Performance

Report

**1800 951 822**

Agedcarequality.gov.au

|  |  |
| --- | --- |
| Name of service: | Regents Garden Scarborough Condocare |
| Service address: | 22-28 Wheatcroft Street SCARBOROUGH WA 6019 |
| Commission ID: | 7462 |
| Approved provider: | Regents Garden Scarborough Pty Limited |
| Activity type: | Site Audit |
| Activity date: | 30 January 2023 to 1 February 2023 |
| Performance report date: | 17 March 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 Regents Garden Scarborough Condocare (**the service**) has been considered by G. Hope-Simpson, 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.

# Services included in this assessment

# Material relied on

The following information has been considered in preparing the performance report:

* 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 22 February 2023.
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

|  |  |
| --- | --- |
| 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

|  |  |  |
| --- | --- | --- |
| 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 said they are treated with dignity and respect. Staff could describe how they treat consumers with respect by acknowledging their choices and investing the time to understand their background. Care planning documents included information about consumers’ culture, diversity, and identity.

Consumers confirmed the service recognises and respects their cultural background and provides care that is consistent with their cultural preferences. Staff demonstrated an awareness of consumers’ diverse cultural needs. Culturally and linguistically diverse (CALD) consumers’ care planning documentation identified their cultural needs and preferences.

Consumers said they are supported to exercise choice and independence, and they can make decisions about how their own care and services are delivered. Staff described how the service supports consumer choice and independence. Care planning documents identified how the service supports consumers to maintain relationships.

Consumers described how the service supports them to take risks. Staff demonstrated an awareness of risks taken by consumers, and said they support consumers’ wishes to take risks to live the way they choose. Care planning documents showed staff complete risk assessments in accordance with the service’s policy.

Consumers and representatives said they receive current, accurate and timely information from the service. Consumers confirmed the service communicates through printed information, verbal reminders, consumer meetings, and email correspondence. Staff described different ways information is communicated by the service. The Assessment Team observed information being provided in a clear way that supports informed decision making.

Consumers said they felt the service was considerate of their privacy and did not express concerns about the confidentiality of their personal information. Staff could describe the practical ways they respect the personal privacy of consumers at the service. The service has policies and procedures in place to ensure consumer privacy is protected. However, on day 3 of the Site Audit, the Assessment Team observed consumer medication information left unsecured on a medication trolley. The Approved Provider’s response received 22 February 2023, confirmed steps had been taken to address the performance issue with the staff member concerned, and evidence included with the response demonstrated privacy of information training had been provided to staff, prior to the site audit.

# Standard 2

|  |  |  |
| --- | --- | --- |
| 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

The Assessment Team recommended Requirement 2(3)(c) was not met. Having considered the Assessment Team’s finding, the evidence documented in the Site Audit report and the provider’s response, I have determined that the service was compliant with this Standard at the time of the Site Audit.

*Requirement 2(3)(c):*

The Assessment Team found deficiencies in relation to assessment and planning in partnership with the consumer, others that the consumer wishes to involve in assessment, and other organisations or individuals who provide care and services. Evidence brought forward by the Assessment Team, and the Approved Provider’s response to it, is outlined below.

Four out of 7 representatives sampled expressed dissatisfaction with the level of communication and involvement they receive from the service in care planning and communication of outcomes of assessments. The site audit report brought forward detailed examples concerning these 4 named consumers, whose representatives said the service failed to keep them informed and included in assessment and planning conversations about medical officer appointments, reassessments and interventions, medication changes and social supports. However, the Approved Provider’s response, received 22 February 2023, provided additional contextual information and supporting documentation which overturned each of those examples. Therefore, I am satisfied those four consumer examples do not reflect failure to partner with consumers, representatives and others the consumer wishes to involve in their care.

The assessment team also found staff and management did not have shared understanding of the timing or frequency of case conferences, and review of MO progress notes indicated that case conferences were conducted 'as needed.' The response outlined the service’s established care conferences procedure, involving annual care conferences that representatives were invited to two weeks in advance. The response contained a copy of the care conference policy and schedule, and examples of invitations issued to representatives.

Having considered the evidence in the Site Audit report and the Approved Provider’s response, I am of the view that at the time of the Site Audit, the service was conducting assessment and planning in partnership with the consumer, others that the consumer wishes to involve in assessment, and other organisations or individuals who provide care and services. Management provided examples of proactive engagement with all named consumer representatives in assessment and planning. Additionally, the service had reinforced to staff the need to regularly review consumers and communicate updates or changes to the Next of Kin. The response contained documentary evidence of proactive engagement with consumer representatives and others, in assessment and planning. For the reasons outlined, I therefore find Requirement 2(3)(c) is compliant.

I am satisfied that the remaining 4 requirements of Standard 2 are compliant.

Most consumers and representatives expressed satisfaction with the assessment and planning processes. Staff interviewed could describe assessment and planning and how it is used to inform care and services. Most care planning documents demonstrated a comprehensive assessment and care planning process that is used to inform safe and effective care and services.

Consumers and representatives could recall discussing advance care wishes with the service. Staff described how they approach conversations with consumers and their representatives about end of life (EOL) care and advance care planning. Care planning documents demonstrated the service discusses advance care planning if the consumer wishes at admission, or when the consumer deteriorates.

Staff described how assessments and planning is captured in a care plan and how this is made available to consumers. The service uses an electronic care management system (ECMS) and the Assessment Team observed care plans are readily available to consumers and representatives. Some consumers and representatives said they had not seen a copy of their care plan, however felt confident one would be provided if they requested.

Consumers could describe the ways in which care and services are reviewed by the service. Staff could describe the current needs, goals and preferences of consumers sampled and actions taken if there was a change. Most care planning documents identified evidence of review on both a regular basis and when circumstances change.

# Standard 3

|  |  |  |
| --- | --- | --- |
| 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 Assessment Team recommended Requirement 3(3)(b) was not met. Having considered the Assessment Team’s finding, the evidence documented in the Site Audit report and the Approved Provider’s response, I have determined the service was compliant with this Standard at the time of the Site Audit.

*Requirement 3(3)(b):*

The Assessment Team found deficiencies in relation to the effective management of high impact or high prevalence risks associated with the care of each consumer. Evidence brought forward by the Assessment Team is outlined below.

The Assessment Team brought forward detailed examples relating to 4 named consumers, who had experienced medication incidents or who had been left to self-administer medication when they were not approved to or capable of doing so. Clinical staff interviewed confirmed they have occasionally left medication with consumers without confirmation of consumption. The main reasons for this were consumers not taking medication during meals and staff not having the time to wait for a consumer to take their medication. For more information about staffing concerns, please refer to Requirement 7(3)(a). Medication incidents reported included a consumer taking medication that had been left for another consumer to self-administer, with no adverse impact noted to the former consumer. Management confirmed the service was aware of the ongoing issue and provided evidence of steps that had been taken prior to site audit, including reminding staff of the need to directly observe consumers ingesting the medication. Competency testing, further education and disciplinary measures for staff involved in medication incidents was actioned, however, medication incidents were ongoing during the site audit.

The assessment team also found cytotoxic medications and waste were not safely managed, staff did not understand safe handling requirements, risks of taking the medication, potential side effects or safe waste management processes. In response to these deficits in staff understanding, during the site audit, management arranged training on cytotoxic medication, attended by 10 staff members. Further training was scheduled for after the site audit and an action item was added to the service’s PCI.

The Approved Provider responded to the site audit report on 22 February 2023 and disagreed with some of the Assessment Team’s findings. The response provided additional context concerning the service’s response to the trend in medication incidents, and it clarified some inaccuracies in the site audit report. Evidence that was clarified or refuted by the response has not been considered here.

The response demonstrated the service had responded appropriately to the named consumers who experienced medication incidents, with incident forms that included details of open disclosure, MO review and further training and/or disciplinary action taken against staff responsible for the incidents. Progress notes were also provided which demonstrated no adverse effects for any of the named consumers. The response provided evidence of steps taken to stop the trend in medication incidents. The response also contained a Plan for Continuous Improvement (PCI) that identified compulsory training for staff in medication management, the safe handling of cytotoxic medication, and privacy and dignity. The Approved Provider supplied evidence of this training having already commenced and memorandum to staff reminding them of their medication management obligations. Lastly, the PCI outlined the auditing processes, Medication Advisory Committee (MAC) meetings, and regular reporting between management and the board which will be used to measure the effectiveness of improvements identified in the PCI.

Having considered the evidence in the Site Audit report and the Approved Provider’s response I am of the view the service has been addressing the ongoing deficits in medication management since before the site audit. The service has acknowledged deficiencies raised by the Assessment Team and has taken action to rectify the concerns, including already complete further training in medication management for staff. Disciplinary action processes for staff who do not follow the correct procedures for medication management have also been implemented. An appropriate PCI, with ongoing monitoring and evaluation measures was provided with the response and assures me the service is taking necessary steps to address the deficits. While the Approved Provider’s response did not demonstrate the service referred any reportable medication incidents under the Serious Incident Response Scheme, this has been considered in relation to Requirement 8(3)(c), where it is more relevant. On balance, the service has demonstrated it has an effective plan for continuous improvement to support the effective management of risks for each consumer and to rectify the identified problems in medication management. The Approved Provider has clearly identified how they will measure the effectiveness of improvement measures to ensure compliance within a reasonable timeframe. Most of the improvement measures in the service’s continuous improvement plan had already been identified by the Approved Provider at the time of the Site Audit. For these reasons, I find the service is compliant with Requirement 3(3)(b).

I am satisfied that the remaining 6 requirements of Standard 3 are compliant.

Most consumers and representatives expressed satisfaction with the personal and clinical care provided. Staff were able to describe the needs and preferences of consumers sampled and how they deliver care that is safe and right for them. Care planning documents evidenced care that is safe, effective, and tailored to each consumer.

Staff could describe how they provide care at end of life. Care planning documents evidenced care and services are provided in alignment with EOL wishes. The service has a palliative care and EOL care policy and procedure to guide staff practice.

Consumers and representatives could describe how the service recognises deterioration or changes in the consumer’s condition. Staff could describe signs of deterioration and the pathway they would take in response to a change in a consumer’s condition. Care planning documents evidenced timely identification and response to changes in the consumer's condition.

Information about the consumer’s condition, needs and preferences are documented and effectively communicated with those involved in the care of the consumer through the service’s ECMS. Care planning documents included input from MO and allied health professionals.

Consumers and representatives confirmed regular access to other providers of care. Staff demonstrated an awareness of referral processes. Care documents included referrals to various health professionals.

Consumers and representatives expressed satisfaction with the service’s infection control measures. Staff demonstrated an understanding of infection minimisation strategies and the appropriate use of antibiotics. The Assessment Team observed staff following appropriate infection minimisation practices.

# Standard 4

|  |  |  |
| --- | --- | --- |
| 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 confirmed the service provides a range of services and supports which meet the needs of consumers. Staff could explain how services and supports are individualised for consumers. The Assessment Team observed consumers participating in a wide range of activities throughout the Site Audit.

Consumers said their emotional, spiritual and psychological needs were supported by the service. Staff were able to describe how they support the emotional, psychological, and spiritual well-being of consumers. Care plans detailed individualised strategies on how to meet consumers' emotional, religious and spiritual needs.

Consumers said they are supported to participate in activities and maintain personal relationships. Staff described how they support consumers to participate in activities of interest to them and maintain personal relationships. Care planning documents aligned with the information provided by consumers, representatives and staff regarding continued involvement in the community and maintaining personal and social relationships.

Most consumers and representatives said their needs and preferences are well communicated. Staff were able to describe ways in which they share information and keep informed of changes in consumers’ condition, needs and preferences. Care planning documents provided adequate information to support safe and effective care as it relates to services and supports for daily living.

Consumers said they have access to other organisations, support services, and providers of other care and services. Staff could describe how they work with other individuals, organisations and providers of other care and services. Care planning documents identified referrals to other organisations and services.

Most consumers and representatives expressed satisfaction with the variety, quality and quantity of food being provided at the service. Consumers at the service with dietary needs were accommodated and all staff were knowledgeable regarding their needs. The service has feedback mechanisms which allow consumers to provide feedback on the performance of the kitchen.

Consumers said they feel safe when they are using equipment at the service. Staff demonstrated an awareness of how to use equipment safely and ensure it is regularly cleaned. The Assessment Team observed equipment to be safe, clean, and well maintained.

# Standard 5

|  |  |  |
| --- | --- | --- |
| 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 Assessment Team observed, and consumers and representatives confirmed, the service was welcoming and easy to navigate. Staff could describe aspects of the service environment that make consumers feel welcome and optimises their independence, interaction, and function. Observations showed a modern, tidy and decorated service with a welcoming, resort-style environment. The service comprised of four levels with a dedicated MSU, interconnected by lifts and wide walkways with sufficient lighting and handrail support for consumers.

Consumers and representatives interviewed said they thought the service environment is safe, clean, and well maintained. Staff described how the service environment is cleaned and maintained regularly. The Assessment Team observed consumers moving freely indoors and outdoors at the service and socialising in communal areas.

The Assessment Team observed, and consumers confirmed, equipment is checked, cleaned, and maintained regularly. Maintenance staff were able to describe the preventative maintenance schedule, which demonstrated routine maintenance related to a variety of furniture, fittings, and equipment.

# Standard 6

|  |  |  |
| --- | --- | --- |
| 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 sampled said they understand how to provide feedback and complaints. Staff described how they encourage and support consumers to provide feedback and raise complaints. The service’s feedback and complaints policy indicated the service’s commitment to handling feedback and complaints from consumers. Issues were raised in relation to consumers and representatives not being able to make complaints anonymously and this feedback was passed on to management. In response, management updated their feedback form which states feedback can be provided anonymously.

Most consumers and representatives said they were aware of making a complaint through various avenues, such as advocacy services and external complaints mechanisms. Staff said interpreter services are available if it is needed by consumers. The Assessment Team observed various written materials around the service which had information about external complaints mechanisms, advocacy services, and translation services.

Most consumers and representatives said the service responds to their complaints appropriately and resolves their concerns. Staff demonstrated an understanding of open disclosure processes and complaint management processes. Review of the feedback register demonstrated the service takes appropriate and timely action in response to complaints.

Consumers and representatives said they feel the service is helpful in finding solutions to their feedback and complaints. Feedback from consumers and representatives was used to improve the quality of care and services. Consumer meeting minutes and the PCI demonstrated complaints, feedback and suggestions are generally documented and changes at the service are communicated with consumers.

# Standard 7

|  |  |  |
| --- | --- | --- |
| 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 Assessment Team recommended Requirement 7(3)(a) was not met. Having considered the Assessment Team’s finding, the evidence documented in the Site Audit report and the Approved Provider’s response, I have determined that the service was compliant with this Standard at the time of the Site Audit.

*Requirement 7(3)(a):*

The Assessment Team recommended Requirement 7(3)(a) was not met. Having considered the Assessment Team’s finding, the evidence documented in the Site Audit report and the Approved Provider’s response, I have determined that the service is compliant with this Requirement. Evidence brought forward by the Assessment Team, and the Approved Provider’s response to it, is outlined below.

The Assessment Team spoke with representatives and consumers and the majority of those interviewed said the service was short-staffed, call bells were not responded to in a timely manner, and agency staff were not as skilled as regular staff. Three of 4 named consumers had said they experienced long wait times and two had had their dignity impacted as a result. However, despite the consumer feedback, the service’s most recent care minutes and RN care minutes report showed the actual total care minutes and actual RN care minutes at the service were above target, and there was only 1 unfilled RN shift at the service in the fourteen days prior to the Site Audit.

The response from the Approved Provider included additional contextual information and documented evidence about call bell response times, for each of the named consumers. Call bell statistics for named consumers demonstrated the service responds within 10 minutes to 90% or more of the calls. Management explained they were aware of concerns in relation to agency staff and have followed up concerns with named consumers. Management said they use agency staff as last resort and always make sure regular staff work in pair with agency staff. Overall, I was persuaded by the Approved Provider’s evidence and consider the named consumer examples do not reflect non-compliance with Requirement 7(3)(a).

The Assessment Team also raised feedback from staff regarding the need for more care staff to support consumers requiring a 2-person assist. The response outlined that the Approved Provider reviewed call bell reports and acknowledged the Penthouse Level needed more care staff to support consumers who require 2-person assist. To address the issue, the service rostered an additional 8-hour daily shift to the roster in the Penthouse Level. Staff were consulted regarding this change and management confirmed staff are encouraged to raise any concerns about staffing at staff meetings. On balance, while I accept there were long wait times for some consumers, with some impact to consumer dignity, the service has taken appropriate workforce planning steps to rectify the issue of longer wait times in one wing of the service. As a result, I am satisfied the staff interview evidence does not reflect ongoing non-compliance with Requirement 7(3)(a.

Having considered the evidence in the Site Audit report and the Approved Provider’s response, while I find the service had some gaps in workforce planning and some longer call bells response times, this did not lead to serious or widespread detrimental impact to consumers. I acknowledge the actions planned by the Approved Provider to address longer wait times. I am of the view these actions address the impact of current staffing levels on the provision of care and services to consumers. For the reasons outlined, I find the service is compliant with Requirement 7(3)(a).

I am satisfied that the remaining 4 requirements of Standard 7 are compliant.

Consumers mostly said staff are kind, caring, and respectful. Staff could provide practical examples of how they treat consumers, demonstrating they were familiar with each consumer's individual needs and identity. The Assessment Team observed caring and respectful interactions between staff and consumers.

Most consumers and representatives sampled said staff understand their job and know what they are doing. Staff said they are supported by their team to undertake their duties. A review of documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Most consumers and representatives said staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff said they understand their role and receive the training and support they need. The Assessment Team reviewed relevant documentation which evidenced staff training is monitored and completed.

The service has a staff performance framework which identifies appraisals are conducted annually. Staff demonstrated awareness of the service’s performance development processes, including performance appraisals which include discussions of their performance and areas where they would like to develop their skills.

I therefore find Requirement 7(3)(a) is compliant.

I am satisfied that the remaining 4 requirements of Standard 7 are compliant.

Consumers said staff are kind, caring, and respectful. Staff could provide practical examples of how they treat consumers in a kind and respectful way. The Assessment Team observed caring and respectful interactions between staff and consumers.

Most consumers and representatives sampled said staff understand their job and know what they are doing. Staff said they are supported by their team to undertake their duties. A review of documentation demonstrated staff have appropriate qualifications, knowledge, and experience to perform their duties.

Most consumers and representatives said staff have the appropriate skills and knowledge to ensure the delivery of safe and quality care and services. Staff said they understand their role and receive the training and support they need. The Assessment Team reviewed relevant documentation which evidenced staff training is monitored and completed.

The service has a staff performance development and review procedure which identified appraisals are conducted annually. Staff demonstrated awareness of the service’s performance development processes, including performance appraisals which include discussions of their performance and areas where they would like to develop their skills.

# Standard 8

|  |  |  |
| --- | --- | --- |
| 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 provide ongoing input into how their care and services are delivered. Management advised that all feedback or suggestions made by the consumers and representatives are included in the service’s PCI. Documentation review showed consumers are meaningfully engaged in evaluation of services through consumer meetings, feedback mechanisms, and surveys.

Management outlined systems and reporting processes in place through which the governing body monitors the service’s compliance with the Quality Standards. Management discussed how the organisation supports the service in providing care and services through regular meetings with the governing body. The governing body reviews audits and other data to ensure a culture of safe, inclusive, and quality care.

Management and staff described processes and mechanisms in place for effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. The service has an effective ECMS, continuous improvement framework and PCI, established financial governance arrangements, and processes for workforce governance, feedback, and complaints. However, as discussed in Requirement 3(3)(b), the Approved Provider’s response to the Site Audit Report did not confirm whether the service had referred reportable medication incidents under the SIRS, as required for incidents which could reasonably have caused physical or psychological discomfort to the consumer.

Staff could provide examples of these risks and how they are managed within the service. The service has a wide range of frameworks, policies, and procedures to support the management of risks and incidents. The Assessment Team sighted the service’s systems for reporting incidents at the service, including those classified under the SIRS.

Staff demonstrated an awareness of antimicrobial stewardship, minimising the use of restrictive practices, and open disclosure. The service demonstrated there was a clinical governance framework in place, including antimicrobial stewardship, minimising the use of restraint, and open disclosure.

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)