Performance

Report

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| Name of service: | Regis Tasmania - Legana |
| Service address: | 1-9 Freshwater Point Road LEGANA TAS 7277 |
| Commission ID: | 8053 |
| Approved provider: | Regis Aged Care Pty Ltd |
| Activity type: | Site Audit |
| Activity date: | 7 March 2023 to 9 March 2023 |
| Performance report date: | 19 April 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Regis Tasmania - Legana (**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; 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 13 April 2023 and further information on 18 April 2023

# Assessment summary

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| Standard 1 Consumer dignity and choice | Non-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 | **Non-compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Non-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 1:**

* Requirement 1(3)(a) - Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
* 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.

**Standard 4:**

* Requirement 4(3)(b) - Services and supports for daily living promote each consumer’s emotional, spiritual, and psychological well-being.
* 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.

**Standard 7:**

* Requirement 7(3)(b) - Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture, and diversity.

# 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. | Non-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. | Non-compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant |

Findings

I am satisfied this Quality Standard is assessed as non-compliant as Requirement’s 1(3)(a) and 1(3)(e) are assessed as non-compliant.

In relation to Requirement 1(3)(a) some consumers said they are not always treated with dignity and respect, with some consumers describing the care delivery as rushed and impersonal. Staff were overheard addressing consumers by terms of endearment throughout the site audit instead of their preferred names. Staff were not always able to describe the care needs of the consumer or recognise the consumers identity and how the care is delivered in line with the consumers preferences. Care planning documents did not always include information about the consumers individual preferences.

In relation to Requirement 1(3)(e) some consumers and their representative’s said information is not communicated in a way that is easy to understand. Consumers with sensory deficits indicated they were unhappy that they were not provided with avenues to enable them to access and understand information provided to them. Staff were unable to describe ways they provide information to consumers with sensory deficits and were unaware of consumers that had requested assistance to understand information provided.

The Approved Provider submitted a response to the Site Audit report refuting the identified concerns related to Requirement 1(3)(a). The response indicated that following the site visit none of the identified consumer’s expressed concern regarding feeling rushed with care needs or with staff using terms of endearment. The response further indicated that because of the Assessment Team feedback, information was provided demonstrating previous toolbox education sessions had taken place and a memo was released reminding staff to use consumers preferred names on the final day of the site visit.

In its response, the provider also refuted the Assessment team findings related to Requirement 1(3)(e). The response included supporting care plan consultation documents and information indicating that consumers with sensory deficits have information adequately communicated to them. The response also indicated that subsequent conversations with the interviewed consumers, did not reflect further feedback or dissatisfaction about methods of communication.

While the Approved Provider’s response included additional material reflecting the documented strategies for communication, care needs and preferred names, I continue to place weight on the consumer accounts at the time of the Site Audit which reflect their concerns regarding dignity, respect, and communication they are able to understand. As a result, I consider Requirements 1(3)(a) and 1(3)(e) are not met.

I am satisfied the remaining 4 Requirements are assessed as compliant.

Consumers and representatives said the service is providing care and services that are culturally safe. Consumers identified by the service as being from culturally and linguistically diverse backgrounds said they are supported to embrace their culture by staff and the service, despite these consumers saying they identify as Australian. The service has policies and procedures that align with diversity and inclusivity for the consumer. Care planning documents sampled did not always reflect the consumer’s cultural background.

Consumers and their representatives sampled said the service supports the consumer to exercise choice and independence, and decision making about how the care and services are delivered to meet their needs. Staff are able to describe how they support consumers through the decision-making process and communicate those decisions. Observations confirmed that staff assist consumers to maintain relationships with their friends and families.

Consumers and their representatives expressed satisfaction that the service is supporting consumers to do the things that are of interest of them where risk is involved, to continue to live the best life they can. Staff demonstrated knowledge of the risks and described the process to mitigate risk through regular reviews and risk assessments.

Consumers described how their privacy is respected by staff. Staff explained how consumers personal information is kept confidential and is not discussed in front of other consumers, and that consumers files are kept locked, and all computers are password protected when not in use. Staff were observed speaking with consumers using discretion and not discussing consumers care in common areas.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Compliant |

Findings

I am satisfied this Quality Standard is compliant as all 5 Requirements in this Quality standard have been assessed as compliant.

Overall consumers and/or their representatives agreed, the delivery of care to consumers includes assessment of risks to consumer’s health and well-being, however the Assessment Team found the service has not fully documented and updated consumer’s clinical and social histories to enable the delivery of safe and effective care and services. Most consumers said regular reviews are completed to monitor changes to consumers’ health and well-being to enable care delivery to remain effective. However, 3 consumers/representatives interviewed advised issues with sensory deficits, ongoing pain, and behaviours exhibited, possibly due to a consumer’s previous lifestyle and history, have not been accurately recorded for consideration when developing and updating care plans. Management described the procedures in place to assess and plan effective care and services, including the scheduled 3 monthly clinical care review which includes consumers’ and representatives’ updates on care provision.

# Standard 3

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

Findings

I am satisfied this Quality Standard is compliant as all 7 Requirements in this Quality standard have been assessed as compliant.

Overall consumers and/or their representatives expressed satisfaction with the personal care, wound care, and pain management consumers are receiving. Consumers’ and/or their representatives confirmed the consent process for the use of restrictive practices and the benefits and associated risks were discussed. Clinical staff advised the use of chemical restraint is ‘a last resort’ for these consumers with non-pharmacological strategies trialled first. Staff described having intranet access to a suite of policies and procedures to guide them in the provision of clinical and personal care in line with best practice. Care documentation sampled demonstrates effective assessment and management of consumers’ skin integrity, pain management, wounds, and the use of restrictive practices with input from a multi-disciplinary health team. The psychotropic register reflects consumers classified as subject to chemical restrictive practices which have been assessed, monitored, managed, and reviewed.

Overall, consumers and/or their representatives expressed satisfaction with the management of consumer risks. Management and staff identified pressure injuries, unplanned weight loss, changed behaviours, falls, and specialised care, as the high-impact and high-prevalence risks at the service. Consumer files demonstrates consumers’ high-impact and high-prevalence risks are identified, and effective risk minimisation strategies are developed and implemented. Referral processes are in place for the prompt review of consumers with swallowing difficulties, unplanned weight loss, or weight gain and for assessment of consumers at risk of a fall or following a fall. The Assessment Team reviewed a suite of policies and procedures available to guide staff in the management of high-impact or high-prevalence risks.

Consumers and/or their representatives confirmed their satisfaction with the palliative care approach provided by the service and said they had been given opportunities to discuss and record their end-of life goals and preferences. Care documentation for 2 consumers, one recently commenced on a palliative care pathway, and one deceased in October 2022, demonstrates end-of-life needs are met in line with consumer’s wishes and comfort is maintained. Management described the support provided by the local hospital’s palliative care team who hold meetings every 2 months to discuss terminal care planning, and the service is available to refer to the team in between these meeting times. Staff are provided with education from Palliative Care Tasmania and the service received funding for staff to attend palliative care workshops. The organisation has policies and procedures to guide the provision of palliative care and end-of-life care.

# 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. | Non-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. | Non-compliant |
| Requirement 4(3)(d) | Information about the consumer’s condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant |

Findings

I am satisfied this Quality Standard is assessed as non-compliant as Requirement’s 4(3)(b) and 4(3)(c) are assessed as non-compliant.

The Assessment team recommended Requirements 4(3)(a), 4(3)(b), 4(3)(c) and 4(3)(e) as not met.

In relation to Requirement 4(3)(a) most consumers expressed dissatisfaction with the lifestyle program and described how it was not tailored to all consumer’s needs, goals, and preferences. Consumers with sensory deficits or cognitive impairments were not always included or considered in the current program. Consumers remaining in their room either by choice or due to reduced mobility were not provided with individualised activities or one-on-one support. Staff were not always able to describe the consumer or the consumer’s interests or goals, and a review of care file documentation demonstrated incomplete records related to consumers interests or lifestyle preferences. The Assessment Team observed a number of consumers in their rooms, and some positioned in front of the television asleep or not engaged in the program. Management acknowledged the deficit explaining a new lifestyle coordinator is due to commence with the service.

In response to feedback during the Site Audit, management added an activity to the PCI to review all hearing, vision, and communication assessments to ensure appropriate strategies are in place to minimise barriers to consumer participation in activities and community events.

The Approved Provider submitted a copy of the services Plan for Continuous Improvement (PCI) in response to the Site Audit Report. The PCI includes actions to address the identified deficits including recruitment of a Lifestyle Coordinator and review of all consumers lifestyle assessments. Vision hearing, and communication assessments are to be updated and reviewed, education for staff will be explored from external agencies as well as toolbox education to better understand options for and facilitation of activities for consumers with limited mobility, cognitive ability, and sensory impairment.

As a result, and with consideration to the further information provided I have come to a different view than the Assessment team and am satisfied this Requirement is met.

In relation to Requirement 4(3)(b) consumers and representatives described a lack of emotional support from the service during times of distress. Staff were not able to describe how they provide support to consumers when required, and explained that due to time constraints, they do not often have time to sit with the consumer in times of need. Staff were unable to describe how they would support consumers who are distressed or feeling isolated. The Assessment Team observed a notice on display related to the Community Visitor Scheme, however the service advised it has been difficult to source visitors since COVID-19. Management indicated an addition would be made to the PCI with an activity for staff to receive further education to understand and recognise social isolation and processes to ensure this is promptly escalated for review.

The Approved Provider submitted a copy of the service’s PCI which included strategies to address the identified deficits. Tailored interventions were included for identified consumers in addition to the plans for review of lifestyle assessments and further education. Notwithstanding the additional information and planned actions, I consider additional time is required to ensure the proposed strategies are implemented and effective to address the significant impact previously identified to consumers. As a result, and with consideration to the further information provided this Requirement is not met.

In relation to Requirement 4(3)(c) consumers and representatives expressed dissatisfaction with the service, indicating consumers are not always supported to do things of interest to them or to participate in the community. Consumers with sensory and/or cognitive impairment were significantly impacted, with a lack of meaningful activities available to them. Lifestyle staff described the development of the activity schedule with consideration of consumers input, however some consumers reported that their requests were not actioned or responded to. A review of care file documentation did not always capture the consumers interests or describe their personal relationships.

The PCI provided by the Approved Provider indicated a full review of consumers lifestyle assessments will take place to ensure partnering with consumers is facilitated, in creating meaningful engagement with activities and the community. I acknowledge the services plan and proposed strategies to address this deficit, however, consider additional time is required to ensure the proposed strategies are effectively implemented. As a result, and with consideration to the further information provided I have come to a different view than the Assessment team and am satisfied this Requirement is not met.

In relation to Requirement 4(3)(e) some consumers and representatives were dissatisfied with the service’s recognition of need, and timely referral to other organisations. The Assessment Team noted a consumer’s representative who said they were pleased with how appropriate referrals were made. Lifestyle staff could not describe any external individuals or organisations that are currently involved with any consumers at the service. The care staff described a free counselling service called Esprit Café, many consumers had benefitted from, however since the latest counsellor resigned, there has been no replacement of external providers or referrals completed.

The PCI submitted with the Approved Provider response detailed the assistance of clinical staff to ensure a list of external service providers is available, additional education is to be provided and referrals arranged to external services as well as community support providers. The service is actively recruiting for a Social Worker.

As a result, and with consideration to the further information provided I have come to a different view than the Assessment team and am satisfied this Requirement is met.

I am satisfied that the remaining 3 Requirements are assessed as compliant.

Staff were able to describe ways that the service manages the communication of information in relation to services and supports for daily living and there are processes in place to document and share information about consumers’ needs and preferences both within the organisation and with others where required. However, the Assessment Team noted that information is not always up to date, including lifestyle assessments which were in some cases incomplete or not included at all. A review of the service’s PCI demonstrates assessment updates were planned for completion in March 2023, however this was delayed due to staff changes. Management provided evidence of a number of other improvements implemented by the lifestyle team and a change to systems to allow lifestyle assistants to attend to lifestyle assessments.

Consumers said the meals are tasty and offer a wide variety. Consumers confirmed there are alternatives meals available. Once a week, consumers are provided with a hot breakfast and consumers are provided with a survey to provide feedback on the menu or contribute any suggestions. The 4 weekly menu rotates every 6 months and is reviewed and created by a dietitian in conjunction with the feedback received.

Consumers confirmed the equipment provided is safe, clean, and well maintained. Staff described cleaning schedules used for shared equipment to ensure the safety of consumers related to infection control. The Assessment Team observed the use of antibacterial wipes on shared equipment.

# Standard 5

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| Organisation’s service environment | |  |
| Requirement 5(3)(a) | The service environment is welcoming and easy to understand, and optimises each consumer’s sense of belonging, independence, interaction and function. | Compliant |
| Requirement 5(3)(b) | The service environment:   1. is safe, clean, well maintained and comfortable; and 2. enables consumers to move freely, both indoors and outdoors. | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

I am satisfied this Quality Standard is compliant as all 3 Requirements in this Quality standard have been assessed as compliant.

Consumers expressed satisfaction with the service environment and the elements that make it feel like home to them. The environment is decorated and furnished with artwork and décor that provides the consumers and visitors with a sense of belonging.

Overall consumers and their representatives said the service was clean and safe, comfortable, and well maintained. Consumers spoke of being able to move freely indoors and outdoors, with the service offering numerous outdoor shaded areas for consumers and their visitors to enjoy. Cleaning staff described their schedule which includes full room detail cleans and regular daily cleaning of common areas. Maintenance staff described the preventative and reactive schedule and how the service engages with external contractors where required. Consumers provided positive feedback related to the new call bell system, and staff spoke positively of the new button 'nurse presence’. The service demonstrated furniture, fittings and equipment are safe, clean, and well maintained. The service equipment was observed to be clean and in good repair.

# Standard 6

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

Findings

I am satisfied this Quality Standard is compliant as all 4 Requirements in this Quality standard have been assessed as compliant.

Consumers and their representatives are satisfied they are supported to provide feedback and/or make complaints. All staff are able to explain how they can support consumers to provide feedback and refer complaints to senior management. Management said a monthly consumer and representative meeting is scheduled to provide the service with feedback about the consumer experience regarding provision of quality of care and services. The Assessment Team reviewed a complaints register maintained by the service and observed availability of information for consumers and representatives about feedback mechanisms located on entry to the service.

While most consumers cannot identify the availability of external advocacy services, they can describe limited complaints mechanisms outside meetings and/or a direct approach. Most staff could not identify external advocacy services available to consumers, however, could describe a mechanism for consumer complaints limited to internal processes. The service has feedback forms, a feedback box and information on external complaint mechanisms and advocacy services available in reception areas for consumers and representatives. No consumers or representatives identified the requirement of interpreter services.

Consumers and their representatives voiced different levels of satisfaction with service responsiveness and appropriate actions being taken to resolve identified issues. While most staff were unfamiliar with the term open disclosure, staff and management described using open disclosure principles in their handling of feedback and complaints. Management said they would be scheduling refresher education to all staff in the form of toolbox talks. The service has resources to guide staff in complaints management and application of open disclosure.

The service demonstrated feedback and complaints are reviewed to improve the quality of care and services, and to inform the service’s plan for continuous improvement.

# 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. | Non-compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

I am satisfied this Quality Standard is assessed as non-compliant as Requirement 7(3)(b) is assessed as non-compliant.

In relation to Requirement 7(3)(b), the Assessment team found staff do not always demonstrate interactions with consumers that recognise their life experience and abilities, and do not show an understanding of what is important to each consumer. All interviewed consumers and/or representatives said that staff are mostly kind and caring however, one consumer and their representative were dissatisfied with the support provided on transition to the service. Some consumers said the service did not adequately recognise their sensory impairments and provide the necessary support.

In response to the Assessment Team feedback, management stated they would add an activity to their Plan for Continuous Improvement (PCI) to optimise care of consumers with sensory impairment. The Approved Provider also submitted a response to the Site Audit report refuting the identified concerns related to this requirement. The response provided additional information relevant to the identified concerns with care during transition including referrals, progress notes and medical review’s describing the steps that were taken to support the identified consumer. Additional information regarding communication strategies was also provided related to consumers with sensory deficits, including documented individualised approaches, plans for comprehensive review of all consumers lifestyle assessments and care plan reviews.

I acknowledge the Approved Providers response and the additional proposed strategies to address the identified concerns. However, I consider that the accounts provided by consumers reflect the need for further development and effective implementation of strategies to address this deficit. As a result, and with consideration to the further information provided this Requirement is not met.

I am satisfied the remaining 4 Requirements are assessed as compliant.

Overall, consumers are satisfied the service employs sufficient staff, and all clinical and care staff confirmed there is adequate staffing on most occasions. The service is actively recruiting and reviewing management options following resignations of key personnel from leisure and lifestyle, catering and the clinical leadership team in January and February this year. However, the service can demonstrate how they plan and manage the number and mix of staff to continue delivery of mostly safe and quality care and services to consumers.

Most consumers and representatives are confident staff mostly know what they are doing. Management described recruitment requirements to ensure staff are suitably qualified for their roles. Documentation demonstrates staff have qualifications and skills commensurate with their roles and where appropriate, competence is monitored.

Most consumers and representatives expressed satisfaction staff are trained and supported to deliver quality care. Staff and management interview and documentation review indicates a workforce that has mostly been provided education to deliver the outcomes required by these standards. Most staff confirmed receiving education in relation to legislative/regulatory changes such as the SIRS, Quality Standards, restrictive practice, open disclosure, code of conduct, and IPC including COVID-19 preparedness.

The service demonstrated an effective process for regular staff performance appraisal, monitoring and review that is supported by policy and process to provide support and guidance.

# Standard 8

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

Findings

I am satisfied this Quality Standard is compliant as all 5 Requirements in this Quality standard have been assessed as compliant.

Consumers said they felt confident they could have input into service delivery should they wish, and the service demonstrated that it supports consumers to actively participate in the development, delivery and evaluation of care and services through different forums.

Consumers expressed feeling safe at the service and living in an inclusive environment with the provision of quality care and services. Management demonstrates the organisation has overarching policies and procedures which promote a positive culture of safe, inclusive care and quality services, and explained how the service is accountable for their delivery.

The service demonstrates effective governance systems in relation to information management, continuous improvement, financial and workforce governance, regulatory compliance, and feedback and complaints.

The service has an effective electronic risk management system supported by an incident management policy and risk matrix tool. Effective risk management underpins one of the 4 pillars of the organisation’s strategic quality and clinical governance framework. Management and staff were able to explain the system and outline their reporting responsibilities, based on their role.

The service demonstrates provision of clinical governance for antimicrobial stewardship (AMS), minimising the use of restraint and open disclosure. Policies are available to all staff to guide practice and process, and staff can demonstrate an understanding of, and could describe their responsibilities relating to these.

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)