

**Performance Report**

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| Name: | RFBI Holt Masonic Village |
| Commission ID: | 2905 |
| Address: | 138 Hardwick Crescent, HOLT, Australian Capital Territory, 2615 |
| Activity type: | Site Audit |
| Activity date: | 21 January 2025 to 23 January 2025 |
| Performance report date: | 18 February 2025 |
| Service included in this assessment: | Provider: 5146 Royal Freemasons' Benevolent Institution  Service: 1192 RFBI Holt Masonic Village |

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 Holt Masonic Village (**the service**) has been prepared by Katrina Platt, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

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

* the assessment team’s report for the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, older people/representatives and others.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Consumers and representatives interviewed, provided feedback that staff are respectful of consumers’ diverse needs and preferences and are treated with dignity and respect however several consumers gave mixed feedback. The service has a diversity framework, supported by policies that underpin the expected behaviours of staff towards consumers, which the Assessment Team observed staff adhering to when providing clinical and personal care.

Staff demonstrated an in-depth knowledge of the cultural backgrounds and preferences of consumers and provided examples of how a consumer’s culture influences how they deliver care and services. Consumers and representatives interviewed, and information contained in sampled care and service documentation corroborated feedback provided by staff. Organisational policies, and procedures guide the service to provide an inclusive, consumer-centred approach to their practices.

All consumers and representatives consistently said they are consulted and can make decisions and choose who should be involved in the care of consumers. Management and staff interviewed described how they support consumers to make decisions and maintain relationships, within and outside the service, which was evidenced in sampled care and service documentation.

Management and staff demonstrated a practical knowledge of the organisation’s risk-taking policy and provided numerous examples of how they assist consumers to take risks to enable them to live the best life they can. Should a consumer choose to engage in an activity that is deemed by the service to place them at risk, a system of discussions take place between the consumer (or their representative) and staff, who explain what the identified risk(s) are, and the potential outcomes. If the consumer wishes to continue with the activity, they have chosen, a dignity of risk form is completed, and associated care and service documentation is updated accordingly. A consumer confirmed they are supported to regularly socialise outside the service and understand and accept the risks involved, including getting to and returning from the external venue.

Management and staff provided feedback demonstrating how consumers and representatives receive up to date and timely information to enable consumers to exercise choice. The service uses communication cards, devices or translator services for consumers who have sensory impairments (such as vision or hearing loss), language barriers or those living with cognitive decline. All consumers and representatives interviewed indicated they are very happy with the information they receive from the service.

All consumers and representatives interviewed indicated staff respect consumer’s privacy and felt comfortable their personal information is kept confidential and securely stored. Documentary evidence reviewed indicated all staff have undertaken recent education in privacy and the secure storage of consumer information, which the Assessment Team observed in practice throughout the Site Audit.

Management and staff provided feedback demonstrating how consumers and representatives receive up to date and timely information to enable consumers to exercise choice. The service uses communication cards, devices or translator services for consumers who have sensory impairments (such as vision or hearing loss), language barriers or those living with cognitive decline. All consumers and representatives interviewed indicated they are very happy with the information they receive from the service. The Assessment Team observed information including meal menus, activity programs, consumer newsletters and advocacy service information in multiple languages, posted throughout the service.

All consumers and representatives interviewed indicated staff respect consumer’s privacy and felt comfortable their personal information is kept confidential and securely stored. Staff provided examples of how they respect consumer privacy including knocking on doors and waiting for a response before entering and turning over the sign located on the outside of room doors, that informs visitors or other staff that personal or clinical care is in progress. Documentary evidence reviewed indicated all staff have undertaken recent education in privacy and the secure storage of consumer information, which the Assessment Team observed staff ensuring electronic information is password protected, and computer screens are locked when not in use.

# 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 based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

All new consumers entering the service are assessed for risks using validated assessment tools, that result in risk mitigation strategies being put in place to ensure the delivery of safe and effective care and services. Review of sampled care and service documentation corroborates feedback from consumers and staff and demonstrates the service adheres to the service’s assessment and planning and managing risk policies and procedures.

Registered nurses advised they discuss advance care planning with consumers when they first enter the service, while care staff possessed a strong awareness of individual consumers’ needs, goals and preferences relating to end of life planning. The Assessment Team corroborated the feedback provided by clinical and care staff, by reviewing a sample of consumers’ care and service documentation and speaking with consumers. The service maintains a register of consumers’ advance care directives and advance care plans. Any discussions on end of life which have taken place with the consumer are also recorded. All consumers were noted to have at least one of these documents in place and these are reviewed when annual case conferences occur, or more frequently if needed.

The service maintains a case conference register to record all care discussions, both formal and informal, with representatives and others involved in each consumer’s care. Care and service documentation sampled indicate reviews and evaluations are occurring every 3 months or when a consumer’s care needs change, which aligns with the service’s assessment and care planning policy. Consumers and representatives interviewed described how they are involved in assessment and planning on an ongoing basis.

All consumers and representatives interviewed provided feedback confirming they are informed about the consumer’s clinical and personal care and the outcomes of assessment and planning by staff. The Assessment Team reviewed sampled care and service documentation which demonstrates the outcomes of assessment and planning are recorded appropriately and consistent with feedback provided by consumers and staff. All care plans contained a current review date and records of discussions held with consumers, their representatives and staff.

Management and clinical staff described how and when consumer care plans are reviewed. Consumers and representatives said clinical staff regularly discuss any changes in consumer care needs and preferences to ensure all are reviewed and current. Staff described incident reporting processes and how incidents may generate a reassessment or review of a consumer’s needs. The service’s assessment and care planning policy and procedure set out the review, reassessment and monitoring processes, including the responsibility of staff to ensure assessment and planning reflects current consumer care needs. The Assessment Team observed staff are following this policy.

# 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 based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Consumers and representatives interviewed indicated satisfaction with the clinical and personal care consumers receive. Staff demonstrated a sound knowledge of the consumer’s care and how they provide personal care that is tailored to consumer needs. Documentation for selected consumers indicated their clinical care is being managed by staff including consumers with requirements for complex care. There are processes in place for the use of restrictive practices and psychotropic medication. Care and service documentation for consumers sampled indicate consumers receive personal care tailored to their needs, optimising their health and well-being.

The service has processes to manage high-impact or high-prevalence risks associated with the care of each consumer. Management indicated they currently identify falls and wounds as the main high-impact high-prevalence risks at the service. Clinical indicator data assists identification of high-impact high-prevalence consumer risks and the service maintains a high-risk register for clinical oversight. Further discussion of high-impact high-prevalence risks for consumers occurs at handover, clinical meetings, and with other allied health and internal and external health supports as required. Examples of processes in place to manage high impacts or high prevalence of identified consumer risks were provided and consumer representatives were satisfied with the way the service supports consumers.

Staff interviewed described how care changes when a consumer approaches their end of life, including symptom control and comfort care management. Management detailed how the service can access the specialist palliative care team to support the provision of compassionate person-centred end of life care. Service staff are guided by an organisational policy and procedure in relation to providing end of life care. A representative confirmed their satisfaction with the care and compassion provided during the consumer’s palliation.

The registered nurses liaise with the care manager, nurse practitioner, other external specialist geriatric services and the consumer’s medical officer when a consumer’s care deteriorates. Communication and consultation with the consumer and their representative occur, and staff follow the deterioration policy and protocol. Care and service documentation sampled by the Assessment Team evidenced the staff comply with this. For consumers sampled, their care and service documentation reflect the identification of, and response to, deterioration. Care staff interviewed said they report any changes in the consumer’s condition to the registered nurse who then assesses the consumer and directs care. Care and clinical staff said changes in each consumers’ condition are discussed at clinical handovers and this was observed by the Assessment Team.

The service documents and communicates information about consumers and others where responsibility for care is shared using the ECMS, emails and verbal and written handover communications. All consumers have care plans that direct and communicate consumer care. The service has a handover between shifts and outstanding matters are followed up by staff. Appointments and special requirements for consumers are documented, so all those responsible for the care of the consumer can be aware. Consumers and representatives indicated they are satisfied with the communication of consumer care and needs.

Care and service documentation sampled, evidence referrals occur to allied health professionals and medical specialists, and other external specialists. Consumer and representative preferences are considered in this process. The ECMS details when referrals are made.

The service has policies and practices to guide staff on how to minimise the risks of infection for consumers, staff, and visitors. Staff demonstrated a good understanding of infection prevention and control practices and antimicrobial stewardship. The service maintains an outbreak management plan which provides overarching guidance and resources for the service to support their readiness, response, and recovery after an outbreak, including COVID-19.

# 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

I am satisfied based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Consumers and representatives interviewed said they are satisfied the services and supports for daily living meet consumer needs, goals and preferences. Lifestyle and care staff demonstrated a sound knowledge of individual consumers’ needs and preferred activities and how they support them to ensure individual preferences. Management advised, and care and service documentation reviewed indicates, lifestyle staff meet with consumers when they enter the service to facilitate the development of an appropriate individualised lifestyle plan which is then reviewed regularly as part of the consumer’s care and service plan.

Consumers and representatives interviewed described services and supports available to promote their emotional, spiritual, and psychological well-being. All consumers said they felt connected and engaged in meaningful activities that are satisfying to them. Care and lifestyle staff described ways they support consumers who are feeling down including providing one-on-one support. Care and service documentation record consumers’ individual emotional support strategies and how these are implemented and align with information provided by consumers and staff.

Consumers and representatives indicated consumers are supported to keep in touch with people who are important to them and do the things that interest them both at the service and in the community. Care and service documentation reviewed indicates this is occurring. Lifestyle staff described how they plan group and individual supports at the service for consumers on weekdays and on weekends supports are also organised for consumers whose preferred supports occur outside these times. The Assessment Team confirmed lifestyle staff’s description about how they regularly access the Electronic Case Management System (ECMS) to upload information about the various supports and services consumers.

Staff demonstrated sound knowledge of individual consumer’s condition, needs and preferences, saying consumer care and other needs are communicated during shift handovers, having face-to-face conversations, as well as information in the service’s ECMS which is accessible to all staff. Catering staff were able to describe how clinical staff communicate dietary changes for consumers. Care and service documentation sampled includes contact information for representatives and other people each consumer chooses to be involved in decision-making and the delivery of their care.

Consumers and their representatives said they have access to other individuals and providers of other care and services. Care and service documentation provided evidence the service collaborates with external providers to support the diverse needs of consumers. Consumers’ assessed lifestyle/social needs and wants are matched with volunteers who visit and engage in activities with them. Care and service documentation and staff interviews confirm consumers participate in a variety of activities. Consumer care and service documentation reflects referrals to other community services and organisations where care is provided.

The service provides meals using a menu which is developed twice a year with input by consumers and reviewed by a dietician. All meals are prepared at the service. All consumers interviewed gave positive feedback saying they enjoy the food, there is enough variety, and they always have enough to eat. There are established processes to ensure meals and drinks are served according to consumer’s identified dietary needs and preferences.

Interviews with consumers, management and staff, and observations made by the Assessment Team, indicate equipment to support each consumer’s lifestyle is safe, suitable and clean. The Assessment Team observed a range of equipment which appeared to be suitable, clean, and in good condition. The service has a system for ensuring equipment is cleaned by staff following use. Any issues identified with equipment is reported to maintenance for action.

# 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 based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

The service environment is bright, airy, welcoming and comfortable. Furniture is positioned appropriately and there are art works and other furnishings providing a ‘home like’ environment. The building has easy to navigate signage to support consumers with cognitive impairment and visitors to the service. There are adequate private areas, both indoors and outdoors for consumers and visitors to utilise when socialising. All consumers and representatives interviewed indicated there is a sense of belonging and consumers are at home living in the service.

Consumers and representatives consistently said they felt the service was safe, clean and comfortable. Observations by the Assessment Team indicated consumers can move freely inside and outside the service. There is a reactive and a preventative maintenance program in place. A review of maintenance records and service reports demonstrated reactive maintenance is carried out in a timely manner and preventative maintenance is carried out according to the schedule. The Assessment Team observed the service environment to be clean, safe, well maintained and fit for purpose.

Consumers and representatives interviewed did not report any concerns regarding furniture, fittings and equipment, and said when anything breaks, it is fixed or replaced. The Assessment Team observed furniture in communal areas was clean, in satisfactory condition and in plentiful supply.

The kitchen, laundry and cleaning equipment were clean and maintained in accordance with infection control guidelines. Individual room maintenance assessments are completed 6-monthly to ensure all furniture, fittings and equipment are safe and well maintained and were up to date.

# 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 based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

Management described how they encourage and support consumers to provide feedback and complaints through various avenues including feedback forms, discussions at consumer meetings and having an ‘open door policy’. Staff interviewed demonstrated a practical knowledge of how the complaints process works, including how verbal or written feedback is captured and entered in the complaints and feedback register. The Assessment Team notes the feedback from management and staff is consistent with the organisation’s complaints handling policy. At the time of the Site Audit all consumers interviewed indicated they had no reason to make a complaint, however, most were aware of how to make one.

Management indicated there are numerous ways the service provides information about advocacy and language services, and other methods for raising and resolving complaints. Most consumers and representatives interviewed demonstrated they are aware of advocacy and language services; however, they preferred to raise their concerns and complaints directly with management. Staff described the various ways they support consumers to provide feedback about care and services, including the use of the Translating and Interpreting Service (TIS) and the National Relay Service (NRS) Access Hub.

The Assessment Team observed information pertaining to advocacy services and various complaints mechanisms, throughout the service, in new consumer admission packs and organisational policies and procedures.

The organisation has systems, policies and education in place to guide staff on complaints handling and open disclosure, including when adverse events occur. Staff interviewed described the feedback mechanisms available and processes in place for reporting and escalating feedback and complaints. Complaints are managed promptly with management having oversight of all complaints. Review of the complaints register evidenced, details of the complaint, the date it was lodged and when it was closed. There is also a column for staff to acknowledge open disclosure has been used.

The service has a continuous improvement policy and accompanying procedures which outlines the use of feedback and complaints to improve the quality of care and services. There are processes to review complaints and incorporate them into the plan for continuous improvement (PCI). Consumers and representatives interviewed indicated their feedback is valued by management. Staff interviewed were able to describe changes made at the service resulting from feedback and complaints.

# Standard 7

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

Findings

I am satisfied based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

All consumers and representatives interviewed provided feedback indicating consumer needs are met in a timely manner, while staff interviewed said they can complete their work during their rostered shift. Management demonstrated there is a process for filling vacant and un-planned leave shifts by asking staff to commence duty early, working back late or as a last resort offering overtime. Review of the staff roster for the fortnight prior to the Site Audit identified all shifts were filled and it was also noted the service does not use agency staff. To meets its regulatory obligations the service has a registered nurse working with consumers 24/7.

Management expectations of staff around respect, diversity and code of conduct were clearly articulated in policies, staff manuals, orientation and annual training. All consumers and representatives interviewed spoke very highly of staff, indicating they are kind and caring and perform their roles well. The Assessment Team observed all staff being kind to consumers throughout the Site Audit.

All consumers and representatives interviewed expressed satisfaction with the competency of the workforce and were of the opinion all staff possess the necessary qualifications and knowledge to effectively perform their roles. Staff interviewed were able to explain their roles and areas of responsibility and do not work outside their scope of practice. Management interviewed indicated the organisation’s human resource team ensures potential new staff have the necessary skills, qualifications and knowledge to provide best practice care and services. The service maintains a qualifications, registrations and competencies register for all staff, which was observed by the Assessment Team to be up to date and current.

The service has processes for the recruitment, induction, training and support for staff in line with the Quality Standards and other legislative requirements. Management advised all staff are required to complete annual mandatory training and competencies tailored to the needs of consumers and designated roles. Further, workforce learning is undertaken face to face, and there are 2 electronic learning platforms that staff can access. All consumers and representatives interviewed said staff are well trained and could not think of any additional training staff required.

Staff interviewed confirmed they have received training in relation to the serious incident response scheme (SIRS) and the Quality Standards and were able to demonstrate their understanding of reporting requirements. Staff also said, they feel supported and encouraged by management to undertake training, should they request it.

Management indicated they regularly monitor and review the performance of staff, advising reviews occur at the 6-month probation period, and annually thereafter, or as required should a performance issue be identified. Management said that in addition to the formal process of appraisal, staff performance is monitored through observations, supervision and feedback from consumers, representatives and staff.

All staff sampled, said they had undertaken a performance appraisal in the last 12 months. Staff described how the performance appraisal system provides them with the opportunity to talk with management openly and professionally about their role and receive constructive feedback on their performance. The service has policies that outline performance development and performance processes to support staff when annual performance reviews are due to take place. The Assessment Team observed the service’s staff performance appraisal register to be up to date and aligned with the anniversary date of when the staff member was employed at the service.

# 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 based on the Assessment Team’s observations and recommendations outlined below that the service complies with the Requirements as outlined in the table above and complies with this Standard.

The organisation demonstrated a comprehensive governance framework is in place to support inclusion and engagement of consumers in the delivery of care and services, including consumer and representative meetings and consumer food forums. The feedback provided by consumers and representatives is then disseminated to the board.

The organisation has an established Consumer Advisory Body and a Quality of Care Advisory Body with one consumer from the service being a previous member. The Assessment Team sighted meeting minutes from the board of evidencing they had responded to questions and feedback raised by members of the CAB, including information on the new strengthened Quality Standards.

Escalation protocols for feedback, complaints, risks and incidents are in place, to enable the organisation’s governing body to receive information required to meet its responsibilities. The organisation has a continuous improvement culture, and there are systems in place to ensure information flows from the service to the governing body and back down. Staff interviewed described a safe working culture with support available from managers and other staff. They said there are formal training programs in place in risk identification, incident escalation procedures, SIRS and infection prevention and control.

Review of the care and clinical governance committee and board sub-committee meeting minutes evidenced the governing body receives information on multiple areas of care and services, including trend analysis, consumer surveys, policy and procedure reviews and updates, SIRS reportable incidents, and continuous improvements.

Governance systems are in place and used effectively to improve outcomes for consumers, in the delivery of care and services, which are monitored and evaluated to ensure consumers care is safe and effective. Evidence gathered indicates information is managed at the service and organisational level to enable the governing body to provide safe care and services. Staff interviewed said they can readily access information, including consumer care and service documentation and organisational policies and procedures.

Opportunities for continuous improvement are identified through various avenues including feedback, complaints, surveys, results of audits, deficits in staff training and changes in legislation. This data forms part of continuous improvement process which is monitored at a service and organisational level.

The organisation has systems in place for financial governance oversight. The chief operation officer indicated the board determines the yearly budget, and the service is well supported in relation to expenditure being approved. And examples were provided to the Assessment Team.

The workforce is managed through ongoing review of consumer care needs, clinical data and feedback from consumers and staff. The service has a stable workforce and does not use agency staff. Duties and responsibilities for all roles are clearly set out in position descriptions and management regularly monitor and review the performance of staff.

The governing body is responsible for ensuring the organisation has oversight of changes to aged care regulation and legislation. Changes to legislation are monitored from information received from the Commission’s regulatory bulletins, and Health department updates. Any changes are reported throughout the service via email to staff and other board members for their information.

The organisation has a feedback and complaint policy and procedures. These set out detailed procedures for managing complaints. They also outline how information about the process is provided, and how the organisation supports anonymous complaints, confidentiality, fairness and due process. The service demonstrated feedback, and complaints are used to inform continuous improvement. Complaint trends are monitored at the service and at the organisational level with relevant information, including all external complaints, reported to the board.

The organisation demonstrated risk management systems are in place and effective in managing risks. Policies and procedures guide staff in processes at an operational level and regional support roles work with the governing body and the service to identify and assess risks, apply interventions, and monitor their effectiveness. Risks are identified through the assessment and care planning process, incident reporting, clinical indicators, audits and complaints and feedback. Trending of this data is reported monthly to the board. Organisational policies and processes provide guidance to management and the workforce in relation to the identification, management, reporting and monitoring of risks to consumers’ health and well-being. These processes contribute to inform safe and effective delivery of care and services.

Management and staff indicated they have participated in mandatory training including elder abuse and prevention and SIRS. The Assessment Team corroborated this by reviewing training records. Staff interviewed said they would immediately report any incidents of suspected abuse or neglect to management.

Consumers and representatives provided positive feedback how the service assists consumers to remain as independent as possible and live the best life they can. Staff described the ways they support consumers to do this, including asking their priorities and preferences for care and services and providing additional care as appropriate to meet their needs.

The organisation has an established incident management system to record and manage incidents. Incidents are then trended and monitored through the quality system and reported monthly to the board. The Assessment Team sighted evidence to confirm incident management systems are in place. The organisation has a clinical governance framework which includes policies and procedures, responsibilities, planning, monitoring and improvement mechanisms that are implemented to support safe and quality clinical care.

The organisation has an antimicrobial stewardship policy and procedures and infections are monitored, and antimicrobial stewardship is discussed at clinical governance meetings.

The organisation’s behaviour support and restrictive practice policy provides guidance to staff and management on the use and minimisation of restrictive practices. The governing body received reports on quality indicators from the service, including details of restrictive practices.

The organisation has an open disclosure policy and review of education records evidence staff have undertaken open disclosure training. Feedback from consumers and representatives confirmed open disclosure is practised in the service when incidents or adverse events occur.

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)