Performance

Report

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| Name of service: | Pyramid Residential Care Centre |
| Service address: | 65 Cairns Road GORDONVALE QLD 4865 |
| Commission ID: | 5111 |
| Approved provider: | Pyramid Residential Care Centre |
| Activity type: | Site Audit |
| Activity date: | 11 April 2023 to 14 April 2023 |
| Performance report date: | 11 May 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 Pyramid Residential Care Centre (**the service**) has been prepared by S Turner, 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 5 May 2023
* information held by the Aged Care Quality and Safety Commission relating to the service’s compliance history.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives spoke highly of staff and provided examples of how they are treated with dignity and respect. Staff valued consumers’ diverse backgrounds and their need for social and religious affiliations. Staff were observed treating consumers respectfully, engaging positively and speaking in a kind manner.

The service had procedures, education and training for staff which outlined the expectations and responsibilities of staff in relation to cultural diversity, inclusion, and culturally and spiritually safe care. The service recognised, respected, and supported consumers from non-English speaking backgrounds and ensured their needs were met. Care planning documentation reflected the consumers’ cultural needs and preferences. Lifestyle staff said the service acknowledges and celebrates cultural diversity by scheduling activities including St Patrick’s Day, Anzac Day, and Harmony Day. Management advised the service has access to interpreter services if a need is identified.

Consumers were supported to exercise choice and maintain their independence by making decisions about their care and services and they provided examples of this. Some consumers said they preferred to be cared for by female staff and the service supported their preferences. Other consumers provided examples of how relationships of importance are promoted and supported. Consumers nominated who they would like involved in their care and were able to communicate their decisions, make connections with others, and maintain relationships of choice. Lifestyle staff said Red Cross visited the service on a regular basis and provided consumers with social interaction. Care documentation described consumer care preferences, primary languages and the involvement of family and representatives in care planning.

Consumers and representatives provided examples of how the service supported them to take risks. One consumer said staff explained the risks associated with their choices and they had completed a dignity of risk form. A representative advised that a risk assessment had been completed for the consumer when they chose to follow a specific diet. Care documentation evidenced consultation with consumers and (if required) their representatives to identify and discuss aspects of risk associated with consumers’ choices and independence and to implement safety strategies to minimise risk.

Consumers received information that supported them to make decisions and exercise choice. Consumers said they had attended consumer meetings and felt comfortable raising concerns with management at meetings or individually. One representative said staff called them promptly regarding any changes in the consumer’s condition and that staff were open to discussing alternative options.

Representatives were sent an email during the site audit advising staff from the Aged Care Quality and Safety Commission (the Commission) were on site. The activity schedule was displayed throughout the service and posters providing information about advocacy services, the Aged Care Charter of Rights and the Commission’s complaints processes were evident. On entry to the service, consumers received a booklet that included information related to meals, activities, and the involvement of family in care and services. In March 2023, a newsletter was commenced for consumers and representatives. Consumer satisfaction surveys completed in March 2023 included feedback that consumers felt safe living at the service with one response stating the consumer felt ‘fortunate’ to live there.

The service had a privacy and confidentiality policy that provided guidance about the collection and storage of information. Workstations were observed to be enclosed and computers were 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

Consumers and representatives were satisfied with assessment and care planning processes and felt that it supported the delivery of safe and effective care and services including advanced care planning and end of life planning. Consumers and representatives confirmed they were involved in the assessment, planning and review of consumers’ care and services.

The organisation had policies and procedures available to guide staff practice in the assessment and care planning process. Care documentation considered potential risks to consumers’ health and wellbeing including for example falls, diabetes management and skin integrity. Registered staff described the assessment, care planning and review process. Staff reported the outcomes of assessments were documented in care plans and discussed with the consumer and the representative. Staff advised this information guided them in the delivery of safe and effective care.

Care documentation included evidence of consumers’ individualised needs and preferences and end of life requirements including of choices relating to resuscitation, life prolonging measures and pain management interventions. Staff were aware of the consumer’s wishes and were able to explain where to find this information.

Care documentation demonstrated the involvement of the consumer, medical officers, and allied health professionals such as the physiotherapist, dietitian, podiatrist, and speech pathologist. The Clinical Care Coordinator described how they partner with consumers and representatives to assess, plan and review care and services, including through case conferences.

Consumers and representatives said they had either received a copy of the consumer’s care plan or felt comfortable requesting a copy. Staff said they have access to care related information through the electronic care management system and through handover. Management said consumers and representatives were involved in assessment and care planning through case conferences and the three monthly care plan review process.

The service’s care plan review schedule was managed by the Clinical Care Coordinator. Care planning documentation demonstrated assessments were reviewed and care plans were updated in accordance with the schedule. Staff said they were aware of incident reporting processes and how incidents may trigger a reassessment or review. Care staff described how they monitored consumers for changes and referred to the registered staff if they identified a change in physical function, cognitive status, or mental health. Consumers and representatives confirmed care and services were reviewed when the consumers’ circumstances changed or following an incident.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives provided positive feedback about the care provided at the service including for those consumers with specialised nursing care needs. Care documentation and medication records demonstrated effective care delivery in relation to management of wounds, pain, challenging behaviours, diabetes, and medication administration. Staff demonstrated a shared understanding of consumers’ care needs and the processes in place to support care delivery.

While deficiencies were identified in the management of restrictive practices following the assessment contact conducted 21 June 2022, the site audit report included information that the Assessment Team reviewed restrictive practice and found that assessment and authorisation was consistent with the organisation’s policies and the use of restrictive practices was minimised. Where restrictive practices were applied, including in relation to chemical restraint for one consumer, there was evidence of the engagement of the medical officer, a behaviour support plan was in place that included recommendations from a dementia specialist and non-pharmacological interventions to be trialled. Staff demonstrated knowledge of the consumer and strategies to minimise escalation of the consumer’s behaviours. The Assessment Team observed a second consumer’s representative engaged in discussions and the provision of consent regarding the use of a type of mechanical restraint to assist in the minimisation of falls.

The service had effective processes to manage high impact or high prevalence risks associated with the care of consumers which included falls, and complex needs management. Care documentation, incident reports, staff training records and clinical indicator data, demonstrated the service effectively managed high impact and high prevalence risks and monitored care delivery for consumers.

The service had end of life processes and a palliative care pathway to guide staff practice and consumers and representatives said they felt confident staff would provide end of life care in line with consumers’ preferences to maximise dignity and comfort. Consumers’ end of life care preferences were documented in a care and service plan and registered staff discussed consumers’ preferences during case conferences and as consumers moved through palliative care phases. Staff could describe the palliative care pathway and the resources available to them, and said they monitored consumers for comfort during this period and followed care plans for individualised consumer preferences.

Staff and registered nurses were familiar with their responsibilities in the event that a consumer’s condition deteriorated or changed and staff stated they were alert to a change in consumers’ mobility, appetite, and behaviour. If a consumer deteriorated after business hours, staff telephoned a medical officer or transferred the consumer to hospital. Clinical records indicated consumers were regularly monitored by registered staff and if deterioration or change of a consumer’s mental, cognitive, or physical function, capacity or condition occurred, this was recognised and responded to in a timely manner and representatives were notified. Consumers were satisfied with the management of their health with one consumer providing detailed feedback about the way the service responded during a deterioration in their health that involved hospitalisation.

Consumers were satisfied with the communication of their care needs and preferences between staff and said they received the care they needed. Care documentation contained information to guide staff and staff confirmed they received up to date information about consumers at handover and via the electronic care management system. Hospitality staff said any dietary needs and changes such as dietitian recommendations were reported by the registered staff and kept in a folder in the kitchen which was updated regularly.

Care documentation demonstrated input from other health services and referrals were initiated when needed, including to a speech pathologist, physiotherapist, podiatrist, and specialist dementia services. Consumers were satisfied with referral processes and said they had access to a medical officer, and other health professionals, when they needed it. Staff described how the input of other health professionals informed care and services.

Consumers and representatives said they observed staff washing their hands frequently and wearing masks. The service had documented policies, procedures, and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control, and for the management of respiratory outbreaks. The service had influenza and COVID-19 vaccination programmes for staff and consumers and had appointed two infection prevention and control leads. Staff provided examples of practices to prevent and control infections such as hand hygiene, encouraging fluids, the use of personal protective equipment and obtaining pathology results prior to commencing antibiotics.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(a) | Each consumer gets safe and effective services and supports for daily living that meet the consumer’s needs, goals and preferences and optimise their independence, health, well-being and quality of life. | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |
| Requirement 4(3)(c) | Services and supports for daily living assist each consumer to:   1. participate in their community within and outside the organisation’s service environment; and 2. have social and personal relationships; and 3. do the things of interest to them. | Compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

Consumers and representatives confirmed the service’s lifestyle and activities program supported their lifestyle preferences and said staff assisted them to be as independent as possible. Staff demonstrated knowledge of consumers’ needs, goals and preferences and the support they required to participate in activities or pursue individual interests. Care documentation included strategies to deliver services and supports for daily living that reflected the diverse needs and characteristics of consumers.

Consumers said they have input into the lifestyle program and were provided with opportunities to participate in a variety of activities such as bingo, bus trips, gardening, and happy hour. Lifestyle staff were familiar with those consumers who do not want to participate in group activities and provided examples of leisure activities they can pursue.

Consumers said the service provided emotional, spiritual, and psychological support when needed. Consumer feedback included a comment that staff are ‘really good’ and will visit the consumer for a chat and to check on them. Staff described the processes for the provision of emotional, spiritual, and psychological support to consumers. There were church services held at the service and lifestyle staff said there was a celebration of events including Christmas, Easter, and other days of importance.

Consumers and representatives said consumers were supported to take part in community activities outside the service, to visit family, go shopping or pursue a previous interest. Staff described the ways in which they supported consumers’ relationships with their loved ones. Care planning documentation identified the people important to individual consumers, those people involved in providing care and the activities of interest to the consumer. Birthday celebrations were observed during the site audit and included the use of lace tablecloths, decorative crockery, and decorations.

Consumers and representatives said their services and supports were consistent and staff were aware of their individual preferences and needs including engagement with other organisations involved in care and service delivery. Care documentation accurately reflected the needs, goals, and preferences of consumers. Staff explained how they were updated if a consumer’s condition, needs, or preferences changed via handover and message alerts in the electronic care management system.

Consumers provided examples of how they were supported to access other service providers including for example the hairdresser. Lifestyle staff explained how volunteers had been unable to visit during COVID-19 restrictions but said the service had recently begun contacting volunteers to resume visits. Red Cross visitors had commenced visits again and consumers looked forward to seeing them for social chats and board games.

Consumers were generally satisfied with the meals and said they were varied and of suitable quality and quantity. Consumers were offered a range of other options if they chose not to select a meal offered on the menu. Consumers and catering staff said each consumer was provided a daily menu that provided them with a choice from the menu or an alternative option which included a salad, sandwich, toasted sandwich, or eggs. Consumers provided examples of how the service supports their individualised requirements; one consumer reported that staff prepare them an individual meal when they do not like what is offered on the menu. Staff described how they know consumers’ nutrition and hydration needs and preferences. The kitchen and serving areas were clean and tidy and staff practices were in line with the service’s food safety plan, such as temperature monitoring of refrigerators and meals, food storage and the completion of cleaning schedules. The service had policies and processes to guide staff on preparation of modified texture diets, assisting with feeds, safe food handling; a food safety audit conducted by a local authority had been successfully completed.

Consumers were satisfied with the equipment they used and said it was safe and that they knew how to report any concerns they had. Maintenance staff explained how they promptly attend to maintenance, service, and equipment repair requests. They said jobs requiring outside specialist assistance or skills were expedited promptly and monitored until finalisation. Equipment used to support consumers was observed to be suitable, clean, and 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

The service consisted of several low set buildings connected by wide concrete pathways with handrails either side and signage to direct consumers and visitors to different areas. The service environment was welcoming, with wide unobstructed corridors. There were several areas for consumers to relax, socialise and congregate and consumers’ rooms were decorated with furnishings and personal items that reflected individual tastes and styles. The service had several large outdoor garden areas. Each outdoor area provided spaces for consumers to sit and shelter from the sun or weather. Garden beds and raised planting containers were provided so that consumers could grow flowers and vegetables.

The service was clean, safe, well maintained, and comfortable and consumers were able to move freely, both indoors and outdoors. Consumers provided positive feedback about the living environment and the cleanliness of the service. Cleaning staff explained how they were guided by a cleaning schedule and explained the additional cleaning that was required during a COVID-19 outbreak. Consumer rooms were cleaned daily, including the bathroom, while weekly detail cleaning focused on floors, windows, walls, and other personal cleaning requests made by consumers. High cleaning of fans and high windows was completed monthly.

Maintenance staff described the service’s processes for identifying, reporting, and actioning maintenance issues to ensure equipment used by consumers was safe, clean, and maintained. Maintenance records showed reactive maintenance had been attended in a timely manner and most scheduled preventative maintenance had been completed.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives said they feel encouraged, safe, and supported to provide feedback and make complaints. Management said consumers and representatives were invited to provide feedback through feedback forms that were located throughout the service, via consumer surveys and through participation in regular consumer meetings. Staff were able to describe the methods they used to encourage and support consumers to provide feedback and make complaints. A review of consumer surveys from September 2022 to March 2023 demonstrated targeted engagement with consumers to seek feedback on the delivery of care and services. Consumer meeting minutes demonstrated consumers and representatives were invited to provide feedback.

Consumers had been provided with information on internal and external complaints mechanisms and one consumer stated they would feel comfortable accessing an external agency if this was required. Staff had a shared understanding of advocacy networks and the role of the Aged Care Quality and Safety Commission as a complaints avenue. The consumer handbook provided information on advocacy services and external complaints processes. Posters promoting advocacy networks such as the Older Person Advocacy Network and the Aged Care Quality and Safety Commission were displayed throughout the service.

Staff had completed mandatory training on feedback and complaints processes including open disclosure. Management and clinical staff had a shared understanding of the open disclosure process and provided examples of when they had apologised when things went wrong. Overall consumers and representatives said that appropriate action had been taken in response to complaints. One consumer provided an example of a complaint they had made and said staff had apologised; this had been recorded in the service’s complaints register.

Consumers and representatives said they felt management would use their feedback and complaints to improve the quality of care and services provided. One consumer said the service had listened to their concerns and followed up to make improvements to their family member’s care. Management provided an example of how the service had responded to a complaint about the meal service and staff availability; there had been communications with staff, training provided on safe dining and an increase in staffing during mealtimes in the memory support unit. A review of the complaints register and plan for continuous improvement included actions taken by the service to improve the quality of care and services, based on consumer and staff feedback and complaints.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

The service demonstrated the workforce was planned to meet the needs of consumers and deliver quality care and services and had systems and processes in place to ensure there were enough staff rostered across all shifts. While consumers and representatives reported staff were very busy, they felt there was enough staff to meet consumers’ personal and clinical needs in accordance with consumers’ care plans and in a timely manner. Staff across the various roles and areas of the service said there were adequate staff and that generally staff had time to undertake their allocated tasks and responsibilities.

The rostering officer prepared a standard fortnightly roster two weeks in advance capturing planned leave requests to ensure an appropriate number and mix of staff were allocated. The service had a pool of casual staff who were contacted first to cover unplanned leave, then permanent staff were asked to do an extended or double shift. If they were not available, the service had a contract with an agency to provide staff as required. Management advised the roster is reviewed and the mix of staff is changed when there is an increase in incidents or consumer needs change and an example of this was provided.

The service had a suite of documented policies and procedures to guide staff practice; these outlined how care and services were to be delivered in a person-centred, caring, and respectful manner. Staff demonstrated a thorough understanding of consumers that included their interests, culture, specific needs, and preferences. The information provided by staff aligned with care documentation and interviews with consumers and representatives. Consumers and representatives spoke highly of staff and said they were kind, gentle and caring. Staff and management interactions with consumers were observed to be kind, caring and respectful.

Feedback from consumers and representatives identified they felt the workforce was competent, staff had the appropriate knowledge and skills and that staff delivered care and services that met consumers’ needs. Management said staff competencies were monitored on an annual basis and were determined depending on the staff member’s role. Management described how they determined staff competence and ensured they were capable in their role, including skill assessments during annual mandatory training and ad-hoc training sessions, review of clinical data, annual performance appraisals and feedback from consumers and representatives. Management described the annual mandatory training program that included a mix of online and face to face training modules. Staff said they had completed induction training, annual mandatory training, and participated in role specific training such as the Serious Incident Response Scheme and documentation skills as required. Staff said they felt comfortable requesting or suggesting further training and professional development. The service maintained records relating to staff competencies and current position descriptions were in place which established responsibilities, knowledge, skills, and qualifications required for each role. The service monitored the currency of national criminal history checks and professional registrations.

There were effective processes to regularly assess, monitor and review staff performance, these included feedback from consumers, representatives, and other staff. Staff had completed a performance appraisal in the previous 12 months.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

Findings

Consumers and representatives said they had confidence in the way the service was run and were aware there were avenues for them to provide feedback. Management described ways in which consumers were supported to be engaged with the service including by talking directly with management, via consumer meetings and through the completion of feedback forms. Management advised that previously there had been consumer representation at Board meetings and they were currently encouraging ongoing consumer participation.

The organisation’s governing body promoted a culture of safe, inclusive, and quality care and services. The organisation had implemented systems and processes to monitor the performance of the service and to ensure the governing body assumed accountability for the delivery of safe, inclusive, quality care and services. The organisational framework identified a leadership structure that included an executive leadership team, governance committees, and the service management. The Board held an annual strategic planning day that was coordinated by an external organisation. This assisted in the identification of strategic priorities, built sustainability into the future, and supported the continued provision of quality services. Management staff and Board members described how information was escalated through to the Board including high prevalence and high impact risks reports which were reviewed and benchmarked against similar services.

Effective governance systems and processes were in place relating to information management, continuous improvement, financial governance, workforce management, regulatory compliance and feedback and complaints. Consumers and staff were satisfied with the information they received. Continuous improvement processes were informed by consumers and representative feedback, audit results, incident data, complaints, clinical indicators, and staff observations; a plan for continuous improvement was in place and was monitored by management. Management advised they monitor legislative changes via the Aged Care Quality and Safety Commission website and subscribed to external industry expert groups and communities of practice.

Risk management systems and processes included policies and procedures and an incident management system where incidents were recorded within the electronic care management system and there was review by management to ensure incidents were identified and reported appropriately and in line with legislative requirements. I am satisfied that the service had effective systems and processes relating to incident management as staff had an understanding of the Serious Incident Response Scheme, the service demonstrated effective risk management systems and additional information about incident management was included in the approved provider’s response.

The clinical governance framework included policies, procedures, and staff training. Management and staff had a shared understanding of the framework in place that ensured the provision of safe, quality care to consumers and included reporting processes, monitoring systems and analysis of clinical indicators. The service utilised clinical data from the electronic care management system and provided reports to the various governance groups including the Board and Medication Advisory Committee. Review of restrictive practice assessment and authorisation forms demonstrated the use of policies in line with the minimising and application of restrictive practices. Registered staff demonstrated a shared understanding of antimicrobial stewardship.

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