Performance

Report

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| Name of service: | Riverside Gardens Nursing Care Centre |
| Service address: | 20 - 56 Riverside Drive NAMBUCCA HEADS NSW 2448 |
| Commission ID: | 0648 |
| Approved provider: | NVC Group Limited |
| Activity type: | Site Audit |
| Activity date: | 7 February 2023 to 9 February 2023 |
| Performance report date: | 30 March 2023 |

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

**This performance report**

This performance report for Riverside Gardens Nursing Care Centre (**the service**) has been prepared by MWyborn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 10 March 2023

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-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 | **Compliant** |
| **Standard 7** Human resources | **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.

**Requirements 2(3)(a), 2(3)(b), and 2(3)(e)**

The service should:

* Ensure ongoing consumer assessment and planning related to risk to consumer health and wellbeing, specifically in relation to pain management, diabetes management, unintended weight loss, falls risk, risk to consumers mental health and skin integrity and pressure injuries.
* Ensure that consumer care and services plans are routinely updated when there is a change in a consumer’s condition or needs.
* Ensure that consumer incident forms are routinely completed and that a thorough investigation is recorded to support appropriate interventions and strategies to minimise reoccurrence.

**Requirements 3(3)(a), 3(3)(b), 3(3)(d), and 3(3)(f)**

The service should:

* Ensure that consumers are receiving personal and clinical care that is best practice and tailored to their needs, particularly relating to pain management, diabetes management, skin care and restrictive practices.
* Ensure effective management of high impact and high prevalence risks associated with consumer care, specifically around wound management, weight loss, behaviour management and consumer post falls neurological observations.
* Provide routine assessment and review ofconsumer physical or cognitive function, ensuring that an appropriate response is recorded and actioned in a timely manner.
* Ensure that appropriate and timely referrals are made to relevant allied health professionals to best support consumer’s needs.

**Requirement 8(3)(c)**

The service should:

* Ensure that all policy and procedures are reviewed and updated, if necessary, to reflect current legislative requirements and best practice principles.
* Ensure all staff education, training and competency assessments are scheduled and recorded ongoing.
* Ensure effective development and education for all staff on policies and procedures which provide guidance and information to the workforce in relation to the implementation of regulatory requirements.

# 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

The service demonstrated that consumers are supported to exercise choice and to maintain their independence by making decisions about their own care and the people they want involved in their care. The service demonstrated that information provided to consumers and representatives is current, accurate and timely, as well as easy to understand and enables consumers to exercise choice. Consumers and representatives said their privacy is respected and felt their personal information was kept confidential. Staff demonstrated how they respect consumers’ privacy and the Assessment Team observed appropriate action by staff by knocking before entering consumers’ rooms, drawing curtains and closing doors before providing care, covering consumers with a towel and not discussing consumer information with anyone not involved with their care.

The Assessment Team reported matters relating to the service’s management of consumer identity, culture and diversity, as well as the service’s ongoing efforts to ensure consumers are treated with dignity and respect. Further, the Assessment Team reported on a lack of culturally safe care and service and a need for improvement in respect to ensuring each consumer is supported to take risk, if desired, to enable them to live their best lives.

In their response to the Assessment Team Report, the Approved Provider supplied information that demonstrated their plan for continuous improvement. The Approved Provider explained that the service is providing pamphlets to consumers that relate to cultural safe care and services available to them. Further, the Approved Provider explained that they are undertaking staff education to ensure that a consumers cultural needs are considered when delivering care and services. The service is updating their risk assessment form to include risk management and to ensure that management have better oversight of consumer’s who wish to engage in risk, Further, the Approved Provider explained that they are undertaking review of their risk policy and procedures to ensure their governance around risk meets the Quality Standard requirements. These response actions demonstrate appropriate measures at the service and I find the Approved Provider’s findings to be more compelling in regard to compliance for this standard, therefore, I find the service compliant in Requirements 1(3)(a), 1(3)(b) and 1(3)(d).

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 | |  |
| 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. | Non-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. | Non-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. | Non-compliant |

Findings

The service demonstrated an effective partnership with consumers and representatives to involve them in the care assessment and planning for the consumer. The Assessment Team observed that consumer assessment and planning included other organisations, individuals and providers of care and services that are involved in the care of the consumer. Consumer care files evidenced appropriate referral and involvement with relevant allied health practitioners, and consumers and representatives said they are satisfied with the service’s management in respect to partnerships.

The service demonstrated that consumer care and service records show the outcomes from consumer assessment and planning are effectively communicated to the consumers, representative. Interviews with care staff and management confirmed this, and although not all consumers or their representatives could recall receiving a copy of the care plan, they advised that they were actively involved in the care planning process and said they could get a copy if they wanted one.

The Assessment Team reported matters relating to consumer assessment and planning related to risk to consumer health and wellbeing. Specifically in care areas such as pain management, diabetes management, unintended weight loss, falls risk, risk to consumers mental health and skin integrity and pressure injuries. Further, the Assessment Team reported that consumer care and services plans are not consistently updated or reviewed when there is a change in a consumer’s condition or needs. Incident forms are not routinely completed when consumers have an incident. Additionally, management do not consistently complete a thorough investigation into the cause of the incident, therefore, relevant interventions and strategies are not implemented to minimise a reoccurrence to ensure consumer safety.

In their response to the Assessment Team Report, the Approved Provider supplied information that demonstrated their plan for continuous improvement. The Approved Provider explained that the service completed reviews of consumer assessments and plans to identify key risk areas that require mitigation. In their response, the Approved Provider explained that this process encompasses consumer clinical need, complex health needs (including palliation), hygiene preferences, as well as nutrition and hydration. The Approved Provider advised that the service conducts biannual consumer case conferencing and care reviews in order to ensure that consumers and representatives are involved in care planning on a regular basis. The response also highlighted that consumer care plans are updated periodically in accordance with current care needs, goals and preferences. Regular informal and formal discussions are held with consumers and their representatives to discuss key changes in a consumers’ medical condition.

These response actions demonstrate appropriate remediation measures have been taken and/or are in progress at the service. In weighing the evidence in respect to the Site Audit conducted from 7 to 9 February 2023, I find the Assessment Team’s findings to be more compelling in regard to compliance for this standard. Therefore, I find the service non-compliant in Requirements 2(3)(a), 2(3)(b) and 2(3)(e).

The Quality Standard is assessed as non-compliant as three of the five specific requirements have been assessed as non-compliant.

# 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. | 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. | Non-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. | Non-compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

The Assessment Team’s review of consumer files and interviews with representatives demonstrated that the service recognises and manages consumer needs, goals and preferences when nearing end of life. Staff demonstrated how they maintain consumer comfort and dignity when consumers are nearing their end of life, including providing pressure area care, pain relief and oral hygiene.

The service also demonstrated that a consumers’ condition, needs and preferences are effectively communicated among staff and with others where responsibility for care is shared. Allied health services have access to consumer electronic clinical files and can add progress notes or conduct assessments as appropriate. Representatives advised that consumer’s needs and preferences are effectively communicated between staff and advised that staff are familiar with their consumer’s care needs and are aware when care needs change. The Assessment Team observed a staff handover between shifts where consumer condition, any incidents and follow-up action was effectively discussed to best support the consumer.

In their Assessment Team Report, the Assessment Team conveyed matters relating to pain management, diabetes management, skin care and restrictive practice, as well as matters relating to management of high impact and high prevalence risks associated with consumer care. This was specifically around wound management, weight loss, behaviour management and consumer post falls neurological observations.

In their response to the Assessment Team Report, the Approved Provider supplied information that demonstrated their plan for continuous improvement. The Approved Provider explained that the service has undertaken staff education on weight loss, behaviour management and consumer post fall neurological observations. Further, the Approved Provider explained that all consumer weights will be recorded monthly, consumer behaviours will be recorded and monitored in the services’ iCare system. The Approved Provider has implemented a new psychotropic register, ensuring that this register meets the legislative requirements, and has undertaken toolbox education sessions on the importance of pressure area care, regular monitoring, and charting.

These response actions demonstrate that the service is taking appropriate measures to ensure safe and effective personal and clinical care as well as effective management of high impact or high prevalence risks. However in response to the Site Audit undertaken from 7 to 9 February 2023, I find the Assessment Team’s findings to be more compelling in regard to compliance for this standard. Therefore, I find the service non-compliant in Requirements 3(3)(a) and 3(3)(b).

The Assessment Team also reported that consumer physical or cognitive function is not consistently identified and responded to in a timely manner. The Assessment Team reported that the service was unable to demonstrate consistent effective management of standard precautions and good infection control practices, or that appropriate and timely referrals are made to relevant health professionals to best support consumer’s needs. In their response to the Assessment Team Report, the Approved Provider explained the service has provided staff education in relation to documenting all changes in consumer mental health, cognitive and physical capacity in their iCare system and highlighted the escalation process required to a registered nurse immediately when changes are identified. The registered nurse will conduct an assessment and escalate to the appropriate medical officer if required.

Further, the Approved Provider explained that the service has developed a new outbreak management plan and this is applied at the service, with toolbox education sessions for all staff, along with the organisations policy and procedure framework. The organisation is also providing eLearning sessions to all staff in relation to effective infection control within the service and the service has relocated and locked clinical waste bins as reported in the Assessment Team Report.

These response actions demonstrate appropriate actions and measures undertaken at the service and, in respect to Requirement 3(3)(g) I find the Approved Provider’s findings to be more compelling in regard to compliance for this standard. In respect to Requirements 3(3)(d) and 3(3)(f), I find the Assessment Team’s findings to be more compelling in regard to compliance for this standard. Therefore, I find the service compliant in Requirement 3(3)(g) and non-compliant in Requirements 3(3)(d) and 3(3)(f).

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

# 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

The service demonstrated that each consumer receives safe and effective services and supports for daily living. Consumers and representatives provided positive feedback about their satisfaction with living at the service and said they felt at home within the service. Consumers emphasised their satisfaction about how they are treated by staff and the meal services provided. The Assessment Team reported that services and supports for daily living promote consumer’s emotional and psychological well-being. In addition, the Assessment Team reported that the service supports consumers to have social and personal relationships, however noted that there are limited supports for consumers who are unable to participate in group activities to be engaged in meaningful and stimulating activities of interest to the consumer. In their response to the Assessment Team Report, the Approved Provider supplied information that demonstrated their plan for continuous improvement. The Approved Provider explained that the service engaged a second recreational activities officer and now maintain wider liaison with the wider community to support consumers to engage in relevant activities and to provide greater choice for consumer participation. These response actions demonstrate appropriate measures at the service and I find the Approved Provider’s findings to be more compelling in regard to compliance for this standard, therefore I find the service compliant in Requirement 4(3)(c).

Consumers and representatives advised that staff know them and their preferences. Staff effectively described ways in which they share information and are kept informed about the changing condition, needs and preferences of consumers. Care and services plans and other documentation demonstrated that information about consumers daily living needs are up to date and accurate.

The service demonstrated timely and appropriate referrals to individuals, other organisations and providers of other care and services. The Assessment Team observed timely referrals for psychological support to a counselling service, as well as other referrals important to consumers such as a hairdressing service which visits the service weekly.

Consumers and representatives advised that the meals provided by the service are satisfactory and meet their needs. Catering staff demonstrated how the dietary needs of consumers with special requirements are met. The hotel services manager was responsive to the Assessment Team’s observations and advised that the organisation is engaging the services of a dietitian in order to ensure regular review of the menu.

Equipment used to provide support for daily services was observed to be safe, suitable, clean and well maintained. The Assessment Team observed consumers wheelchairs and walkers were safe, clean and well-maintained and equipment used for lifestyle activities, including puzzles, books and bingo cards were clean.

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

Findings

The service consists of three levels serviced by two lifts. The ground floor houses the memory support unit with keypad or swipe security access. All consumer rooms are single rooms with ensuites, and each floor features a combined dining and activities area with sunrooms. The ground floor and first floor have direct access to the outdoor courtyard areas.

Consumers and representatives provided positive feedback and said they feel at home and safe at the service. The Assessment Team observed the environment to be welcoming with consumers moving independently and assisted by staff throughout the service, sitting with other consumers, watching TV, participating in group activities and spending time in the sunrooms and outdoors.

Consumers and representatives said they were satisfied with the cleanliness and felt the service was safe and well maintained. Consumer rooms and communal areas were observed to be safe, clean and comfortable. The Assessment Team sighted the emergency response plan, fire evacuation folders containing consumer details, fire safety statement, preventative maintenance schedules and records, and reports for legionella testing, pest control, thermostatic mixing valves and equipment electrical tagging were in order.

Consumers said everything in their rooms was working and they would let staff know if anything required fixing. Visual observations of the furniture, fittings and equipment appeared to be safe. Maintenance schedules were observed to be up to date and repairs attended to in a timely manner.

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

Findings

Consumers and representatives advised they feel comfortable to make a complaint or provide feedback if needed, however most consumers advised they have not needed to make a complaint. Staff explained they encourage feedback from consumers as part of their daily routine whilst providing care and services. The Assessment Team observed feedback and complaints forms, posters and brochures with aged care related information in the resident information handbook and throughout the service. In addition, a locked suggestion box is positioned at reception.

The service demonstrated that consumers are made aware of and have access to appropriate advocacy services. The Assessment Team observed advocacy service brochures and posters displayed throughout the service and information notifying consumers about how to make a complaint or access advocacy services is provided in the consumer admission pack.

The Assessment Team reported that the service was unable to demonstrate how complaints are effectively captured and appropriately responded to. Consumers and representatives said they have not received responses to their complaints and the service was unable to demonstrate that an open disclosure process is consistently applied. Further, the Assessment Team reported that the service was unable to demonstrate effective complaint trend and analysis to inform improvements to consumer quality of care and services. The Assessment Team reviewed the plan for continuous improvement and identified lacking evidence that feedback and complaints have been used for improvements.

In their response to the Assessment Team Report, the Approved Provider supplied information that demonstrated updates to their plan for continuous improvement. The Approved Provider explained that the service recognises their need for a more robust system to capture feedback and complaints and highlighted their Corrective Action Plan designed to provide clearer oversight on recording complaints, investigating, following up and closing out complaints at the service. The Approved Provider noted that their Corrective Action Plan will better support data collation and provide clearer opportunity for analysis in order to best support consumers.

The service is undertaking further education with all staff on their Open Disclosure Policy and have undertaken immediate review of their policy and procedures related to open disclosure. This includes reviewing and better implementation of their iCare system, information regarding open disclosure provided to consumers in admission packs, the service’s complaints folder that overseen by service management, and the service’s incident management framework particularly in relation to serious incident response scheme (SIRS) notifications.

These response actions demonstrate appropriate measures at the service and I find the Approved Provider’s findings to be more compelling in regard to compliance for this feedback and complaint management at the service. Therefore I find the service compliant in Requirements 6(3)(c) and 6(3)(d).

The Quality Standard is assessed as compliant as four of the four specific requirements have been assessed as compliant.

# 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

Consumers and representatives consistently reported to the Assessment Team that all staff are kind, caring and respectful. Consumers spoke highly of the kindness of staff and the Assessment Team observed staff interacting in a kind and caring manner towards consumers.

The Assessment Team reported matters relating to workforce planning, competency, training and performance appraisal. This included the services inability to demonstrate that sufficient staff are deployed to meet consumer need, that staff are appropriately trained in consumer incident management and best practice clinical care, or that staff training and education is ongoing and that staff performance appraisals are conducted on a regular basis and effective records are maintained.

In their response to the Assessment Team Report, the Approved Provider supplied information that demonstrated their plan for continuous improvement. The Approved Provider explained regular staff education meetings are scheduled and led by the Clinical Care Coordinator on topics including effective communication between staff and consumers and supporting consumers with mental health. The Approved Provider explained that the service provides staff with Certificate III qualifications and traineeships with a focus on practical application to support consumers. This is delivered via the service’s own registered training organisation. The Approved Provider supplied information to support their eLearning modules on serious incident response scheme (SIRS) and anti-microbial stewardship and highlighted that ongoing and regular eLearning is provided to staff and registered staff access relevant training via Practi. In their response to the Assessment Team Report, the Approved Provider supplied their education records spreadsheet, education attendance records for antimicrobial stewardship and SIRS, as well as the services staff performance appraisal report. Although the appraisal report indicates a number of staff appraisals are yet to be returned, it highlights that appropriate assessment, monitoring and review is undertaken at the service.

These response actions demonstrated appropriate measures at the service in relation to workforce and I find the Approved Provider’s findings to be more compelling in regard to compliance for this standard. I find the service compliant in Requirements 7(3)(a), 7(3)(c), 7(3)(d) and 7(3)(e).

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

# 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. | 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. | 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

In their Assessment Team Report, the Assessment Team reported matters relating to organisational governance, including the organisation being unable to demonstrate that consumers are engaged in the development, delivery and evaluation of care and services, or that an inclusive culture is present with effective governance systems around information management, continuous improvement, finances, workforce, regulatory compliance and complaints. The Assessment Team reported that the organisation’s policies and procedures have not been reviewed or updated to ensure legislative compliance, including those related to elder abuse and restrictive practices. Further, the Assessment Team reported that an education matrix was not available or competency assessments for staff. The Assessment Team reported that the organisation was unable to demonstrate implementation of best practice and regulatory requirements for an effective incident management system, or demonstrate sound knowledge about restrictive practices, minimising the use of restraint or open disclosure.

In their response to the Assessment Team Report, the Approved Provider supplied information that demonstrated their plan for continuous improvement. The Approved Provider explained regular feedback and engagement with consumers via consumer group meetings, including resident and relative meetings, food focus group meetings, consumer activity meetings, having consumers involved in performing service audits, case conferences, care plan assessments, etc all form engagement opportunities and allow the organisation to ensure a culture of safe, inclusive and quality care. The Approved Provider advised that their continuous improvement plan is reviewed weekly by the Executive team, and their information management governance principles ensure that the right staff member has secure access to the information they require to effectively perform their role.

The organisation ensures the management team monitor regulatory compliance and are responsible for communicating changes and updates to staff. The organisation subscribes to the Aged and Community Care Providers Association (ACCPA) and conducts weekly online searches of the Aged Care Quality and Safety Commission, legislative sites, food authority, best practice authorities such as Dementia Australia, palliative care, Diabetics Australia, and NSW/ACT Health. Changes and updates to regulatory compliance are communicated to staff via email, online policy updates, a dedicated change folder, staff toolbox sessions and workshops as well as a monthly staff newsletter.

In their response, the Approved Provider explained that the service’s Outbreak Management Plan is being reviewed until May 2023 and in the interim the NSW Guidance for Residential Aged Care Facilities on the Public Health Management of Acute Respiratory Infections document is being used. Further, the Approved Provider explained that the infection prevention and control (IPC) lead is tasked to conduct regular audits on the use of antibiotics, antifungals and antiviral usage, and this data is cross checked against diagnosed infections, long term infections or multi resistant organism infections. In addition, a medication management review is undertaken by the IPC Lead, Pharmacists and Medical Officers, which include the number of antimicrobials used, avenues to reduce their usage, and the risks involved in over usage of antimicrobials. The Approved Provider explained that their Open Disclosure Policy adopts different terminology however the organisation has undertaken education for all staff about open disclosure and continuous follow up will be undertaken as per the service’s plan for continuous improvement.

These response actions demonstrate appropriate measures at the service in relation to organisational governance and I find the Approved Provider’s findings to be more compelling in regard to compliance for organisation governance. I find the service compliant in Requirements 8(3)(a), 8(3)(b), 8(3)(d) and 8(3)(e). However, I find Assessment Team’s findings to be more compelling in relation to effective organisation wide governance systems, and find the service non-compliant in Requirement 8(3)(c).

The Quality Standard is assessed as non-compliant as one 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-1)