Performance

Report

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| Name: | Rangeview Private Nursing Home |
| Commission ID: | 3570 |
| Address: | 15-17 Mason Street, WANGARATTA, Victoria, 3677 |
| Activity type: | Site Audit |
| Activity date: | 21 November 2023 to 22 November 2023 |
| Performance report date: | 3 January 2024 |
| Service included in this assessment: | Provider: 2932 Merakis Enterprises Pty Ltd  Service: 2317 Rangeview Private Nursing Home |

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 Rangeview Private Nursing Home (**the service**) has been prepared by N Eastwood, 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 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 18 December 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Not 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 | **Not Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

**Standard 2**

* Requirement 2(3)(d) ensure implementation and sustained review and consultation of care planning.

**Standard 7**

* Requirement 7(3)(e) progress and complete performance appraisals to ensure all staff have the benefit of individual performance improvement and monitoring.

# Standard 1

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

Findings

The service was previously found non-compliant with requirements 1(3)(a), 1(3)(d) and 1(3)(f), successful strategies have now been implemented to support ongoing improvement and compliance. As a result, I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

The service has implemented strategies since the previous site audit to address staff knowledge of consumer values and identity. Consumers confirmed they are treated with respect and dignity and that staff are aware of their individual needs and preferences. Most staff demonstrated an understanding of consumer diversity and individual care service requirements. The Assessment Team noted handover reports and care documentation include individual preferences particularly where there are specific requests such as methods of communication and where sensory deficits are identified.

Staff described how they meet consumers cultural and spiritual needs and preferences. Care documentation demonstrated information about consumer cultural backgrounds including associated cultural needs. This was supported by a consumer account reflecting on the admission process which included information gathering around early life experiences to inform individual needs and preferences.

Staff provided examples of ways they support consumers with choice and independence, including offering choices related to lifestyle and personal care. Management provided information to consumers about their rights to informed decision making and the Charter of Aged Care Rights is displayed within the service. Requests for gender specific staff care are documented and facilitated where possible.

The service has implemented improvements in identifying consumers requiring risk assessments. Consumers and representatives described how the consumers are supported to take risks. Risk assessments are completed to support consumers who choose to undertake risk or activities that may involve elements of risk. Care documentation demonstrates risk mitigation occurring, and care consultations are held where risk is discussed, and appropriate documentation is completed.

Consumers and representatives were satisfied that the information they receive is current, accurate, timely, communicated clearly and is easy to understand. A range of notices are available within the service as well as the activities calendar, events on that day and complaints and feedback information. There is access to resident meeting minutes and consumers are invited to attend.

There have been improvements in processes to protect confidentiality of consumers personal information. Staff described how consumer privacy and information is protected including by accessing only required consumer information on the electronic management system. The service has policies and procedures regarding confidentiality of personal information and disclosure.

# 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. | Not Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

The service was previously found non-compliant with requirements 2(3)(a), 2(3)(b), 2(3)(d) and 2(3)(e). The Assessment Team recommended Requirements 2(3)(a) and 2(3)(d) continued to be non-compliant. With consideration to the Assessment Team report and Approved Provider response I have come to a different view and consider Requirements 2(3)(a), 2(3)(b), 2(3)(c) and 2(3)(e) demonstrated successful strategies to support ongoing improvement and compliance. Requirement 2(3)(d) continues to be non-compliant, as a result the service does not comply with Standard 2.

Requirement 2(3)(a):

The service was previously non-compliant with this requirement due to incomplete risk assessments where changes in condition occurred or incidents increased risk to consumers. At the current Site Audit assessment and planning continued to be inconsistent and did not always include consideration of risk to consumer health and wellbeing. There was evidence of multiple sources of communication such as verbal, hard copy, and electronic handover processes.

The Assessment Team noted the lack of access to centralised records during review of care documentation and incomplete assessments and information available to support comprehensive care of consumers with diabetes and where risk was identified. Management indicated the planned implementation of a new electronic care documentation system and training schedule had been delayed. The service Plan for Continuous Improvement (PCI) was amended during the site audit to reflect the status of projects, corrective actions, and time frames.

The Approved Provider submitted a response to the Assessment Team report including a copy of the services PCI, additional context and supporting evidence. The information provided supports systems are now in place to ensure consumers with diabetes are adequately monitored and managed as well as the inclusion of an electronic dignity of risk form for all consumers. I note the ongoing transition to centralised electronic records and encourage the service to complete this as a matter of priority to enable access to relevant assessments at the point of care.

Requirement 2(3)(d):

This requirement was previously found not met as the service did not routinely offer care plans to consumers and representatives. At the current Site Audit the service did not demonstrate consumers and representatives were regularly consulted about care planning. Care documentation demonstrated 1 out of 7 consumers had progress note entries recording a comprehensive care plan review and consultation had occurred between the medical officer and the representative. Evidence of care consultation and care planning review were not available or provided on request by the Assessment Team.

The Approved Provider response and supporting documentation indicates a care plan review schedule is now in place to facilitate discussion and access to care plans as well as creation of systems to support care plan completion. I note this action is in progress and will require further time to ensure all care plans have been finalised, integrated into the new electronic record system and review processes commenced. As a result, I consider further time is required to ensure there is sustained improvement in the review and consultation of care plans.

Compliance with remaining requirements:

Consumers and representatives confirmed they are included in discussions regarding needs and preferences as well as end-of-life planning. Staff described individualised strategies to assist with examples of pain and alternate non-pharmacological measures available to them. A review of care documentation supported the service consults with consumers and their representatives to discuss care plans including changes to care needs and end of life care.

Representatives reported being contacted regularly to discuss changes to consumer care needs. Staff described how they support consumers to direct their own care and medication regimes. There was evidence of referral to alternate organisations and external health providers where changes to condition are identified. This was supported by an example of referral for additional support and access to dietary supplements where an unexplained weight loss was identified.

Management explained care plans are reviewed 3-monthly and if a change occurs consumer care needs are discussed during the daily morning huddle. Clinical staff check progress notes daily, the hard-copy handover weekly, and the electronic care documentation system dashboard for daily clinical tasks and alerts about incident reviews, skincare, and complex nursing care.

# Standard 3

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

Findings

The service was previously found non-compliant with requirements 3(3)(b), 3(3)(f) and 3(3)(g) successful strategies have now been implemented to support ongoing improvement and compliance. As a result, I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they were satisfied personal and clinical care provided was safe and responding to their needs. Consumers said staff were kind and made a great effort to ensure care was provided on time. Where restrictive practice was in place there were risk assessment and dignity of risk authorisations in place. Consumers subject to chemical restraint were correctly identified in the psychotropic register which was also reflected at minimum 3 monthly review. Care documentation related to pain management demonstrated analgesia is prescribed and reviewed according to pain and behaviour charting and clinical assessments.

Consumers have a complete head-to-toe skin assessment annually and when changes occur. Clinical staff explained they refer consumers to the nurse practitioner if wounds are not healing. Wound charts with photographs, measurements, and dressing regimes are maintained for all wounds.

The service’s identified falls as the most significant high-impact and high-prevalence risk associated with consumer care. Care documentation demonstrated assessments were conducted with validated tools and risks are assessed with preventative strategies implemented to minimise the identified risks. Referral processes are in place for prompt review of consumers with changed behaviours, swallowing difficulties, unplanned weight loss, and for the assessment of consumers at risk of a fall or following a fall.

There was evidence of advance care directives or goal of care documentation which included values, beliefs, and end of life wishes. The service is supported by visiting treating practitioners who assess and review palliating consumers and review regimes. The organisation has policies and procedures to guide the provision of palliative care, end-of-life care, and advance care planning.

Consumers and representatives confirmed they were satisfied with the services responsiveness when there was a change in consumer health status. Staff described how deterioration or changes are identified, actioned, and communicated. A review of documentation reflected appropriate actions taken in response to deterioration or a change in consumer health. Staff described how they refer to various sources of information to ensure a comprehensive understanding of consumer needs and preferences; this included the hard-copy weekly handover, the inactive hard-copy care plans, the new electronic care plans, and the dashboard alerting them of tasks to be completed or required to be closed. Emails and communication books are used to communicate with medical officers, specialists, allied health professionals, and specialists.

There is a referral and deterioration process in place supported by access to treating practitioners, a nurse practitioner, allied health staff, residential in-reach service offering on-call nurse specialist and geriatrician support, and virtual emergency department telehealth service is accessible after-hours and weekends.

Staff described precautions taken to prevent and control infections, and the steps they take to minimise the use of antibiotics. Management monitor staff training and competencies around infection control practices and the correct use of Personal Protective Equipment (PPE). The service holds regular medication advisory committee meetings attended by a clinical pharmacist and the antimicrobial stewardship policy describes best practice management for antibiotic-resistant organisms.

# Standard 4

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

Findings

The service was previously found non-compliant with requirements 4(3)(f) successful strategies have now been implemented to support ongoing improvement and compliance. As a result, I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they are encouraged to pursue activities of interest to them. There is a monthly lifestyle calendar including group and individual activities based on the preferences and interest of consumers. Staff members described how they support consumers to engage in activities and how they work together to ensure consumers are ready to attend activities of their choice. Staff explained that where residents are engaging in higher risk activities such as trishaw rides, that a risk assessment is first completed by appropriately trained staff.

Staff demonstrated awareness of consumer emotional and psychological vulnerabilities and spoke of listening to consumers, talking with them, respecting their need for privacy and how to escalate concerns. Management highlighted the importance of identifying and meeting the spiritual needs of consumers. Care file documentation included information related to primary language, marital status, and religion as well as documented individual emotional supports.

A review of care file documentation reflected information on important social and family connections and the service supports and values the relationship of married consumers by allowing them privacy and time together. Staff described how they support consumers with personal relationships through telephone calls, video calls and emails, including the printing of emails and photos.

Consumers confirmed they were satisfied with communication, consent, and coordination of services. Staff confirmed they receive and communicate information about consumers condition, needs and preferences through handover documents, team meetings and email communication. Management explained the service ensures information is shared between those responsible for consumer care.

There was evidence of appropriate referrals to external services such as allied health, specialty services and volunteer organisations where required and with consumer consent.

Successful improvement initiatives have been implemented to address previous dissatisfaction with the temperature of meals. 88% of consumers confirmed they are served meals of sufficient quality and quantity, that they are offered choice of hot meals for lunch and dinner and the meals are served at an appropriate temperature. The service demonstrated that a variety of meals are provided based on a seasonal menu with the oversight of a dietitian. Consumers are encouraged to provide feedback and there is a ‘residents’ choice’ menu where a table of consumers determine a menu option on the following Tuesday night. Alternative dietary options are available if requested, and consumers have access to fruit, cereal, and biscuits between meals.

Consumers were satisfied that all equipment works as it was designed and maintained when required. Maintenance schedules were in place to ensure that shared equipment is inspected regularly. Staff explained the process of identifying, reporting, and repairing or replacing equipment when needed.

# 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 was previously found non-compliant with requirements 5(3)(b) successful strategies have now been implemented to support ongoing improvement and compliance. As a result, I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives were satisfied with the service environment. Staff described and demonstrated how consumers are supported and/or assisted to access the outdoor spaces including the sensory garden and chicken coops. The Assessment Team noted the environment was welcoming with signage to assist navigation and communal areas to be spacious, well-appointed, clean, and well-lit.

Successful improvement initiatives have been implemented to reduce environmental obstruction to handrails and walkways. The service was observed to be safe, clean, and well-maintained, with consumers able to move about freely and confirming their satisfaction with the cleanliness and maintenance of the service environment. Staff described the cleaning regimes and explained that following feedback additional resources were made available in alternate languages to assist staff with accessibility to multilingual instructions.

Consumers and representatives were satisfied furniture, fittings and equipment are clean, well maintained, and suitable. Consumers are aware of the process to notify staff if there is a problem with furniture, fittings, or equipment.

Staff described how they ensure equipment is appropriate for consumers and how they use the maintenance system to manage preventative, scheduled and reactive maintenance at the service. Maintenance staff demonstrated the test and tagging system and process, confirming qualified maintenance staff undertake testing. The Assessment Team noted furniture and equipment to be clean and in good condition and maintenance inspections complete.

# Standard 6

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

Findings

The service was previously found non-compliant with requirements 6(3)(c) and 6(3)(d) successful strategies have now been implemented to support ongoing improvement and compliance. As a result, I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives expressed satisfaction that they are encouraged and supported to provide feedback and make complaints both internally and externally. Management described and demonstrated how feedback and complaint information is used to inform the continuous improvement plan for individual consumers and/or the service and organisation. Processes were in place to encourage and support feedback and complaints including access to Elders Rights Advocacy and the Aged Care Quality Commission complaints mechanism. External advocacy and interpreting service information was observed throughout the service.

Staff were familiar with the term open disclosure and described how they inform and apologise to consumers and representatives when things go wrong. Management described using open disclosure principles in their handling of feedback and complaints and how information is fed into the service’s Plan for Continuous Improvement (PCI). This was supported by a consumer account confirming they had received an apology and were satisfied with the outcome of a complaint.

A review of feedback and complaints documentation demonstrated appropriate action was taken to resolve complaints, and systemic improvements were implemented to the service and organisation as a result.

# 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. | Not Compliant |

Findings

The service was previously found non-compliant with requirements 7(3)(a), 7(3)(d) and 7(3)(e) successful strategies have now been implemented to support ongoing improvement and compliance with 7(3)(a), 7(3)(b), 7(3)(c) and 7(3)(d). With consideration to the Assessment Team’s report and the approved provider’s response I am not satisfied that adequate improvements have been implemented to address the deficits with Requirement 7(3)(e), as a result the service does not comply with Standard 7.

Requirement 7(3)(e):

The Assessment Team noted the services PCI included an initiative related to the completion of staff appraisals, both management and staff confirmed performance reviews were 12 months overdue.

The Approved Provider submitted a response to the Assessment Team report including a copy of the services PCI. The response indicated that the appraisal process had been put on hold although a training needs analysis and staff engagement survey had been completed. An appraisal process has now been commenced with proposed completion over the coming months. I acknowledge the challenges the service has faced with senior staffing and outbreak management affecting the capacity for completion of staff appraisals. Notwithstanding these issues, this was a previously identified area for improvement at the Site Audit of July 2022 and which should have demonstrated completed actions.

Compliance with remaining Requirements:

Consumers and representatives were generally satisfied with the number and mix of staff, confirming they receive the care they need and call bells are answered promptly. Management demonstrated and discussed how they ensure there is enough staff to provide safe and quality care by having a master roster reflecting the classification of staff members designed to accommodate consumer needs. The organisation has undertaken a review of the structure resulting in a commitment to the addition of facility and care managers and there are ongoing care and clinical staff recruitment strategies.

Staff were observed engaging with consumers in a kind and respectful manner. Care planning documentation was individualised and included personal preferences, needs, and interests of consumers. There are policies, procedures and training which include reference to respect, dignity and diversity. Management demonstrated a robust recruitment process to identify, recruit and employ staff with appropriate skills and knowledge. Ongoing monitoring of staff skills and qualifications occurs, including annual checks of nursing and allied health professional registrations for relevant staff.

Training records reflect a range of mandatory and elective training opportunities offered to staff. Attendance records are maintained. Recent topics offered and completed by staff include restrictive practices and behaviour support plans and open disclosure. Staff confirm attendance at a range of educational topics in relation to legislative/regulatory changes such as the Serious Incident Response Scheme (SIRS), restrictive practices, infection control and clinical care.

# Standard 8

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

Findings

The service was previously found non-compliant with requirements 8(3)(a), 8(3)(b), 8(3)(c), 8(3)(d) and 8(3)(e) successful strategies have now been implemented to support ongoing improvement and compliance. As a result, I am satisfied based on the Assessment Team’s observations and recommendations that the service complies with the Requirements as outlined in the table above and as a result complies with this Standard.

Consumers and representatives confirmed they are kept informed of changes, are engaged in planning and service provision and attend consumer engagement meetings. The service demonstrated it has effective systems to involve consumers and representatives in planning, delivery of care, lifestyle and services. Management explained that consumers and their representatives contribute at an organisational level through their participation in consumer engagement meetings. The service has a 3 monthly care plan review process, although the Assessment Team noted that consumers and representatives were not able to confirm they had received a copy of their care plan.

Management and staff described how the organisation’s governing body promotes a culture of safe, inclusive and quality care and services and its involvement in this delivery. Organisational supports were provided through the governing body and sub-committee structures which facilitate a hierarchy of oversight, adherence to accountability at an organisational and service level, and the continuous monitoring of care and services through the review of key performance indicators, incidents, and consumer feedback and complaints.

The service demonstrated effective organisation-wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance, and management of feedback and complaints.

Following transition to an electronic documentation system in June 2023, there has been some delay with imbedding assessment and planning processes. As a result, consumer assessment and planning information was disconnected and/or absent across documentation. The service was in the process of reviewing and updating systems, processes, policy and procedures and staff demonstrated the current processes in place to inform consumer care and service delivery.

The service maintains a PCI reflecting a range of local and organisational improvements identified and actioned in response to consumer and workforce feedback, complaints, data analysis, the Aged Care Quality and Safety Commission and incident reviews. There has been recent reinstatement of the clinical governance (quality) meeting and review and development of organisational structure and associate meeting terms of reference.

Financial approval for expenditure occurs with a hierarchy of approval demonstrated by recent approval for air conditioning insulation in the main kitchen to minimise heat and moisture related risks. The workforce is planned to facilitate the management of safe and quality care and services for consumers and regulatory compliance is managed at an organisational level. Updates to legislation, policies and procedures are communicated to staff at a service level through staff meetings, daily huddles, emails, and printed notifications in the workplace.

The service has an effective feedback and complaints process that defines and describes open disclosure. Staff demonstrated their knowledge of open disclosure when dealing with complaints.

Risk management systems have been implemented to monitor and assess high impact or high prevalence risks associated with the clinical care of consumers. Risks are reported, escalated and reviewed by management at the service and organisation level. Feedback is communicated through service and organisation meetings leading to improvements in the care and services for consumers. Incident data is analysed monthly and discussed at the clinical governance meetings, trends are progressed to the organisation and/or the service PCI.

Policies, procedures and frameworks are in place to support antimicrobial stewardship, minimising the use of restraint and open disclosure. Management and staff described how they identify infections and minimise antibiotic use, as well as how they identify the use of mechanical, environmental and chemical restrictive practices.

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)