Performance

Report

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| Name of service: | Royal Freemasons Bendigo |
| Service address: | 61 Alder Street KANGAROO FLAT VIC 3555 |
| Commission ID: | 4558 |
| Approved provider: | Royal Freemasons Ltd |
| Activity type: | Site Audit |
| Activity date: | 20 June 2023 to 23 June 2023 |
| Performance report date: | 31 July 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 Royal Freemasons Bendigo (**the service**) has been prepared by D. Fekonja, 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.
* Royal Freemasons Bendigo was found non-compliant with requirements 2(3)(b), 2(3)(c), 2(3)(e), 3(3)(a), 3(3)(b), 3(3)(c) and 7(3)(a) following an Assessment Contact conducted 23 to 25 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 | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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

# Areas for improvement

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

# Standard 1

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

Findings

Consumers and representatives are satisfied they are treated with dignity and that their identities are respected and that their cultural and spiritual needs are met. Staff are aware of consumers’ individual choices and characteristics and support them to participate in their chosen activities. Care planning documents describe consumers’ individual requirements. Special occasions such as consumers’ birthdays, relevant religious and national holidays are celebrated at the service with consumers according to their preferences.

Consumers and their representatives said the service supported the consumers to exercise their own choice, independence, and decision-making about how care and services are delivered to meet their needs. The service assisted consumers to maintain relationships with friends and families including supporting one consumer to travel interstate to visit their family.

The service supports the consumers to take risks to optimise their quality of life. This includes being supported to smoke cigarettes and eat foods that pose a risk to their well-being. Consumers and representatives confirmed the service consults with them about the risks involved in these activities and obtains their consent. Care plans evidenced the process of consultation and decision-making, in accordance with the service’s procedures for identifying and managing personal and clinical risks and assessing consumer safety.

The service provides current, accurate and timely communication to consumers and representatives. Consumers are provided with information including a monthly newsletter that provides updates and provides information on planned events. Consumers confirmed that they are informed of the meals, events occurring at the service and activities for the week through posters displayed on noticeboards, the monthly lifestyle schedule displayed in their rooms and announcements over the public address system to advise activities are commencing.

Staff demonstrated an understanding of the practice of supporting consumers’ privacy and maintaining the confidentiality of information. Observation of staff practice by the Assessment team shows the privacy of consumers is always respected. This is done by knocking on doors and seeking permission to enter consumer rooms and ensuring consumer information is kept protected.

Based on the information provided in the Assessment team report I find the service compliant with this Quality Standard.

# 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

The service was found non-compliant with Requirements 2(3)(b), 2(3)(c) and 2(3)(e) following an Assessment Contact conducted from 23 to 25 August 2022.

In relation to 2(3)(b), at the time the service did not demonstrate assessment and planning were effective for all consumers’ current needs, including consumers at the end of life. The service has implemented improvements to correct the identified deficits. This includes:

* Conducting care plan case conferences for all consumers at the service.
* The organisation’s ‘resident of the day’ program has been reviewed, and a new schedule implemented at the service to ensure reviews are conducted in a timely manner and in accordance with the organisation’s process.
* Providing education to staff on palliative care and how to write care plan.
* The organisation’s assessment and documentation process has been updated to ensure respite consumers staying at the service for longer than 3 weeks have all assessments automatically generated at day 22, to ensure all care plans are reflective of ongoing care.

During the Site Audit conducted from 20 to 23 June 2023, the service demonstrated assessment and planning identifies current consumer needs and includes advance care planning and end-of-life planning. All consumers reviewed were found to have current care plans in place, and all consumers and/or their representatives are satisfied that assessment and planning at the service consider current consumer needs. Consumers and/or representatives confirmed they have been encouraged by the service to document their wishes in relation to end-of-life care.

In relation to 2(3)(c) in August 2022, the service was unable to demonstrate that assessment and planning always involved the consumer and/or their representative, in line with their expectations. Partnership and consultation did not consistently occur on entry to the service.

The service has implemented improvements to correct the identified deficits. This includes:

* Care plan case conferences have been conducted for all consumers and involved interviews with the consumers and with families where relevant.
* Staff have been provided with education regarding how to update families following allied health input, and ‘resident of the day’ reviews.

During the Site Audit conducted from 20 to 23 June 2023, consumers, representatives and staff confirmed ongoing partnerships with the consumer and/or representatives were enabled via consumer and representative interviews, staff interviews, and documentation review. All consumers and representatives interviewed indicated they are involved in the assessment and the planning of consumer care. Clinical staff said consumers and families are consulted, and this partnership was reflected in care plans and other documentation. The involvement of other services and professionals was evident throughout consumer clinical files and their recommendations were incorporated into care plans.

In relation to 2(3)(e) in August 2022, the service was not consistently reviewing care and services when circumstances changed or following an incident and did not reflect the consumers' current care needs.

The service has implemented improvements to correct the identified deficits. This includes:

* Care plan case conferences have been conducted for all consumers at the service.
* The organisation’s Resident Of the Day (ROD) program has been reviewed, and a new schedule implemented at the service to ensure reviews are conducted in a timely manner and in accordance with the organisation’s process.
* The clinical care manager makes themselves available to assist staff across the service when they require it.

During the Site Audit conducted from 20 to 23 June 2023, a review of clinical documentation for consumers demonstrated regular review of care and services is conducted via 3-monthly ROD reviews and in response to incidents and consumer requests. Consumers and/or their representatives confirmed regular reviews are occurring. There is a policy in place to guide staff and the online clinical system prompts re-assessment in response to incidents.

In relation to the remaining Requirements in this Quality Standard, the service has a policy to guide staff on assessment processes pertaining to consumers new to the service and in relation to ongoing reviews. Consumer files evidenced initial and ongoing assessment, including in relation to high-risk areas such as falls, swallowing, skin integrity, and changed behaviours.

An interim care plan is developed within 72 hours for consumers new to the service. Information to inform this care plan is taken from the consumer and/or their representatives, and available documentation such as the consumer’s health care summary. Charting is commenced to inform the development of a more comprehensive holistic care plan. Consumers and representatives said they are updated regarding any issues or changes to care needs, and they receive a copy of the care plan.

Based on the information included in the site audit report, I am satisfied the service has made the necessary improvements in relation to the deficits identified at the previous site audit and find the service compliant with all requirements under this Quality Standard.

# 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

The service was found non-compliant with Requirements 3(3)(a), 3(3)(b) and 3(3)(c) following an Assessment Contact conducted from 23 to 25 August 2022.

In relation to 3(3)(a) the service at the time did not always provide safe and effective personal care and/or clinical care to consumers, particularly in relation to pain, medication management, wound and pressure area care, and end-of-life care. Restrictive practices were also not effectively managed as per the service’s policy and procedure.

The service has implemented improvements to correct the identified deficits. This includes:

* The engagement of an external wound consultant to work with clinical staff to ensure all wounds are monitored in accordance with organisational processes.
* The registered nurse now oversees repositioning to ensure pressure injuries are always considered.
* All consumers with pressure injuries were reviewed by the physiotherapist for air mattresses.
* Pain charting was commenced to ensure appropriate intervention and management.
* Risks were and continue to be reviewed for consumers subject to restrictive practice, to ensure an appropriate care plan is in place that supports consumer care choices and goals.

The service has introduced a morning meeting for clinical staff to review any gaps in practice that have been identified. Staff said the appointment of clinical care coordinators has allowed nursing staff more time to provide clinic care to consumers.

During the Site Audit conducted from 20 to 23 June 2023, the Assessment team found the service is providing safe and effective personal and clinical care, which is best practice, tailored to consumer needs and optimises health and well-being. best practice, tailored to consumer needs, and optimises health and well-being. Consumers and/or their representatives were satisfied with the wound care provided, their pain management, and the use of restrictive practices. Staff demonstrated an understanding of consumer care needs which aligned with consumer care plans. Documentation review evidenced minimal use of restraint within the service and minimal use of ‘as needed’ (PRN) psychotropic medications. The Assessment Team provided a number of examples supporting their findings in relation to this requirement.

In relation to 3(3)(b), the service was not consistently managing high-impact or high-prevalence risks, particularly pertaining to medications, falls management, blood pressure monitoring and behaviour management.

The service has implemented the following improvements to correct the identified deficits.

* Training has been provided to staff across a range of areas, including wound care.
* The service’s medication management policy and falls policies were distributed to staff.
* Medication incidents have been investigated and management has spoken to staff involved and education provided. If trends are identified in relation to members of staff involved in medication incidents, these will be further investigated.
* A medication self-administration assessment was attended to for a named consumer.

During the Site Audit conducted from 20 to 23 June 2023, the service demonstrated it is effectively managing high-impact risks associated with consumer care. There were no medication incidents identified. Interviews with consumers and representatives by the Assessment Team along with a review of clinical documentation, confirmed, the service is effectively managing falls, diabetes, changed behaviours, oxygen use, dysphagia, and unplanned weight loss. Risks to consumers were comprehensively documented in clinical files and appropriate assessments were conducted as required.

In relation to 3(3)(c), the service was not consistently managing the needs, goals, and preferences of consumers nearing the end of life. A consumer nearing the end of life did not have palliative assessments, care plans or an end-of-life pathway in place, and their representative expressed dissatisfaction with the care being provided at the time.

The service has implemented the following improvements to correct the identified deficits.

* Education has been provided to staff regarding palliative care, including via a ‘palliative care month’ in November 2022 and resources available from the community palliative care team.
* The service has enrolled in the Program of Experience in the Palliative Approach (PEPA) ‘reverse program’.

During the Site Audit conducted from 20 to 23 June 2023, the service demonstrated that the needs and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised, and their dignity preserved. Review of clinical documentation for a consumer receiving end-of-life care, and documentation available for a recently deceased consumer, evidenced consideration of pain management and other comfort measures.

In relation to the remaining Requirements in this Quality Standard, staff recognise and appropriately respond to changes in consumers’ function or condition. Timely responses were noted in relation to adverse side effects of psychotropic medication, falls, wounds, and swallowing difficulties. “Stop and watch’ monitoring was evidenced via progress notes in response to a range of issues including incidents, the introduction of antibiotics, and changed behaviours.

Clinical and care staff demonstrated a thorough and up-to-date understanding of consumers’ needs and outlined this is communicated in handover meetings, via discussion with colleagues, and via care plans, progress notes, and written handovers. Information contained within clinical documentation was observed by the Assessment Team to be current and accurate.

Clinical files evidenced the involvement of a range of medical, allied health, and other professionals and services. However, some consumers were not satisfied with the consultations provided via telehealth services which is in part due to the health services not being local.

Consumers and representatives are satisfied with the measures taken by the service to minimise infection-related risks. Staff demonstrated knowledge and understanding of infection control practices to reduce the spread of infection as well as practices to promote antimicrobial stewardship. There is a full-time infection prevention and control lead (IPC) who advised the service has an antimicrobial stewardship policy and conducts infection monitoring and analysis.

Based on the information included in the site audit report I am satisfied the service has made the necessary improvements in relation to the deficits identified at the previous site audit and find the service compliant with all requirements under this Quality Standard.

# 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

Consumers said they are provided with support to optimise their independence, health, well-being, and quality of life. Lifestyle staff develop a monthly calendar of group activities based on the preferences of the consumers living within the service. Lifestyle care plans are individualised and reviewed regularly to ensure the consumers’ preferences are considered in the planned activities and individual support programs. Individual support is also provided for consumers who do not wish to participate in group activities. Ongoing evaluation of the program occurs through monthly meetings, surveys, and verbal feedback.

Care planning documentation included information on emotional, spiritual, and psychological needs and preferences. The service supports consumers with their emotional, spiritual, and psychological well-being in a variety of ways. This includes arranging for consumers to liaise with support groups, organise community visitor programs, and have representatives of various faith groups, and other organisations of importance to the consumers provide support at the service.

Consumers are also supported to participate in the community, have social and personal relationships and do things of interest to them. Consumers told the Assessment Team the staff supported them to maintain friendships and relationships both inside the service and in the wider community.

Consumers and their representatives are satisfied their needs and preferences for lifestyle and activities of daily living are communicated effectively to staff delivering their care. Staff were confident they have access to the comprehensive information they need to provide safe and effective care to consumers. Lifestyle staff have regular meetings to discuss the engagement and participation of the consumers in the planned lifestyle program.

Timely referrals are made as required to a range of services and organisations by the service. This includes community groups as outlined above but also NDIS providers, allied health professionals such as dietitians and speech pathologists.

Consumers commented favourably on the quality of the food and said there was always plenty to eat. Three consumers said the kitchen was able to provide an alternative to the set menu if they requested an alternative and the food service staff were obliging with their requests. Care planning documents reflected consumers’ dietary needs, dislikes, allergies, and preferences, and this information was also documented on the dietary forms available for food services staff. The dietitian reviewed the menu which consists of a 4-weekly rotating menu changed twice a year. Care staff were observed by the Assessment team to assist consumers with their meals in a respectful unhurried manner with food service staff serving each table of consumers with their meal choices.

Consumers who require equipment and aids for mobility and transfers are satisfied with equipment maintenance and cleanliness. The physiotherapist said they review each consumer’s mobility and transfer needs as part of their assessment and check the equipment provided is fit for purpose, and where required, recommendations are made for new equipment or repairs.

Based on the information provided in the Assessment team report I find the service compliant with this Quality Standard.

# 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 Assessment Team observed the service environment to be clean and uncluttered. There are a range of communal spaces that provide consumers with opportunities to engage together in group activities or pursue individual interests or personal quiet time. All rooms are single and have their own ensuites. The memory support unit provides an open communal space, wide corridors, and a secure courtyard area that consumers can access freely. The service has a designated smoking area as well as other seated outdoor areas for consumers to utilise.

Consumers provided positive feedback on the service environment and are encouraged to personalise their rooms. Wayfinding signage is throughout the service and there are handrails to provide support for consumers.

The maintenance system consists of preventative and reactive maintenance to ensure equipment and furnishings are safe, clean and well-maintained. Appropriate fire safety equipment was available at the designated smoking area. Cleaning staff use a checklist available on their electronic tablets to complete their daily cleaning tasks. The Assessment Team observed cleaning staff giving consumers’ rooms a full clean, which includes changing bed linen and detailed cleaning of both the bedroom and bathroom.

Based on the information provided in the Assessment team report I find the service compliant with this Quality Standard.

# 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 said they feel comfortable providing feedback and raising complaints. The service obtains feedback via various methods including face-to-face, ‘have your say’ forms located throughout the service, ‘resident and relative’ meetings, and satisfaction surveys. The Assessment Team noted there were only a few formal complaints received for the past 3 months and written complaints had been investigated with actions documented to address the issues raised.

Consumers could not confirm an awareness of the various methods available to escalate a complaint outside of the service but were satisfied with the processes available to them and had no need to escalate a complaint to an external body. Staff demonstrated an understanding of complaint escalation procedures and open disclosure and confirmed they had received training on complaints management. The Assessment Team observed displayed posters advising of external complaints procedures and how to access interpreters and advocates.

Feedback is used to inform improvement opportunities and are added to the Plan for Continuous Improvement (PCI). ‘Resident and relative’ meeting minutes reviewed by the Assessment Team demonstrated consumer feedback had resulted in improvements to care and services with management providing attendees with outcomes from feedback received at previous meetings. Improvements made include in relation to food temperature and activities.

Based on the information provided in the Assessment team report I find the service compliant with this Quality Standard.

# 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

The service was found non-compliant with Requirement 7(3)(a) following an Assessment Contact conducted from 23 to 25 August 2022. The service did not demonstrate the workforce was planned or deployed to enable the consistent delivery and management of safe and quality care and services to consumers. Consumers and representatives were not satisfied with the number of staff at the service and were dissatisfied with aspects of care being provided.

The service has implemented improvements to correct the identified deficits. These include:

* Developing contacts, programs, and procedures to increase the staffing levels at the service. These included the engagement of local tertiary education providers to investigate opportunities for work placement, extending work hours, and offering more flexible working arrangements to entice staff to adequately cover roster shortages. Other strategies included the deployment of management to the floor when shifts were not covered, and the utilisation of agency staff when available.
* Development of a comprehensive education plan.
* Organising an eCase (electronic care form platform) educator to attend the service regularly to provide one-on-one training on the completion of appropriate charts, work logs, and documentation.
* Developing a performance appraisal system with the trial of a reflective practice self-assessment.

The Site Audit conducted from 20 to 23 June 2023 reviewed actions taken following the non-compliant findings and identified increased staffing across all levels of the service, the employment of a permanent facility manager and clinical care manager and regular education and training sessions provided to staff.

Consumers are satisfied with the care and services they are receiving and staff feel there is staffing levels are much improved with roster vacancies better managed.

In relation to the remaining Requirements under this Quality Standard, the consumers are satisfied that staff are kind and caring and respectful of their wishes and they feel safe at the service. Staff confirmed they had completed mandatory training in dignity and privacy and the aged care code of conduct.

Consumers are confident that staff have the appropriate training to effectively perform their respective roles. Induction and orientation programs are provided to commencing staff including agency staff to ensure staff complete mandatory training and are supported when they commence employment at the service. A checklist is completed to ensure all requirements have been demonstrated and explained. Position descriptions that document the qualifications, training, skills, and experience required for each position.

Staff performance is monitored through consumer and representative feedback and observation of work practices to ensure staff have the required skills and knowledge to provide quality care and services to consumers. Any gaps identified are added to the education schedule or the CIP with the immediate supervisor notified of identified gaps.

The service has recently implemented a new self-assessment and reflection tool in place of annual staff performance appraisals and staff are reminded to complete the self-reflection when their appraisal is due. Staff confirmed to the Assessment Team they had completed the self-reflection tool and it had given them an opportunity to request targeted education and training.

The service has policies and procedures for guidance with staff performance management and disciplinary procedures, with the organisation’s human resources department available to assist if internal processes do not result in performance improvements.

Based on the information included in the site audit report I am satisfied the service has made the necessary improvements in relation to the deficits identified at the previous site audit and find the service compliant with all requirements under this Quality Standard.

# 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

Consumers and representatives confirmed they feel safe at the service and have opportunities for input into the development of care and services through care planning meetings with the clinical care manager, provision of feedback and suggestions, attendance at ‘resident and relative’ meetings, and completion of satisfaction surveys.

There is a hierarchical structure in place to ensure full oversight and governance by the organisation’s Board and chief executive officer (CEO). The Board is provided with monthly reports for the service’s performance against KPIs and the quarterly national quality indicators and staff, consumers, and representatives are updated on decisions made by the Board and Board sub-committees.

Following the findings of non-compliance following the Assessment Contact conducted 23 August 2022 to 25 August 2022, the organisation appointed a nurse adviser to review all care assessments, staffing and education. The Assessment Team found the organisation demonstrated effective governance systems and the application of policies and procedures ensures the delivery of care meets best practice.

The service has a Plan for Continuous Improvement (PCI) linked to the electronic care planning system. Items identified through incident investigations, SIRS incidents, serious complaint investigations, observations and audits are added to the plan. Reports on the effectiveness of actions and goals documented on the PCI are produced for reporting to key managers and the executive.

The service has an education and clinical support manager who oversees policies and procedures and updates these in line with changes to regulations and legislation. The service monitors staff understanding of regulatory compliance through monthly staff pulse surveys. Survey results found 100% of staff agreed they had received training on regulatory compliance and the new Code of Conduct for Aged Care, however consumers interviewed had no understanding of the Code of Conduct for Aged Care, which will need to be rectified.

The service assesses, identifies and monitors high-impact or high-prevalence risks and are using incident reporting and investigation to improve outcomes for consumers. Incidents are reported and investigated by clinical staff, with oversight by the CCM and quality support including the reporting of SIRS.

Staff and management demonstrated an understanding of the clinical governance framework supported by policies related to antimicrobial stewardship, minimising the use of restraint and open disclosure. Staff were able to describe how they implement strategies to minimise the use of antibiotics and restrictive practices.

Based on the information provided in the Assessment team report I find the service compliant with this Quality Standard. They will need to ensure all consumers and representatives are made aware of the changes in legislation relating to Aged Care in the future.

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)