Performance

Report

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| Name of service: | Performance report date: |
| RFBI Moonbi Masonic Village – Jim Holm | 7 September 2022 |
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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 Moonbi Masonic Village – Jim Holm (**the service**) has been considered by Michael Wyborn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 Site Audit report received 5 August 2022.

# 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 | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Non-compliant** |
| **Standard 7** Human resources | **Non-compliant** |
| **Standard 8** Organisational governance | **Non-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.

**Requirement 3(3)(a)** *Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:*

* *is best practice; and*
* *is tailored to their needs; and*
* *optimises their health and well-being.*

The service should:

* Provide ongoing education and training to staff to ensure pain, wound and psychotropic medication management is tailored to suit the consumer’s needs and optimises their health and well-being.
* Ensure monitoring of staff practices to ensure the deteriorating physical and mental health of consumers is recognised and responded to in a timely manner.
* Provide ongoing education, training and monitoring to identify, monitor and review personal and clinical care that is effective and conducive to optimising the health and well-being of consumers, specifically around bowel, wound and pain management.
* Ensure psychotropic medication documentation is up to date and consent is recorded for every relevant consumer in a timely manner.
* Ensure staff and management are following the organisation’s related policies, procedures and best practice guidelines.

**Requirement 3(3)(b)** *Effective management of high impact or high prevalence risks associated with the care of each consumer.*

The service should:

* Ensure staff are effectively monitoring and managing high impact and high prevalence risks, especially in the areas of diabetic management, falls management, self-harm and behaviour management.
* Provide education to staff and monitor for effective consumer post fall investigations, diabetic management, self-harm and behaviour management practices.
* Provide ongoing education around the safety and comfort of residents and monitor staff understanding and knowledge of this requirement.

**Requirement 6(3)(c)** *Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.*

The service should:

* Provide ongoing education, training and monitoring to ensure that complaints made to the service receive a timely and apposite response.
* Ensure consumer representatives are informed of serious incidents in a timely manner and that this is recorded.
* Ensure ongoing education and training for staff on the open disclosure process, including investigation and an open and timely discussion about the issue.

**Requirement 6(3)(d)** *Feedback and complaints are reviewed and used to improve the quality of care and services.*

The service should:

* Ensure ongoing education and training for staff on identifying adverse incidents and ensuring that they are consistently recorded, and appropriate investigation is undertaken to understand why things went wrong.
* Ensure monitoring, review and analysis of complaints is undertaken to help identify trends and to improve care and services for consumers.

**Requirement 7(3)(d)** *The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.*

The service should:

* Ensure complete and accurate education/training records of mandatory training topics.
* Ensure that the workforce is recurrently trained on relevant topics and identify what training needs are required at the service via a training needs analysis.
* Ensure investigation is undertaken when call bells exceed 20 minutes.
* Ensure feedback provided through the performance appraisal process is identified, monitored, reviewed and implemented in a timely manner.

**Requirement 8(3)(c)** *Effective organisation wide governance systems relating to the following:*

*(i) information management;*

*(ii) continuous improvement;*

*(iii) financial governance;*

*(iv) workforce governance, including the assignment of clear responsibilities and accountabilities;*

*(v) regulatory compliance;*

*(vi) feedback and complaints.*

The service should:

* Ensure effective organisation-wide information systems for capturing accurate information for incident and risk management, serious incident responses (SIRS) and to ensure timely/accurate responses are provided.
* Ensure staff and management are concurrently educated and trained about the service’s policies and procedures with a focus regarding open disclosure.
* Ensure staff and management understand and can apply the principles of the policies and procedures relevant to their roles.

**Requirement 8(3)(d)** *Effective risk management systems and practices, including but not limited to the following:*

*(i) managing high impact or high prevalence risks associated with the care of consumers;*

*(ii) identifying and responding to abuse and neglect of consumers;*

*(iii) supporting consumers to live the best life they can*

*(iv) managing and preventing incidents, including the use of an incident management system.*

The service should:

* Ensure that high impact and high prevalence risks, including behaviours and SIRS incidents, are accurately and appropriately recorded and managed.
* Ensure information systems are reliable and contain accurate and complete information.
* Ensure incident forms are completed on a consistent basis with complete and accurate information.
* Provide analysis of incidents, strategies and interventions to minimise risk to identify, implement and monitor continuous improvement opportunities.

# Other relevant matters: N/A

# Standard 1

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

## Findings

Consumers and representatives advised they are treated with dignity and respect, can maintain their identity, make informed choices about their care and services and live the life they choose.

Consumers highlighted their satisfaction with the care and services they are receive at the service. They said they’re treated with dignity and respect and are offered choices to enable them to make decisions according to their preferences and emphasised that their personal privacy was respected and felt their information was kept confidential.

Staff spoke about consumers respectfully and demonstrated knowledge about consumer preferences, choices and backgrounds. They were observed interacting with consumers with dignity and respect.

Care planning documents included up to date information regarding residents’ choice and preferences including where risk is involved. Care planning documents appropriately detail what is important to the consumer and includes a *‘key to me’* section which is completed in consultation with the consumer and their representatives. The documents outline the significant events in the consumer’s life, and any important people in their life including partners, family and friends.

Staff interviews, and care plan documentation demonstrated consumers are supported to take risks and engage in interests they enjoy. Staff displayed their understanding of policies and processes relating to the dignity of risk and duty of care to provide consumers with choices to engage in things they enjoy and ensure they are not hurt by explaining and managing potential risks.

This compliance decision differs from the Assessment Team’s finding in respect to Requirement 1(3)(a). I have reviewed the service’s responses and considered the policies and procedures the service has in place to support a consumer’s dignity and choice and am satisfied that the service has demonstrated compliance for Requirement 1(3)(a).

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | | Compliant |
| 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

Consumers advised they feel like partners in the ongoing assessment and planning of their care and services.

Consumer care and service records demonstrates that the service’s assessment and planning processes appropriately address the consumers current needs, goals and preferences including end of life care. The records consider risk to the consumers health and well-being and informs the delivery of safe and effective care and services.

Consumers and representatives advised they are involved in the care planning process, such as through the case conferences, face to face discussions and telephone conversations with the registered nurses or care staff.

Representatives said they have discussions with the registered nurses when their relative’s health needs change or when an incident occurs. Representatives also advised they are notified when there is a change in their relative’s care and when an incident occurs.

Outcomes of consumers’ assessment and planning are communicated effectively to consumers and representatives. Consumer care and services plans are accessible to staff and there are options available for a consumer or their representative to obtain a copy of the plan within a timely manner.

This compliance decision differs to the Assessment Team’s finding for Requirement 2(3)(e). The Assessment Team identified that staff do not routinely complete incident forms therefore a thorough investigation into the cause of an incident and appropriate interventions or strategies are not actioned to minimise a reoccurrence to consumer safety. I have reviewed the service’s response and have considered this further in the Performance Report in Standard 8 - Organisational Governance. I am satisfied the service’s continuous improvement efforts demonstrate their commitment to effective care and services delivered to consumers, and therefore I find Requirement 2(3)(e) compliant.

The Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

**Standard 3**

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| Personal care and clinical care | | Non-compliant |
| 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. | Non-compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Non-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

Consumers advised they receive personal care and clinical care which is safe and right for them. Consumers and their representatives said they have access to medical officers, specialists and allied health professionals when needed.

Review of documentation and interviews with consumers, representatives and staff demonstrated information about the condition, needs and preferences of consumers is communicated among staff and with others where responsibility for care is shared. It also reinforced consumers are referred to appropriate services and specialists in a timely manner.

Staff were able to demonstrate appropriate understanding of when they have provided end of life care and how they maximised the consumers comfort and preserved their dignity.

Consumer care documentation however showed that personal and clinical care needs are not always being met for consumers. Pain, wound and psychotropic medication management for some consumers did not ensure best practice and did not ensure personal and clinical care has been tailored to suit their needs and optimise the consumers’ health and well-being. Management and monitoring of high impact or high prevalence clinical risk was not effective for some consumers and the deteriorating physical and mental health of consumers was not recognised and responded to in a timely manner.

While the service has systems in place to identify, monitor and review personal and clinical care that is effective and conducive to optimising the health and well-being of consumers, the Assessment Team identified discrepancies in bowel, wound and pain management. Psychotropic medication documentation was not up to date and consent was not provided for every relevant consumer and/or recorded in a timely manner. Documentation reviewed and discussions with senior management demonstrated that the organisation’s related policies, procedures and best practice guidelines are not always followed.

The service did not demonstrate compliance in effectively monitoring and managing high impact and high prevalence risks, especially in the areas of diabetic management, falls management, self-harm and behaviour management. Although the feedback from consumers and their representatives was positive in relation to the care they receive and being kept informed of incidents when they occur, the Assessment Team identified some discrepancies in the management of high impact and high prevalence risks associated with the care of consumers. This includes consumer post falls investigations, diabetic management, self-harm and behaviour management. The safety and comfort of residents has not been effectively monitored by staff and the Assessment Team identified a lack of staff understanding and knowledge for this requirement.

This compliance decision differs to the Assessment Team’s finding for Requirement 3(3)(d). The Assessment Team identified that a deterioration or change in a consumer’s clinical condition is not always responded to in a timely manner. I have reviewed the service’s response and have afforded greater weight to the Assessment Team’s recommendations further in the Performance Report in Standard 8 - Organisational Governance. I am satisfied the service’s continuous improvement efforts demonstrate their commitment to effective care and services delivered to consumers, and therefore I find Requirement 3(3)(d) compliant.

However, the service has not demonstrated compliance, at this time, in Requirement 3(3)(a) and Requirement 3(3)(b). This is specifically about personal care and clinical care that is tailored to the consumers’ needs and optimises their health and well-being, as well as effective management of high impact or high prevalence risks associated with the care of each consumer.

The Quality Standard is assessed as Non-compliant as two of the seven specific requirements have been assessed as Non-compliant.

# Standard 4

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

## Findings

Consumers advised they receive the services and supports for daily living that are important for their health and well-being and enable them to do the things they want to do.

Consumers and their representatives said consumers are supported to engage in activities they are interested in, both inside the service and in the wider community. Consumers also said the service supports and facilitates them to maintain personal and social relationships and remain in contact with people who are important to them.

Consumers and representatives said the activity schedules are varied and adequate to meet the consumers’ needs and preferences, and the service involves other individuals and external organisations to supplement the activity schedules as required or when beneficial to the consumer.

Consumers acknowledged the service meets their emotional, social, spiritual and psychological needs by way of the internal support provided by staff and church groups and external support such as social and support workers. Consumers also provided positive feedback in relation to the meals and noted they could provide feedback to staff if required.

Care documentation demonstrates each consumers condition, needs and preferences are effectively communicated within the organisation and with others who provide services and supports for daily living, and timely and appropriate referrals are made to other providers of care and services as required.

The service demonstrated effective consumer engagement in a variety of group and individual activities during the site audit and the Assessment Team observed lifestyle and leisure supports and equipment was clean, well-maintained, safe and suitable to the needs of consumers.

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

**Standard 5**

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| Organisation’s service environment | | Compliant |
| 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 advised they feel they belong in the service and feel safe and comfortable in the service environment.

Consumers and representatives confirmed they feel at home and visitors are welcome in the service and expressed their satisfaction with the environment, stating that it is safe, clean and well maintained.

Consumers explained they can access indoor and outdoor areas either independently or with staff assistance and the service demonstrated it provides a safe, clean and well-maintained general living environment.

Staff demonstrated awareness of how to report items requiring maintenance. Staff said they would inform the maintenance manager if there were any safety hazards or risks. They explained how they would fill out a maintenance request and knew where the maintenance forms are located at each nurses’ station. Documentation demonstrated that reactive maintenance activities escalated appropriately are attended to in a timely manner and maintenance documentation showed that preventative maintenance is undertaken as scheduled.

The maintenance staff advised they prioritise jobs based on risks to consumers, they plan preventative maintenance to ensure the environment and equipment remains safe and undertake regular audits, for example on mobility aids, beds and mattresses, and electrical equipment.

The service demonstrated that processes are in place to ensure furniture, fittings and equipment are safe, clean, well maintained and suitable for the needs of consumers. Equipment was appropriately tagged and tested, fire extinguishers and fire blankets had been tested in April 2022, staff were observed cleaning rooms, communal areas and high touch point areas such as handrails throughout the site audit. Emergency evacuation maps and procedures were displayed, and a fire safety certificate was viewed in the service and the nightshift book for cleaning equipment was viewed with wheelchair and lifters being cleaned regularly.

The Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

**Standard 6**

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| Feedback and complaints | | Non-compliant |
| 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. | Non-compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Non-compliant |

## Findings

Consumers advised they are encouraged and supported to give feedback and make complaints and are satisfied that appropriate action is taken.

The service demonstrated they encourage and support consumers and representatives to provide feedback and make complaints and consumers said they know how to make a complaint and feel comfortable talking with management or staff.

The quality manager explained that consumers and representatives have access to feedback and complaints forms. There are suggestion boxes located around all areas of the service and these are checked weekly. Once a complaint or feedback is received, it is allocated to the relevant manager for action who is then required to complete and keep all relevant investigation documentation. On completion of the complaint or feedback all relevant documentation is then sent back to the quality manager for filing, however this has not been actioned on all occasions.

Information about advocacy services is contained in the consumer handbook provided to consumers and representatives on entry to the service and the service’s feedback, complaints, open disclosure and advocacy services policy contains information about advocacy services including contact numbers. Information is also provided for consumers with special needs for example, culturally diverse backgrounds (CALD).

Staff meeting minutes include a standing agenda item for Consumer Charter of Rights and the Aged Care Standards and review of recent Resident/Relative Focus Group meetings demonstrate that advocacy services were discussed.

The Assessment Team identified that some complaints made to the service did not receive a timely or apposite response. There was one instance were a representative was not informed of a serious incident. The service did not demonstrate evidence of open disclosure processes including investigation and open and timely discussions for every complaint or incident.

Adverse incidents relating to clinical care were not always recorded, and an investigation was not routinely completed to understand why things went wrong. Therefore, the opportunity for the service to implement risk minimisation strategies to better support consumers was not engaged.

Some information in the feedback and complaints register was inaccurate or inconsistent and, as a result, a precise review of consumer feedback cannot be used to improve the quality of care and services for consumers. In addition, this leads to inaccurate information provided through clinical governance reporting.

The service advised that they do not always record complaints or issues in the complaints register, particularly those that do not require investigation and can be closed quickly. This leads to discrepancies in reporting data and missed opportunities for continuous improvement. The service could not demonstrate examples of what changes had taken place at the service because of consumer complaints or feedback.

The Quality Standard is assessed as Non-Compliant as two of the four specific requirements have been assessed as Non-Compliant.

**Standard 7**

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| Human resources | | Non-compliant |
| 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. | Non-compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

## Findings

Consumers advised the service delivers quality care and services when they need them and from people who are knowledgeable, capable and caring.

Consumers and representatives said staff are kind, caring and gentle and advised that they believe staff know what they are doing. The Assessment Team observed staff interactions with consumers as always kind, caring and gentle.

The service acknowledged that they are aware of workforce planning issues however further added this is across the sector and this remains a priority for continuous improvement at the service. Consumers were unable to say how this is impacting on them other than call bell wait times sometimes and general comments that staff are busy and working long hours.

While staff performance appraisals are up to date, the service was unable to demonstrate how staff feedback gathered through these processes is identified, monitored, reviewed and implemented. Education and training records are incomplete and some staff at the service have not completed some mandatory training topics.

The service was unable to demonstrate how staff have access to regular and consistent training in best practice clinical care and the service was unable to provide a training needs analysis. The service was unable to explain what training is organised through head office and what is managed at the service level. In addition, the service was unsure how the education calendar is created stating this comes from head office and the service unable to demonstrate consistent and accurate records of education.

Call bell response times have not been investigated thoroughly and/or on a consistent basis, and when discussed with management, the weekly call bell analysis data from the service was identified to be incorrect.

This compliance decision differs from the Assessment Team’s finding for Requirements 7(3)(a)(c)(e). After reviewing the service’s response to the Assessment Report, I am confident the service has demonstrated continuous improvement regarding workforce planning, ensuring the competency of staff, including ensuring their qualifications and knowledge to effectively perform their roles, and that the service will conduct regular assessment, monitoring and review of performance. Therefore, I find the service can demonstrate compliance in Requirements 7(3)(a)(c)(e).

The service has not demonstrated, at this time, that the workforce is recurrently trained to deliver the outcomes required by the Standards. Therefore, Requirement 7(3)(d) is assessed as non-compliant.

The Quality Standard is assessed as Non-Compliant as one of the five specific requirements have been assessed as Non-Compliant.

**Standard 8**

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| Organisational governance | | Non-compliant |
| 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. | Non-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. | Non-compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:   1. antimicrobial stewardship; 2. minimising the use of restraint; 3. open disclosure. | Compliant |

## Findings

Consumers advised that the organisation is well run and that they can partner in improving the delivery of care and services.

The service demonstrated that they engage consumers in the development, delivery and evaluation of care and services. Management advised that the service holds regular consumer/representative meetings where consumers are encouraged to raise concerns or provide feedback and suggestions for continuous improvement.

The service demonstrated their governing board promotes a culture of safe, inclusive and quality care and services. The Board reviews clinical care complaints and has initiated professional development training to support registered nurses to receive one full day of professional development training a month. The Board also promotes safe quality care for consumers through the introduction of rapid antigen testing daily for staff, contractors and visitors prior to entering the service. And, following a review of consumer acuity, and an increase of consumer care needs, the board approved additional staffing hours including a registered nurse in the service 24 hours, seven days a week.

The service, however, has not demonstrated an effective organisation wide governance system. Information systems are ineffective at capturing accurate information for incident and risk management, and serious incident responses (SIRS) have not been reported and appropriate responses provided.

Information systems are not reliable and contain inaccurate or incomplete information. Incident identification, management and reporting is not understood and completed on every occasion by staff. This impacts on the service’s ability to identify and manage incidents of high impact and high prevalence and/or SIRS.

The service was unable to demonstrate they have an adequate risk management system in place to identify, assess, respond to and monitor risks at the service. Incident forms have not been completed on a consistent basis and/or are incomplete. Analysis of incidents, strategies and interventions to minimise risk have not been appropriately identified, implemented and monitored.

While the service has demonstrated a clinical governance framework including an incident management policy and incident management procedure, this is not widely known by management or staff. While education on supporting policies to the clinical governance framework has been undertaken, staff and management practices do not accurately reflect the service’s procedures particularly in regard to open disclosure. In addition, staff have not been concurrently educated about the service’s policies and procedures and were unable to provide examples of the relevance to their work practices.

The service’s clinical governance framework also includes a policy relating to antimicrobial stewardship, a policy relating to minimising the use of restraint and an open disclosure policy. However, management and staff could not provide examples of changes made as a result of these policies at the service or explain how information is evaluated as a result of the introduction of new policies.

This compliance decision differs from the Assessment Team’s finding for Requirement 8(3)(e). I have considered the service’s response to the Assessment Report. I find that the service has demonstrated compliance in Requirement 8(3)(e), however the service has not demonstrated compliance for Requirement 8(3)(c) and Requirement 8(3)(d). This specifically relates to effective demonstration of information management, regulatory compliance, managing high impact or high prevalence risks and their effective use of an incident management system.

The Quality Standard is assessed as Non-Compliant as two of the five specific requirements have been assessed as Non-Compliant.

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-2)