goals and preferences.

Care planning documentation evidenced an ongoing partnership between consumers, representatives, allied health professionals and specialist providers in the development and assessment of consumers’ care and service plans. Representatives confirmed their involvement in the review of consumers’ care, in collaboration with other care professionals. Policies and procedures were in place to guide staff practice and ensure the assessment, planning and review processes occurred in consultation with consumers and representatives.

Consumers and representatives reported assessment outcomes were regularly communicated to them, and mostly advised they were provided with a copy of their care and service plan, however 3 representatives advised they did not have an updated copy of the consumer’s care and service plan and could not recall being offered a copy. Management were made aware of this feedback and advised of the practice to offer a copy of the consumer’s care and service plan during the 4 monthly review process, and a copy of the care and service plan was available within consumers’ rooms. Management advised they would email a copy of the care and service plan to these 3 representatives, and this was observed to have occurred. Staff described how they communicated assessment and planning outcomes to consumers and representatives in alignment with their communication preferences via in person conversations, phone calls or by email.

Consumers confirmed their care and service plans were reviewed following falls, and their risk management strategies were updated. Care planning documentation evidenced care and service plans were reviewed for effectiveness on a regular basis and in response to changes in the consumer’s circumstances. Staff described the processes to reassess consumers’ care and service plan during 4 monthly reviews, and the documentation of a weekly summary outlining the consumer’s condition.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

The Assessment Team recommended Requirement 3(3)(a) was not met, as they considered each consumer did not receive safe and effective personal and clinical care which optimised their health and well-being, specifically in relation to the continence management for 2 consumers. Both consumers were identified as being at risk of incontinence associated dermatitis (IAD), requiring regular continence care and repositioning, and one reported delay in responding to call bells and emotional distress from being left in a soiled continence aid. Staff were aware of the named consumers’ care needs and associated risks, but advised staffing shortages could impact continence care, with one staff referencing potential delays of up to 3 hours. Charting of repositioning and continence care did not demonstrate repositioning, or continence care was consistently undertaken in line with directives.

Management advised neither consumer had current impact to skin through IAD or pressure injuries, with monitoring ensuring care is provided even if not recorded in charting, and an identified technology issue impacting syncing of electronic records. Improvement actions were created during the Site Audit, including staff reminders and training. Although the named consumer said they had spoken with management about concerns, management was unaware. However, management followed up with the consumer about the concerns, raising a complaint about staffing and care, and updating care directives to better meet the consumer’s needs and preferences.

The Approved Provider’s response clarified some of the details relating to the 2 consumers. Neither consumer had ever been identified as developing IAD. A review of clinical data for the 6 months prior to the Site Audit flagged 6 instances, and analysis did not reflect a systemic issue relating to continence care. Repositioning charts for both consumers were commenced in error, as the organisational guidelines require these for consumers who were immobile or with existing pressure injury. During investigations and follow up, the interviewed consumer refuted making comments about being left in soiled continence aids, and stated their care was provided in line with stated preferences. Refresher education continues to be provided to staff to ensure familiarity with policies and procedures relating to continence care, and the team maintains skill and knowledge.

I have considered information provided by the Assessment Team and the Approved Provider. I acknowledge the actions taken by the Approved Provider to ensure the ongoing delivery of safe and effective personal and clinical care which includes discussions with consumers, staff education and the review of clinical data. Although assessments and monitoring practices for 2 consumers were noted by the Approved Provider to be incorrectly commenced and there were delays in the delivery of personal care, there has been limited adverse impact on consumers identified, and these issues do not appear to be systemic in nature. A decision of compliance with this Requirement is further supported by evidence of delivery of best practice and tailored personal and clinical care in other sampled areas, including application of restrictive practices, monitoring of skin integrity, and effective assessment and management of pain.

Therefore, I find the service is compliant with Requirement 3(3)(a).

Consumers and representatives provided positive feedback regarding the interventions in place to manage the high impact risks associated with the care of consumers. Care planning documentation evidenced risks to consumers’ well-being were monitored, and risk mitigation strategies were identified. Staff demonstrated an understanding of consumers’ key risks, and the interventions to promote their safety.

Staff described how they recognised and addressed consumers’ end of life needs and preferences to ensure their comfort was maximised and their dignity preserved. Care planning documentation for a late consumer evidenced they received regular repositioning, pain management, oral care and emotional support. An advance care planning policy was in place to ensure consumers end of life goals were respected.

Care planning documentation evidenced deterioration or changes in consumers’ health were recognised and escalated for management in a timely manner. Staff described how they monitored for signs of deterioration in the consumer’s condition, and outlined a range of signs which may indicate deterioration. Representatives advised staff were responsive to identifying and managing deterioration in the consumer’s condition.

Consumers and representatives reported consumers’ information was effectively communicated between staff, and consumers did not have to repeat their preferences. Care planning documentation evidenced medical officers and allied health professionals were notified of changes to the consumer’s condition or incidents. Staff advised consumers’ information was communicated during handover and meetings and documented within progress notes.

Care planning documentation recorded referrals made to allied health professionals and specialist providers in response to changes to the consumer’s condition. Consumers and representatives confirmed referrals were timely and appropriate. Staff advised referrals were made to external organisations to enhance the quality of care and services provided to consumers.

Consumers and representatives provided positive feedback regarding the management of infection related risks, and observed staff to wear personal protective equipment and practice hand hygiene. Staff demonstrated an understanding of antimicrobial stewardship, including the need to await pathology results or the medical officer’s instructions prior to the commencement of antibiotics. An infection control policy and procedure outlined the risks and actions to take in response to various infectious outbreaks.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been found Compliant.

Consumers and representatives mostly provided positive feedback regarding the supports provided for consumers to engage in daily living activities, however a consumer advised they did not consistently receive appropriate supports to attend lifestyle activities, and attributed this to insufficient staffing, see Requirement 7(3)(a) for further information. Staff were familiar with the needs and preferences of consumers, and described how they supported consumers living with cognitive impairments to engage in daily living activities.

Consumers and representatives advised consumers were provided with emotional supports when feeling low and were supported to attend regular church services. Care planning documentation identified the supports required for consumers to maintain their emotional, spiritual and psychological well-being. Staff described how they would recognise when consumers were feeling low by observing changes and provide emotional support, with management explaining programs being implemented to foster stronger relationships between staff .

Consumers described how they were supported to participate in activities within the internal and external community, maintain contact with people of importance to them and undertake activities of interest to them. Staff outlined how they supported consumers to engage in external activities by offering scenic bus trips and visits to various stores. Consumers were observed to enter and exit the service, both independently and with the assistance of their families.

Consumers and representatives advised information regarding consumers’ condition, needs and preferences were effectively communicated between staff and with external providers of care. Staff advised they were informed of updates regarding the consumer’s condition, needs and preferences through handovers and the electronic care management system. Care planning documentation contained detailed information to support safe and effective care and services.

Consumers said they received supports from external organisations, including volunteer services. Care planning documentation confirmed consumers were referred to external organisations and individuals to meet their needs. Staff outlined the referral process they utilised to enhance the daily livings supports provided to consumers.

Consumers provided positive feedback regarding the quality, quantity and variety of meals provided to them. Staff advised the menu was developed in consultation with Dietician input and consumer feedback. The meal service was observed to be timely and organised, with consumers receiving assistance with their meals when required.

Statt advised they had access to equipment and supplies to deliver lifestyle activities, and outlined their roles and responsibilities to ensure equipment was clean. Consumers confirmed their equipment was clean and well maintained, and any repairs were promptly addressed. A range of mobility, leisure and lifestyle equipment was observed to be clean, suitable and well maintained.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been found Compliant.

Consumers and representatives described the service environment as welcoming and easy to understand. Staff described the optimised consumers’ sense of belonging by offering consumers a tour of the service environment upon their initial entry into the service, and by encouraging personalisation of consumer rooms. The service environment contained wide and well-lit corridors to assist consumers to mobilise, and consumers’ rooms were observed to contained photographs and other items of personal importance.

Consumers and representatives confirmed consumers were able to move around freely through indoor and outdoor areas, and expressed satisfaction with the cleanliness of their rooms and communal areas. Staff advised they followed a cleaning schedule which outlined communal areas of the service were to be cleaned daily, and the rooms of consumers were to receive a detailed clean on a weekly basis. Consumers were observed to move freely, and were able to independently exit the service.

Staff described the roles and responsibilities to ensure furniture, fittings and equipment was clean and suitable for use. Maintenance documentation evidenced requests for equipment repairs were promptly resolved. Consumers confirmed equipment and furniture was clean and accessible.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been found Compliant.

Consumers and representatives advised they were comfortable and confident to provide their feedback and complaints. Management advised that consumers and representatives were encouraged to provide their feedback through various mechanisms including through feedback forms, speaking directly with staff, completing surveys and during meetings. Complaints information and feedback submissions boxes were observed within reception and throughout the facility.

Consumers and representatives demonstrated awareness of the external advocacy services available to assist them to raise complaints. Information regarding translation and advocacy services, including the Commission, were observed to be displayed throughout the service. Staff were familiar with the complaint advocacy and translations services, and advised information contained within the consumer and staff handbooks promoted access to these supports.

Staff demonstrated an understanding of open disclosure principles including providing an apology and transparent communication when things go wrong. Consumers and representatives mostly advised their complaints were responded to appropriately, however 2 consumers described unresolved complaints in relation to inadequate staffing levels. The complaints were unable to be located within the complaints register, and management advised they had not received the feedback. Management advised feedback and complaints were responded to immediately upon receipt, and the feedback would be electronically documented.

Consumers and representatives confirmed their feedback and complaints were reviewed and have led to care and service improvements. The continuous improvement plan detailed records of complaints and included the improvements actions arising from the resolution of the complaint. The feedback and complaints policy outlined the organisation's commitment to utilise feedback processes to identify and implement continuous improvement initiatives.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

The Assessment Team recommended Requirement 7(3)(a) was not met, as they considered there was an insufficient number of staff to enable the delivery and management of safe and quality care and services. Most staff members interviewed stated there were insufficient staff to provide consumers with the care they required, resulting in rushing, or decreasing the frequency of scheduled care requirements. Where consumers required assistance of multiple staff members, staff said it was difficult to coordinate in a timely manner. Two consumers reported waiting long periods for call bells, one stating it caused emotional distress at times, the other describing impact on attending leisure and lifestyle events. One of the consumers said they had made a complaint, but the issue remained outstanding. Whilst call bell records for both consumers included evidence of some lengthy response times in the days leading up to and during the Site Audit, management could not demonstrate these were investigated.

Management advised the service was meeting legislative requirements for nursing and care staff, and rostering was overseen by head office and adjusted at service level to meet consumer needs. Management described the current recruitment drive to hire 15 Registered nurses and 4 care staff by the end of June 2024. Follow up was undertaken during the Site Audit with both named consumers, including lodgement of complaints, updating care and services plans with agreed strategies to meet time sensitive needs and preferences, and reminders for staff. Management also said one of the consumers call bell was also accidentally depressed at times but did not support this with explanation of staff delayed attendance.

The Approved Provider’s response offered additional information, including the recent change of responsibility for development of the roster due to identified concerns with the effectiveness of prior practices and loss of key personnel responsible. They acknowledge challenges for the team during that time, who went to considerable effort to ensure there was no impact to consumer care. The Approved Provider suggests it possible that staff interviewed were referring to that period, and the Acting General Manager is now assuming responsibility for ensuring the workforce is sufficient for consumer needs. There has been success in recruitment, with ongoing review and adjustments dependent upon consumer acuity and needs.

A review of call bell response times was conducted daily by management and has not identified any systemic concerns, with majority of call bells responded to under 10 minutes. The Approved Provider acknowledges some of the previous lengthy response times and impact on participating in service activities. Follow up with the named consumers has also elicited positive feedback on the quality and timeliness of care, with new strategies effectively implemented. The Approved Provider advised they have reinforced their call bell response expectations with staff, and call bells were discussed during daily huddles to inform improvement initiatives and to understand lengthy call bell responses.

I have considered the information provided by the Assessment Team and the Approved Provider. I acknowledge the Approved Provider has implemented improvement initiatives which include additional staff training, the continued oversight and review of data, engagement with consumers and ongoing recruitment. Consumer care needs were being met, and for 2 identified consumers, the Approved Provider has developed strategies to address concerns. I have placed weight on the service meeting care and nursing minute requirements, with recent recruitment of new staff to support the existing workforce in effectively meeting clinical and safety needs of consumers. I also have considered statements from the Approved Provider explaining changes made to the rostering process prior to the Site Audit. However, I would encourage the Approved Provider to continue to monitor feedback from staff to ensure they feel supported to perform their roles without feeling as though consumer care is being rushed or performed less frequently than within care directives. Therefore, I find the service is compliant with Requirement 7(3)(a).

Consumers and representatives confirmed interactions with staff were kind and caring, and staff were respectful of consumers’ identity, culture and diversity. Management advised staff received education on respectful consumer interactions, and they monitored staff behaviour to ensure alignment with the organisational values and expected behaviours. Staff were observed to interact with consumers in a respectful and gentle manner.

Consumers and representatives reported staff were competent and qualified to effectively perform their roles. Management advised the competency of staff was assessed through the recruitment and orientation process, buddy shifts and regular trainings regarding their respective key responsibilities. Position descriptions outlined the competencies, qualifications, registrations and responsibilities for each role.

Staff confirmed they were supported with various online and in-person training on topics including, incident management, open disclosure and restrictive practices. Management advised they maintained oversight of training records to ensure staff were completing their required training. Staff were comfortable in identifying gaps in knowledge, and were supported to request further training.

Management advised staff performance was monitored through informal monitoring and review processes, and by performance appraisals which occurred after 3 and 6 months of employment for probationary staff and on an annual basis. Personnel records evidenced all staff had a current performance appraisal in place. Staff demonstrated an understanding of the appraisal process, and were able to request further training and support for their future development.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been found Compliant.

Consumers and representatives advised the service was well run and confirmed their involvement into the evaluation of their care and services. Management reported consumers and representatives were actively engaged in the development of care and services through consumer meetings, surveys, audits and care and service plan reviews, and demonstrated their actions to form a Consumer Advisory Body. A review of the continuous improvement plan and consumer meeting minutes evidenced consumers were involved in the evaluation of care and services.

Management outlined the organisational structure supported the accountability of the governing body, and advised they provided monthly reports to the governing body regarding clinical indicators, incidents and feedback. Policies and procedures defined the roles and responsibilities of the governing body to promote safe, inclusive and quality care and services. The governing body comprised of clinical, non-clinical and independent members to ensure a mix of skills and experience to deliver of quality care and services.

Governance systems for key areas were described by management and evidenced within meeting minutes. Management advised they are informed of regulatory compliance changes through newsletters and information received from various platforms, including the Commission, and was communicated across the organisation. Management described the approval process to request additional expenditure from the governing body. The Board received trended feedback and complaints summaries to ensure their oversight and was used to inform improvement initiatives.

Management outlined the systems to monitor and manage risks, and identified the high impact risks associated with the care of consumers. Staff described the processes in place which supported consumers to live their best life by ensuring risks were considered, discussed with consumers and representatives and assessed. An incident management system was in place to support the reporting, recording and review of incidents, and staff outlined their responsibilities to report and escalate instances of elder abuse and neglect as part of the incident management process.

Management advised staff were encouraged to liaise with medical officers to discuss antimicrobial stewardship, and non-pharmacological strategies were implemented to minimise the use of antibiotics. Management reported the minimisation of restrictive practices was guided by policies and procedures, and they maintained oversight of restrictive practice use through the psychotropic register and clinical indicators. Staff demonstrated an understanding of open disclosure practices including being open and transparent, and apologising when things go wrong.

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)