Performance

Report

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| Name: | RM Begg |
| Commission ID: | 3276 |
| Address: | 27-35 Epping Street, KYNETON, Victoria, 3444 |
| Activity type: | Site Audit |
| Activity date: | 26 March 2024 to 28 March 2024 |
| Performance report date: | 3 May 2024 |
| Service included in this assessment: | Provider: 3069 Respect Group Limited  Service: 2034 RM Begg |

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 RM Begg (**the service**) has been prepared by P. Wallner, 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, consumers/representatives and others.
* The provider’s response to the assessment team’s report received 25 April 2024.
* Other information held by the Commission.

# 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

This Quality Standard is assessed as Compliant as 6 of the 6 Requirements have been assessed as Compliant.

Consumers and representatives said they were treated with dignity and respect and their identity, culture, and diversity was valued, in line with the service’s diversity policy. Staff described consumers’ diverse backgrounds and explained how this influenced their care. Care planning documents used respectful language and reflected consumers’ identity, culture and diversity.

Consumers and representatives described how staff valued consumers' culture and background and provided care that was consistent with their culture and preferences. Staff described how they respected and supported consumers’ culture and care preferences. Care planning documents detailed consumers’ cultural background and specific personal care preferences, which aligned with consumer and representative feedback. The service had a diversity policy setting out the service’s commitment to providing culturally safe care and services.

Consumers and representatives confirmed they were supported to maintain their relationships of choice, and their independent choices about their care and services were respected by staff. Staff described how they supported consumers to make choices, maintain their independence, and engage in relationships of their choosing. Care planning documents recorded consumers’ independent choices about their care delivery, who was involved in their care, and the relationships that were important to them. The service had policies and procedures in place to guide staff practices regarding consumer dignity and choice.

Consumers and representatives described how the service supported consumers to take risks, to live the life they wanted. Management and staff were aware of the risks taken by consumers, and said they supported each consumer to live the way they chose by understanding risks and ensuring risk mitigation strategies were in place. Care planning documents evidenced risk assessment, discussion, and documentation of risks prior to consumers’ commencing the activity.

Consumers and representatives confirmed they were kept well informed through written and verbal communication. Staff and management described the various ways current information was provided to consumers in line with their needs and preferences. Information about activities and events was clearly displayed on whiteboards and printouts in communal areas and was communicated in alternative ways to consumers with sensory impairment.

Consumers said their privacy was respected, and their personal information was kept confidential. Staff and management described practical ways they respected the personal privacy of consumers and kept their personal information confidential. The service had documented policies and protocols in place to protect consumer privacy and staff practices aligned to these protocols.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives expressed satisfaction with the assessment and care planning processes. Staff described how the assessment and care planning processes informed the delivery of safe and effective care and services, including the consideration and management of risks to each consumer. Care planning documents demonstrated assessment and care planning considered risks to consumers’ health and well-being and informed the delivery of safe and effective care and services.

Consumers and representatives described how assessment and planning identified and addressed consumers’ current needs, goals and preferences, including advance care and end of life planning, if the consumer wished. Staff described how they ensured assessment and care planning captured consumer’s current needs and preferences, and how they approached conversations around end of life care planning. Written policies and procedures informed staff practice in relation to assessment and care planning.

Consumers and representatives said they were closely involved in the assessment and planning of care to ensure that their needs and choices were met. Management and staff outlined how assessment and planning of care was done in partnership with consumers and others they wished to involve in their care. Care planning documents evidenced regular care plan evaluations and input from a range of external providers such as medical officers, dietitians, physiotherapists, and speech pathologists.

Consumers and representatives said the service regularly communicated any changes relating to their care and services and staff explained things to them, if needed. Management and clinical staff described how they effectively documented and communicated the outcomes of assessments to consumers and their representatives and offered copies of care plans.

Consumers and representatives confirmed care and services were reviewed regularly, and when changes occurred. Care planning documents showed monthly consumer of the day reviews, and reviews when circumstances changed, or incidents impacted on the needs, goals, or preferences of the consumer. Management and staff explain the process for when scheduled review of care plans should occur however, it was noted the 3-monthly care plan evaluations were not always completed.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers and representatives said the personal and clinical care provided was safe, right for them and met their individual needs and preferences. Management and staff described how they delivered safe and effective personal and clinical care, tailored to the needs of consumers. While some gaps were identified in relation to photographing wounds and incomplete behaviour support plans, management provided additional explanation around these issues. Care planning documents evidenced safe and effective personal and clinical care consistent with consumers’ stated needs and preferences.

Consumers and representatives said the service was effectively managing risks to consumers' health. Management identified the high impact and high prevalence risks to consumers and explained how they were managed effectively. Care planning documents showed individual risks to consumers had been considered and effective risk mitigation strategies had been put in place.

Consumers and representatives expressed satisfaction with the end of life care provided by the service. Care planning documents evidenced discussions with consumers and representatives regarding palliative and end of life care. Staff described how they provided palliative care and maximised the comfort and dignity of consumers towards the end of life. The service had policies and procedures to guide staff practice in the delivery of end of life care.

Consumers and representatives said the service recognised and responded appropriately to deterioration or changes in consumers’ condition in a timely manner. Staff described how they monitored for signs of change or deterioration in consumers’ condition and responded promptly. Care planning documents recorded the identification and response to deterioration or change in consumer’s condition.

Consumers and representatives said staff worked effectively together to meet consumers’ care needs and preferences, and they did not have to repeat themselves when staff changed over. Staff described how current information about consumers’ needs, conditions, and preferences was documented and communicated within the service, and with others involved in providing care. Care plans and handover documentation contained adequate information to support safe and effective personal and clinical care.

Consumers and representatives said consumers had access to a range of health professionals and referrals were timely and appropriate. Management and clinical staff described how they referred consumers to other providers of care and services when needed. Care planning documents showed the involvement of other health professionals, when needed. The service had written policies and procedures in place to guide staff in making referrals.

Consumers and representatives expressed satisfaction with the service’s cleanliness and infection control practices, including the management of COVID-19. The service had 2 infection prevention and control leads who had completed the training. Staff were observed following the infection control procedures set out in the service’s written policies and procedures.

# 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

This Quality Standard is assessed as Compliant as 7 of the 7 Requirements have been assessed as Compliant.

Consumers said they received the services and supports for daily living they needed to allow them to engage in activities of interest. Management and staff described how they partnered with consumers and representatives to conduct lifestyle assessments to identify consumer's needs, goals, and preferences for daily living. Consumers were observed participating in activities and the schedule of lifestyle activities was displayed around the service.

Consumers and representatives said the service promoted their emotional, spiritual and psychological well-being, and staff supported consumers when they were feeling low. Staff described how they recognised changes in consumers’ mood and described how they supported their emotional, social and psychological well-being.

Consumers and representatives said consumers were supported to participate in their community, keep in touch with people who were important to them, and do things of interest. Staff described how they assisted consumers to participate in their community, inside and outside the service. Care planning documents aligned with the information provided by consumers, representatives and staff regarding consumers’ involvement in their community and maintaining their personal and social relationships.

Consumers said information about their condition, needs and preferences was communicated effectively within the organisation and with others responsible for providing services and supports. Staff explained how they documented current information about consumers in the electronic care management system and communicated at shift handovers. Care planning documents provided adequate information to support safe and effective services and supports for daily living.

Consumers and representatives said they were supported by other providers of care and services, when appropriate. Care planning documentation identified referrals to other organisations and services. Staff described consumers who used other providers of care and services and detailed the process for making referrals which aligned with the service’s policies and procedures.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of meals, and confirmed they could provide feedback about the food, which is acted upon by management. Staff were aware of consumers’ dietary needs and preferences and described how they ensured each consumers’ choices were met in accordance with their dietary documentation. Meal service in all dining areas was punctual and well-coordinated, with staff providing supervision and assistance, as needed.

Consumers reported having access to safe, clean, and suitable equipment to support their daily living activities. Staff describes the processes in place to keep equipment safe, clean, and well maintained. The equipment was observed to be safe, suitable, clean, and well maintained.

# 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

This Quality Standard is assessed as Compliant as 3 of the 3 Requirements have been assessed as Compliant.

Consumers and representatives said the service environment was welcoming, easy to understand and made them feel at home. Consumers said they could personalise their rooms and had a say in the design of the environment. Management and staff described features of the service which created a sense of belonging, independence, interaction, and function. The service environment was observed to be welcoming, well lit, with wide corridors, level flooring and handrails.

Consumers and representatives expressed satisfaction with the cleanliness and maintenance of the service, and confirmed they could move around freely, both indoors and outdoors. Cleaning and maintenance staff described documented systems in place which were effective in keeping the service clean and well maintained. The service environment appeared clean and well maintained and consumers were freely accessing areas inside and outside of the service.

Consumers and representatives confirmed the furniture, fittings and equipment were cleaned and maintained regularly. Staff described their role and the processes in place for cleaning and maintaining the equipment, furniture, and fittings. The furniture, fittings and equipment appeared to be safe, clean and well maintained.

# 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

This Quality Standard is assessed as Compliant as 4 of the 4 Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement 6(3)(c) was Not Met. While the organisation had a complaint register, the Site Audit identified gaps in the recording of complaints on the register, which could result in complaints not being addressed. Evidence brought forward included:

* While some consumers and representatives said the service responded appropriately to their complaints, 3 consumers and representatives described how complaints they had raised had not been appropriately resolved or logged into the complaints register at the time they were raised.
* Management advised there were several systems where feedback and complaints could be documented such as meeting minutes and the electronic care management system. Management acknowledged not all complaints had been captured on the complaints register which could result in complaints not being addressed in line with their feedback and complaints policy.
* Management explained they had converted from a paper-based complaint register to an electronic complaint register in December 2023, which had impacted on the recording of complaints.
* On day 2 of the Site Audit, management demonstrated the 3 complaints were recorded on the complaints register and a Plan for Continuous Improvement Plan action was created to address the gaps identified in relation to recording and responding to complaints.

The provider’s response received 25 April 2024, acknowledged that the service’s complaint register did not record all feedback and complaints, and provided additional information in relation to the improvement actions already taken and planned. The provider advised:

* The 3 unrecorded complaints have all been documented and resolved to the satisfaction of the complainants, at the time of the Site Audit.
* Additional staff and consumer/representative education around the feedback and complaints process will be provided.
* An apology will be provided to all consumers and representatives at the next consumer meeting in May 2024.
* Information on the complaints process will also be provided during this meeting and will become a standing agenda item moving forward. Consumers and representatives will continually be encouraged to raise concerns, which will be captured and resolved to their satisfaction in accordance with the service’s policy.

I note the service acknowledged there was scope for improvement in relation to the recording and responding to complaints during their transition to a new system. I consider the improvement actions already taken and planned by the service, will ensure that complaints are documented and acted on appropriately. Therefore, on the balance of the evidence before me, I find Requirement 6(3)(c) Compliant.

I am satisfied the remaining 3 Requirements in Standard 6 are Compliant.

Consumers and representatives described ways they could provide feedback or make complaints, and said they felt safe doing so. Management and staff explained how they encouraged and supported consumers and representatives to make complaints through mechanisms such as feedback forms, consumer meetings, directly to staff or management, and electronic channels. The service displayed pamphlets and information to ensure consumers and representatives were aware of the various ways they could provide feedback and complaints.

Consumers knew how to access advocacy and language services and other methods for raising and resolving complaints. Management and staff knew how to support consumers to access advocacy and interpreter services, if required. Information about advocacy, language and external complaint services was readily available around the service.

Consumers and representatives expressed satisfaction with how the service reviewed complaints and used them to improve the quality of care and services. Management and staff provided examples of improvement actions taken as a result of feedback and complaints. The service’s Continuous Improvement Plan confirmed that feedback and complaints were being used to improve the quality of care and services.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

The Assessment Team recommended Requirement 7(3)(a) was Not Met. While some consumers and representatives expressed satisfaction with the number of staff and the speed of care delivery, other consumers and representatives expressed concerns about staffing levels. Evidence brought forward included:

* Most consumers and representatives interviewed expressed concerns regarding staffing levels and the use of agency staff however, most could not identify any negative impacts on their care and services.
* Some staff members expressed concerns about staffing levels and the use of care staff to backfill vacant cleaning staff shifts. Management advised they were sourcing an external cleaning agency to ensure other staff were not diverted to cleaning duties.
* Staff did not appear to be rushed when providing care to consumers.
* Management described how the workforce was planned around the care needs of consumers and detailed the strategies to manage unplanned leave and recruit more staff.
* Rosters and workforce documents showed numerous unfilled shifts and a large reliance on agency staff. The service had a registered nurse onsite 24/7.
* The service had recently conducted an extensive recruitment drive, resulting in 8 full time care staff being recruited, with 6 new staff members being onboarded.
* The service’s call bell system could not generate reports on the average call bell response times. Management had self-identified this issue and advised they were currently sourcing another call bell provider.
* Management showed a Continuous Improvement Plan entry dated March 2024, to bolster the workforce and minimise the use of agency staff. Actions included reviewing the master roster against assessed care needs, recruiting more staff, recruiting a permanent manager, and booking agency staff in advance, to the extent possible.

The provider’s response received 25 April 2024, acknowledged the feedback around staffing adequacy and the use of agency staff, and detailed the continuous improvement actions, already taken and planned, to address the issues. The provider advised:

* The current reliance on agency staff to ensure sufficient staff numbers was being addressed.
* Since the Site Audit, approximately 80 vacant shifts within the master roster have now been filled permanently. This significant reduction has been a combination of additional staff recruited and current permanent part-time staff increasing their contracted hours.
* The organisation has instated a recruitment specialist role to further recruit staff and to significantly reduce the need to utilise agency staff.

I note the Site Audit found Standards 3 and 4 to be met and the service had already identified staffing as an issue, and initiated improvement actions which were proving effective. I consider the improvement actions already taken, and planned, to be reasonable and expect their ongoing implementation will achieve an adequate number and mix of staff. Therefore, on the balance of the evidence before me, I find Requirement 7(3)(a) Compliant.

The Assessment Team recommended Requirement 7(3)(d) was Not Met. Most consumers and representatives interviewed expressed dissatisfaction with the quality of care delivered by some agency staff working at the service. Evidence brought forward included:

* Most consumers and representatives interviewed expressed concerns around the high use of agency staff and said they lacked the training and skills to deliver quality care and services.
* Management described how they were building a regular workforce to ensure consumers were attended by regular staff members who knew them and were trained to meet consumer’s individual needs.
* Management showed a Continuous Improvement Plan entry dated March 2024, to ensure that agency staff were suitably skilled and knowledgeable and were given sufficient orientation and supervision, to meet consumers’ care needs.
* On 28 March 2024, management emailed staff reminding them to complete a range of mandatory education modules.

The provider’s response received 25 April 2024, acknowledged the feedback from consumers and representatives in relation to agency staff lacking the training and skills to deliver quality care and services. The provider detailed the continuous improvement actions, already taken and planned, to address the issues.

* The organisation has instated a recruitment specialist role to further recruit staff and to significantly reduce the need to utilise agency staff.
* Since the Site Audit, approximately 80 vacant shifts within the master roster have now been filled permanently. This significant reduction has been a combination of additional staff recruited and current permanent part-time staff increasing their contracted hours.
* The service has reinforced the need for agency staff to undertake an induction program and work buddy shifts, and for only agency staff familiar with the service to fill vacant shifts.

I note the Site Audit found Standards 3 and 4 to be met, and that the service had already identified the use of agency staff as an issue and had initiated improvement actions which were proving effective. I consider the improvement actions already taken, and planned, to be reasonable and expect their ongoing implementation will achieve a suitably recruited, trained and equipped workforce. Therefore, on the balance of the evidence before me, I find Requirement 7(3)(d) Compliant.

I am satisfied the remaining 3 Requirements in Standard 7 are Compliant.

Consumers and representatives said staff were kind, caring, respectful and gentle. Staff were familiar with each consumer’s needs and identity and were observed interacting with consumers in a positive and caring manner. The service had various policies and procedures to guide staff practice and behaviour.

Consumers and representatives said staff were skilled and competent in their roles. Management described how they determined if staff were competent to perform their role and the mandatory training staff were required to complete. Staff expressed confidence in the training provided has equipped them with the knowledge to carry out care and services for consumers and could describe their responsibilities. The service has documented core competencies for distinct roles, in line with documented position descriptions.

Management detained how the performance of staff was regular assessed, monitored and reviewed, through formal and informal mechanisms. Staff said management supported them through performance reviews and provided them with opportunities for improvement. Management described how the performance of staff was monitored through annual formal performance appraisals and informal monitoring and discussions. The service had a suite of policies, procedures and training related to the management of staff performance.

# 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

This Quality Standard is assessed as Compliant as 5 of the 5 Requirements have been assessed as Compliant.

Consumers and representatives said they were actively engaged in the development, delivery and evaluation of care and services. Management described a variety of mechanisms in place to ensure consumers and representatives had input into the operation of the service and the care and services provided. Documents confirmed consumers and representatives were involved in the delivery and evaluation of care and services.

Management described the organisational structures and how the Board was accountable for the delivery of safe, inclusive, and quality care and services. Meeting records and reports showed the Board had effective oversight of the service and was accountable for promoting a culture of safe, inclusive, and quality care and services in accordance with the Quality Standards.

The organisation demonstrated effective documented governance systems in place relating to information management, continuous improvement, financial governance, workforce governance, and feedback and complaints. Management and staff were aware of the governance arrangements and the related policies and procedures. The Assessment Team identified some gaps in relation to workforce governance, and feedback and complaints which have been considered under Requirements 6(3)(C) and 7(3)(a).

The organisation demonstrated they had effective risk management systems and practices related to managing high-impact or high-prevalence risks to consumers, preventing and responding to abuse and neglect, supporting consumers to live their best lives, and managing and preventing incidents. Staff could provide examples of how risks were effectively managed and were guided by policies and procedures and related training.

The service had a documented clinical governance framework that included policies, procedures and staff training in minimising restrictive practices, antimicrobial stewardship, and open disclosure. Management and staff described their roles within the clinical governance framework and understood their specific responsibilities.

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)