Performance

Report

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| Name of service: | RFBI Glen Innes Masonic Village |
| Service address: | 175 Lambeth Street GLEN INNES NSW 2370 |
| Commission ID: | 0305 |
| Approved provider: | Royal Freemasons’ Benevolent Institution |
| Activity type: | Site Audit |
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| Performance report date: | 4 January 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 RFBI Glen Innes Masonic Village (**the service**) has been prepared by Denise McDonald, 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.
* a performance report dated 21 May 2021, from a Site Audit conducted between 13 April 2021 to 16 April 2021.
* a non-compliance notice dated 8 July 2021.
* a rectification action plan submitted on 21 July 2021
* other information and intelligence held by the Commission in relation to the service.

# Assessment summary

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

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers said staff treated them with dignity, respect and they felt valued as an individual. Staff described ways they treated consumers with respect by acknowledging their choices, building rapport by investing the time to understand consumer’s background, life history and needs. Care planning documentation evidenced consumers' culture, diversity, and identity was acknowledged through the recording of their background and personal preferences.

Consumers confirmed the service recognised and respected their cultural background and provided care consistent with their cultural preferences. Staff demonstrated knowledge of consumers from a culturally diverse background and provided information relevant to ensuring each consumer received the care required. Care documentation reflected the consumer’s cultural background, linguistic abilities, and activities the consumer liked to maintain.

Consumers said they were given choice about how and when care was provided, and their choices were considered and respected by staff. Staff described how they supported consumers to make choices, maintain independence and relationships of choice. Care documentation identified consumers’ decisions for how and when care was delivered, who was involved in their care and how the service supported them in maintaining relationships important to them.

Consumers described how the service supported them to take risks. Staff were aware of the risks taken by consumers, and said they supported the consumer’s wishes to take risks to live the way they chose but were also committed to ensuring strategies were in place for risk mitigation. A dignity of risk policy outlined the service's approach to allowing consumers to make informed choices.

Consumers described the information they received to help them make decisions about the things they liked to do. Staff described ways in which information was provided to consumers, in line with their needs and preferences. Information such as activity schedules, complaints processes, advocacy support and upcoming allied health visits were displayed on noticeboards throughout the service.

Consumers described how their privacy was respected by staff. Staff described the practical ways they respected personal privacy of consumers including knocking on doors and asking for permission prior to entering, locking nurse’s stations and computer screens when unattended. Protocols were in place to protect consumer privacy.

# 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

Following a previous site audit the service was found non-compliant with Requirement 2(3)(a), Requirement 2(3)(c), Requirement 2(3)(d) and Requirement 2(3)(e), evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance and is now compliant with these requirements, having modified their entry processes from a 14 day to 28 day process, with information from pre-entry forms, hospital discharge summaries and input from allied health professionals taken into consideration to identify and assess any potential risks to consumers. Additionally, contact details for the consumers preferred representative are collected at entry and case conference documentation evidenced the consumer, their representative and health professionals are regularly engaged in conversations about the consumers care and a copy of the care plan is offered. Furthermore, internal auditing processes have been implemented to ensure the consumers care is regularly reviewed and procedures strengthened to ensure an incident or change in consumers condition, triggers reassessment.

Consumers said they completed a range of forms prior to entry to the service and were consulted during the assessment and care planning process to identify any risks to their health or wellbeing. Management described how a schedule has been developed and informs staff of the assessments required and the timing of each assessment to ensure a comprehensive care plan is developed. Staff confirmed they used the schedule, information in the forms completed by families and hospital discharge information to assist with identifying risk to the consumer. Care documentation confirmed the schedule is used to monitor the completion of assessments and guide the entry process to ensure risks to consumers are identified and interventions are planned.

Consumers said the service identified and addressed their current needs, goals and preferences, including in relation to advance care, on entry to the service. Staff described how they ensured assessments and care planning were reflective of current needs and described the service's approach to end-of-life discussions and planning. Consumer’s care files reflected the needs of consumers and included advance care plans.

Consumers and their representatives confirmed the staff involve them in discussions about the consumers care. Staff described the importance of consumer-centred care planning and explained how they initiated conversations around care planning with consumers and representatives. Care documentation evidenced case conferences were regularly held with the consumer, their representatives and health professionals the consumer had chosen to be involved in their care.

An electronic care management system was used to document the outcomes of assessments, generate the consumer’s care plan and ensures it is readily available. Consumers said they are offered, or had, a copy of their care plan, are able to change it when needed and staff explain any changes made to the care provided. A case conference schedule had been embedded into the electronic care management system and ensured staff are prompted to offer a copy of the care plan during case conferences.

Management and staff advised consumer’s care plans are reviewed on a 3 monthly basis and allied health professionals confirmed they reassess the consumer following an incident such as a fall. Representatives confirmed staff regularly discussed consumer care needs and any changes requested were addressed in a timely manner. Care planning documentation evidenced review every 3 months and reassessment by allied health professionals following a change in their condition or an incident occurred.

# 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

Following a previous site audit the service was found non-compliant with Requirement 3(3)(a), Requirement 3(3)(b), Requirement 3(3)(d) and Requirement 3(3)(e), evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance and is now compliant with these requirements, having provided staff with additional training on wound care, restrictive practices, behaviour support, the management of falls and pain. Additionally, new programs, flowcharts and handover documentation has been implemented to guide staff in recognising deterioration, their response to it and fall by a consumer and in the transfer of information between staff and other individuals involved in the care of consumers. Furthermore, daily staff meetings and data are used to monitor the prevalence of incidents and prompt review of the service’s management of high impact risks.

Consumers said while sometimes they may experience a delay, the care and services delivered generally met their expectations and confirmed pain and wound management had been effective in controlling their pain and healing wounds. Care planning documentation evidenced, for consumers who experienced pain, have wounds or required behaviour support, individualised strategies to address their specific needs had been developed and provided guidance to staff on how to meet their needs and preferences. Staff confirmed they had received education on restrictive practices and demonstrated knowledge of legislated requirements for the use of chemical restrictive practice. Care documentation confirmed non-pharmacological interventions are utilised for behaviour support, with chemical restrictive practices only used when these proved unsuccessful.

Consumers and representatives gave positive feedback on the service’s management of high impact risks, such as falls and pressure injuries, which management confirmed were the high prevalence risks identified through data monitoring and were mainly attributed to two consumers. Care documentation confirmed the involvement of allied health professionals and specialist practitioners in the management and planning of, falls prevention and interventions to maintain skin integrity. Management and staff confirmed policies, procedures and workflows were in place to guide staff in the minimisation and management of risks to consumer health or wellbeing.

Consumers expressed confidence with end of life care provided by the service. Staff described how care was provided at end of life to maximise comfort and maintain dignity. Care planning documentation captured the needs, goals and preferences of consumers nearing end of life, these wishes were implemented and consumers at end of life had their comfort and dignity maximised.

Consumers and representatives advised staff recognised changes and responded in a suitable and timely manner. Care documentation substantiated staff had promptly recognised deterioration in consumer’s conditions and appropriate actions, including escalation to medical officers or transfer to hospital, had been undertaken in response. Management confirmed a new program had been introduced to increase the monitoring of consumers identified at potential risk of deterioration. Staff demonstrated knowledge of signs and symptoms, which may indicate a decline and confirmed, if observed these are reported to during handovers, staff meetings and described how this would prompt review of a consumer’s care plan or initiate reassessment.

Consumers said their needs, preferences and conditions were communicated well between staff and others involved in their care. Staff confirmed a new handover process has been implemented with documentation for clinical and care staff. Staff were observed participating in handover processes and handover documentation included details relevant to the care of consumers. Care documentation evidenced information was appropriately shared between staff to support the delivery of safe, effective and individualised care to each consumer.

Consumers said referrals were timely, appropriate, and occurred when needed. Staff described the process for referring consumers to health professionals and allied health services. Care planning documentation included input from other providers of care such as physiotherapists, occupational therapists, podiatrists, speech pathologists and dieticians.

Consumers and representatives gave positive feedback about the service’s management of COVID-19 precautions and other infection control and antibiotic prescription practices. Staff showed knowledge of key infection control practices such as hand hygiene and donning and doffing of personal protective equipment, and these topics were part of mandatory education for all staff. The service provided an outbreak management plan which detailed roles of key staff during a COVID-19 outbreak.

# 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

Following a previous site audit the service was found non-compliant with Requirement 4(3)(b), evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance and is now compliant with this requirement, having implemented the use of validated assessment tools to assist in the identification of consumers who are experiencing a decline in their mental health, engaged the services of an external counsellor to support consumers who require additional emotional and established referral linkages for consumers who require specialised psychological support.

Consumers confirmed they were supported to participate in activities they liked, and they were provided with appropriate support to optimise their independence and quality of life. Staff explained how they partnered with consumers and their representatives to collect the consumer’s individual preferences, dislikes and interests, social, cultural needs and traditions. Documentation reflected strategies and options to deliver services and supports for daily living reflecting the diverse needs and characteristics of consumers.

Staff advised consumers’ emotional, social, and psychological needs were supported in ways including facilitating connections with people important to them through technology, lifestyle staff support, church or religious services, and external specialists were available when required. Consumers and representatives reported their emotional, spiritual, and psychological needs were supported, with staff observed providing additional emotional support to a consumer, who’s loved one had recently passed away and care documentation evidencing a referral had been initiated for grief support. Care documentation supported individual’s spiritual needs for accessing internal or external religious services had been captured. An activities schedule included information about religious services held at the service, along with one-on-one sessions for consumers and group activities.

Consumers indicated they were supported to participate within and outside the service, keep in touch with people important to them and do the things of interest to them. Staff described how they supported consumers to participate in the community or engage in activities of interest to them. Care planning documentation aligned with the information provided by consumers, representatives, and staff regarding consumers involvement in the community, maintaining personal and social relationships.

Consumers said their condition, needs and preferences were effectively communicated within the service and with others responsible for care. Staff described ways in which they shared information and were kept informed of the changing condition, needs and preferences for each consumer. Care planning documentation provided adequate information to support safe and effective care as it related to services and supports for daily living.

Consumers said they were supported by other organisations, support services and providers of other care and services. Care planning documentation identified referrals to other organisations and services such as psychologists and counsellors. Staff described other individuals, organisations and providers of other care and services and specific consumers who utilised these services.

Consumers gave positive feedback about the variety, quality and quantity of food provided at the service. Staff explained how consumer preferences were incorporated into the menu and how feedback was used to inform the development of the menu. Consumers were observed interacting with others and finishing their meals served to them, as well as staff respectfully assisting consumers where required.

Consumers said they have access to safe, generally clean, and well-maintained equipment, however, consumers were uncertain about who was responsible for the cleaning of their personal mobility aids. Staff said they had access to equipment when they needed it and described how equipment was kept safe, clean, and well maintained. Despite consumers’ providing mixed feedback about the cleanliness of their mobility aids, these were observed to be clean and in good condition.

# 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

Consumers said the service environment was welcoming and allowed for easy accessibility through various parts of the service and enhanced their sense of belonging. Staff described aspects of the service which helped consumers feel welcome, optimised each consumer's sense of belonging and ease of navigation, and every effort was made to help consumers feel like they were at home. Signage, sufficient lighting, and handrails assisted consumers and visitors to access different areas and consumers were observed using communal areas.

Consumers said they thought the service environment was safe, clean, and well maintained. Staff described how the service environment was cleaned and maintained regularly. Staff provided records which showed most scheduled maintenance had been carried out, including inspections for fire safety, pest control and the emergency power generator.

Consumers confirmed their equipment including shower, comfort and wheelchairs were checked, generally cleaned, and maintained. Consumers’ personal mobility equipment was observed to be clean and fit for use. Staff described processes in place to ensure equipment and furniture were cleaned regularly.

# Standard 6

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

Findings

Consumers said they understood how to provide feedback or make a complaint and they felt comfortable filling out feedback forms or approaching staff and/or management directly. Staff described the processes in place to encourage and support feedback and complaints. Information was on display throughout the service on how to make complaints, feedback forms were located at the entrance of the service and a locked letterbox, was available for the forms to be submitted anonymously, if required.

Consumers said they were aware of and had access to advocates, language services and other methods for raising and resolving complaints. Staff described the information around advocacy services available to consumers; with information and brochures available in different languages for consumers with linguistically diverse backgrounds, if required. Documentation and observations identified the service was actively promoting advocacy services with information easily accessible to consumers and representatives.

Consumers and representatives said the service responded to and resolved their complaints or concerns when they were raised or when an incident had occurred. A feedback, complaints and open disclosure policy and procedure highlights the importance of the use of open disclosure in the complaints process and guided staff in documenting, investigating, resolving, and evaluating feedback and complaints made by consumers and representatives. A complaints and feedback register reflected actions, were taken promptly, in response to complaints and feedback lodged.

Consumers and representatives reported their feedback was used to improve services. Management described complaints and the actions taken in response, as well as how feedback and complaints had been used to drive continuous improvement. A system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives evidenced how complaints and feedback were trended, regularly analysed and used to inform 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. | 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

Following a previous site audit the service was found non-compliant with Requirement 7(3)(a), Requirement 7(3)(c) and Requirement 7(3)(d) evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance and is now compliant with the requirement, having reviewed rostering, staffing requirements, allocations, and shift lengths across all departments, undertaken recruitment activities and ensured registered nurses were available at all times. Additionally, a comprehensive training program has been implemented to address any previously identified knowledge gaps, assessment of competency have been undertaken and position descriptions outline the required qualifications for each role with care staff having to provide evidence of, or be working towards, the completion of formalised aged care training.

Most consumers stated there could be more staff and gave some examples of how this effected their care, however care monitoring documentation substantiated consumers were receiving the care they needed. Staff advised, all consumers care needs were met, however confirmed at times, consumer may experience a delay. Rostering documentation evidenced most shifts were filled, with management describing strategies including the use consistent agency staff, to manage any unplanned leave. Call bell response times generally reflected a timely response to consumer’s requests for assistance and staff were observed not to be rushed when completing their duties.

Consumers and representatives said staff were kind, caring and gentle when providing care. Staff spoke about consumers in a kind and caring manner and were observed to be treating consumers kindly and respectfully. Documentation evidenced staff had completed training on cultural diversity and safety, privacy, confidentiality, dignity, and respect.

Consumers said staff were sufficiently skilled and were competent in providing the care they need. Management confirmed an orientation program has been implemented, including a requirement to complete buddy shifts, undertake training on the Quality Standards with feedback and assessments used to determine staff competency. Personnel documentation evidenced the currency of staff qualifications and the completion of medication administration, manual handling and hand hygiene competencies, was monitored. A physiotherapist was observed completing manual handling competency assessments with staff.

Consumers and representatives stated staff had the appropriate training to deliver safe and quality care and services. Management advised staff are required to complete an orientation training package within 60 days of commencement and ongoing staff complete an annual mandatory training program. Staff confirmed the service provides mandatory and supplementary training to support them to perform their role effectively and demonstrated knowledge of their responsibilities under the Quality Standards. Training records evidenced, staff had completed or had been prompted to complete, mandatory training modules which were due.

Staff described the annual performance appraisal process and the outcome of their last performance appraisal. A performance feedback and development policy outlined the service's commitment to support employees with their performance within the workplace every 12 months or as required. Documentation evidenced almost all annual performance appraisals for staff currently working at the service had been completed or where due to be completed that month.

# 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

Following a previous site audit the service was found non-compliant with all requirements under Standard 8, evidence within the Site Audit report supports the service has implemented improvements to address the non-compliance and is now compliant with these requirements as communication channels between consumers, management and the governing body had been improved, a full suite of new organisational policies and procedures is being introduced to address deficiencies in organisational, clinical and risk management governance; and a staff training program has been developed to ensure staff understand these policies, procedures and their responsibilities associated with each role.

Consumers and representatives said the service was now 'run well' since the changes to management had been implemented. Structures and processes, including management having an open-door policy, the scheduling of regular consumer meetings and documented care consultations had ensured consumers were actively engaged in the development, delivery and evaluation of care and services. Minutes of consumer meetings evidenced consumer feedback had been used for identifying areas of potential improvement including the access to internet and the external service environment and these were observed to have been, or were in the process, of being actioned.

Management advised an organisational risk and compliance team had now been established to support the monitoring of care, services and supports delivered and to ensure deficiencies in the safety and quality of care provided are identified promptly. Documentation evidenced monthly data on incidents and complaints is compiled, trended, analysed and provided to subcommittees who make recommendations to the governing body, which has resulted in remedial actions including the formation of a falls management committee to address an increase in falls and the recruitment of nurse practitioners to increase organisational clinical care support.

All organisational governance systems and processes have been reviewed by external contracted auditors who recommended the introduction of service level audits, to ensure continued oversight and assessment of the effectiveness of systems controlling information and financial management, feedback, complaints and continuous improvement, compliance with regulations and the roles and responsibilities of the workforce. Staff understood their roles, confirmed they had access to the information they needed, continuous improvement was informed by feedback, complaints and the results of audits, changes to regulations were monitored, disseminated to staff as required and procedures were changed to ensure compliance.

A revised risk management policy had been implemented which outlined the role of staff in relation to the management of risk, provided guidance and definitions to support the understanding of risk and how it was to be considered and managed. Documentation evidenced risks were trended to determine and define the high impact or prevalence clinical risks at the service. Staff confirmed they have access to and have been trained on the service’s risk management systems, including demonstrating awareness of incident reporting requirements for serious incidents.

A clinical governance manual including policies and procedures had been introduced to ensure antimicrobial stewardship, open disclosure and the minimisation of restrictive practices are embedded within staff practice. Staff advised training had been provided on restrictive practices, infection rates, pathology results and the use of antibiotics were monitored and confirmed they were encouraged to use open disclosure when things went wrong. Management confirmed and documentation supported the service actively seeks to reduce restrictive practices and the use of antibiotics.

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)