Performance

Report

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| Name of service: | Royal Freemasons Moe |
| Service address: | 1C Haigh Street MOE VIC 3825 |
| Commission ID: | 4581 |
| Approved provider: | Royal Freemasons Ltd |
| Activity type: | Site Audit |
| Activity date: | 3 January 2023 to 6 January 2023 |
| Performance report date: | 16 February 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 Moe (**the service**) has been prepared by V Stephens, 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 approved provider’s response to the assessment team’s report received on 10 February 2023 and 14 February 2023.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **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.

* Ensure behaviour intervention strategies are individualised and trialled prior to administering as needed psychotropic medication.
* Ensure effective identification and management of choking incidents, including post‑incident review and follow up.
* Ensure staff have knowledge of consumers who may be at risk of choking and that staff are aware of individualised risk management strategies.
* Ensure effective identification and management of consumer medications.
* Ensure medication administration is monitored for side effects and effectiveness.
* Ensure medication errors and other incidents are captured in the incident management system and inform continuous improvement processes.
* Implement effective monitoring, evaluation and reporting on the use of chemical restraint.

# 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

Sampled consumers and their representatives are satisfied that staff and management treat them with respect and dignity and that their culture and diversity are valued. Staff were observed treating consumers with dignity and respect and demonstrated an awareness of individual choices and preferences. Care planning documentation for all sampled consumers was consistent with their preferences.

Consumers and their representatives were satisfied the service provides care and services that are culturally safe. Staff were able to explain and provide examples of how they support the needs of individual consumers. Sampled care planning documents described individual requirements.

All sampled consumers and their representatives stated the service supports consumers to exercise their own choice, independence and decision-making about how care and services are delivered. Staff described how they best support the decisions of consumers. Documentation reviews and observations made by assessors confirmed that staff assist consumers in maintaining relationships.

Consumers and their representatives are satisfied that the service supports consumers to participate in activities of choice, including where activities involve risk, so consumers can live the best life possible. Staff described how they support consumers to take risks by ensuring their safety. Sample documentation review demonstrates that the service has an organisational dignity, choice and diversity procedure.

Sampled consumers and their representatives are satisfied that the information they receive is current, accurate, timely and communicated clearly. Consumers and their representatives are satisfied with communication, and receive timely updates about changes or incidents that occur. Staff described how consumers are provided with information.

Sampled consumers and their representatives are confident their information remains confidential. Sampled care staff described how they maintain consumer privacy when providing care. Observation of staff practice demonstrated that the privacy of consumers is respected.

# 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

Assessors recommended Requirement 2(3)(e) was not met as the service did not consistently demonstrate regular care plan reviews occur following incidents or changes impacting consumer care needs. The service did not consistently implement pain monitoring, evaluation of interventions, or care plan review and assessment for two sampled consumers who experienced pain exacerbation and/or the onset of new pain. Assessors also found that one consumer’s skin assessment and skin care plan had not been updated to reflect current skin excoriation. In addition, care plans did not reflect relevant risk mitigation strategies for a sampled consumer who had experienced recent choking incidents. This consumer was not referred to a speech pathologist as recommended by a medical practitioner in October 2022. A referral was made following feedback from assessors while on site.

The approved provider responded to the site audit report and acknowledged that the service has not always reviewed care planning documentation as per policy. However, this deficit had already been identified and remedial action had been included in the service’s plan for continuous improvement. The approved provider submits that review of care plans had been prioritised by the service and a quarterly review process has been implemented.

In relation to pain management for one sampled consumer, the approved provider submits that other than verbal advice to assessors during the site assessment, there was no evidence that would trigger pain monitoring, intervention or further assessment. Subsequent to the site assessment, medical reviews and pain charting has occurred, and based on pain charting records submitted by the approved provider, I am satisfied this consumer’s pain has been effectively monitored and managed. In relation to a second sampled consumer’s pain management, they were reviewed by their general practitioner during the site assessment, their pain chart was evaluated and their pain care plan was subsequently updated. Based on the evidence submitted by the approved provider, I am also satisfied this consumer’s pain has been effectively monitored and managed.

In relation to a sampled consumer’s skin assessment and skin care plan not reflecting current skin excoriation, the approved provider has submitted evidence this consumer’s skin care plan was reviewed on 6 January 2023 and reflects the excoriation. I have also noted evidence in the site audit report that while skin assessment and care plans may not have been up-to-date at the time of the assessment, this did not impact the consumer.

In relation to a sampled consumer who was not referred to a speech pathologist as recommended by a medical practitioner in October 2022, the approved provider has submitted evidence that since the site assessment, this consumer has been reviewed by a speech pathologist and dietician, and their dietary care plan has been updated. While I note with concern the delay in reviewing a consumer who had experienced choking incidents, considering the totality evidence presented in this requirement, on balance, I have formed the view that this instance of delayed review is not sufficient to find non-compliance with the requirement as a whole. Accordingly, I find the service compliant with Requirement 2(3)(e).

I am satisfied the remaining requirements of Standard 2 are compliant.

All consumers and representatives sampled said they are satisfied with the care and services they receive and are confident that staff are knowledgeable in identification and management of assessed risks. Sample care documentation demonstrated completed risk assessments and risk care plans. The service demonstrated assessment processes for consumers who entered the service for respite care including ongoing care needs and newly identified risks. Assessors sighted notification alerts for risk assessments on the electronic care management system, and corresponding risk assessments are reflected in consumer care plans.

All consumers and their representatives sampled said they are confident that permanent staff are aware of and are able to provide care that is important to them, including when needs and preferences change. The majority of sampled care plan documentation reflected the current needs of consumers. Despite inconsistencies in two sampled care files relating to skin integrity and choking, assessors found changes to assessment and care planning documentation occurred after incidents or a change in consumer needs or preferences.

All sampled consumers and their representatives confirmed they are directly involved in assessments and decisions about care and services. Care planning documentation reflected ongoing collaboration between the service and consumers and their representatives, and other health professionals involved in their care. Assessors observed clinical staff speaking with consumers and providing updates on specialist appointments.

# 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. | 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

Assessors recommended Requirement 3(3)(a) was not met as the service is not consistently providing safe and effective clinical care in relation to restrictive practices and behaviour support.

The service did not demonstrate chemical restraint is administered as a last resort and only after personalised and non-pharmacological strategies are exhausted. In addition, the service did not demonstrate that required monitoring and evaluation occurs post-administration of as needed psychotropic medication. Informed consent documentation did not always include current medication management, and sampled representatives were unsure if the associated risks and benefits of as needed psychotropic medications were clearly outlined by the service. Additionally, staff did not always demonstrate awareness of individual triggers and effective behaviour support strategies for sampled consumers and also stated their capacity to provide one-on-one behaviour support is limited due to time constraints.

In its response to the site audit report the approved provider acknowledged shortcomings in the administration of psychotropic medication for consumers sampled in the site audit report. The approved provider also stated improvements have been made including ensuring documentation is completed after discussions with family members and providing training to all staff in early February 2023. While I acknowledge the remedial action taken by the provider and planned continuous improvement including future staff training, I note improvements are yet to be fully embedded and evaluated. Accordingly, I find the service non-compliant with Requirement 3(3)(a).

Assessors recommended Requirement 3(3)(b) was not met as the service is not always managing high impact or high prevalence risks in relation to medication management and dysphagia.

One sampled consumer has experienced recent choking incidents, however their increased risk of choking and mitigating strategies to reduce choking risks are not reflected in their care plan or handover sheet, nor were these incidents reported or monitored. No medical review followed these incidents, and sampled staff were unaware this consumer was at risk of choking and were also unaware of risk management strategies to prevent the consumer from choking.

Deficits in medication management resulted in the omission of administration of a sampled consumer’s antidepressant medication for 13 days, from 21 December 2022 until 3 January 2023. During that period, this consumer experienced escalated behaviours involving physical aggression. This consumer’s representative was aware of these behavioural changes and repeatedly requested staff perform a medication review. In addition, medication management inconsistencies between the electronic care management system and the medication signing system contribute to discrepancies in monitoring and evaluating medication administration, including monitoring side effects and the effectiveness of medications.

In its response to the site audit report the approved provider submitted that email updates to staff regarding service policies have been sent and additional staff training has been provided. The provider also submits that errors relating to the administration of antidepressant medication have been reviewed and rectified. In addition, a sampled consumer was referred to a speech pathologist and dietician with subsequent updates to their dietary care plan. Beyond these submissions, the approved provider’s response to the site audit report does not substantively address deficits in consumer care identified by assessors in this requirement. As such, there is no evidence before me that the identified deficits in medication management, dysphagia management, behaviour support and minimising the use of chemical restraint have been fully remediated. Accordingly, I find the service non-compliant with Requirement 3(3)(b).

I am satisfied the remaining requirements of Standard 3 are compliant.

The service demonstrated initial and ongoing consultation with consumers and their representatives in relation to advance care directives. Most sampled consumer files contained an advance care directive. Management and staff described processes for identification and the provision of palliative care and end of life care.

All sampled consumers and representatives expressed satisfaction with the service’s early identification and appropriate management of deterioration or changes in consumer health, condition, or function. The majority of sampled consumer files evidenced timely identification, assessment, monitoring, and management of general decline. Staff described examples of recognition of deterioration. Assessors observed increased monitoring, assessment, and personal and clinical care for consumers who had experienced a fall, returned from hospital, or experienced other changes in their health and well-being. Assessors also observed ‘stop and watch’ processes.

All sampled consumers and representatives expressed satisfaction with the service’s level of consultation regarding changes in assessed care needs and preferences. The electronic care documentation system demonstrated assessment, care planning, and monitoring or assessment alerts for each consumer. Staff and management described staff responsibilities in updating consumer care documentation as demonstrated in the handover process, daily clinical and safety ‘huddles,’ and 24-hour progress note reviews. Assessors observed that written handover information does not contain diagnoses and specific care needs, however, these are evident in electronic care documentation. Staff interviewed were able to explain all risks and monitoring required for sampled consumers.

Overall, sampled consumers and their representatives are satisfied with access and referral to care and services. Sample file review demonstrated appropriate and timely referrals according to assessed care needs. Staff described the service’s referral process for various health professionals and services. Although the service demonstrated delays in referrals to a speech pathologist for two sampled consumers, overall, referrals to other healthcare providers are accommodated in a reasonably timely fashion.

All sampled consumers and representatives expressed satisfaction in the service’s strategies for the prevention, control and management of infections and outbreaks. Consumer files reviewed demonstrated monitoring of acute symptoms on each shift for consumers displaying symptoms through a ‘stop and watch’ process and increased physical examination by nurses. Staff demonstrated knowledge and skills to prevent the transmission and management of infection and minimising the use of antimicrobials. Assessors observed that overall staff demonstrated effective hand hygiene and personal protective equipment use.

# 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

Sampled consumers and their representatives indicated consumers are provided with support to optimise their independence, health, well-being and quality of life. Lifestyle staff develop a monthly group activity calendar which is based on consumer preferences and feedback. Social and lifestyle care plans include individualised goals and preferences. Individual support is also provided for consumers who do not wish to participate in group activities.

Most consumers and their representatives expressed satisfaction that the emotional, spiritual and psychological well-being of consumers is supported. Staff described how consumers are supported emotionally, spiritually and psychologically, and care planning documentation contained specific information.

Sampled consumers stated the service offers services and supports that enable them to participate in the community, have relationships and do things of interest to them. Staff described how they support consumers to do the things of interest to them, participate within and outside the service environment and have social relationships. Care planning documents contained information on individual consumer interests and identified important relationships.

Consumers said their services and supports are consistent and they do not have to repeat their preferences to multiple members of staff. Staff advised consumer care and other needs are discussed internally at handovers. The service has processes and systems in place for identifying and recording each consumer's condition, needs and preferences, including when they change.

Consumer care planning documentation reflects that the service collaborates with external providers to support the diverse needs of consumers. Sampled consumers said if the service was unable to provide the support they needed, they would be confident they would be referred to an appropriate provider. Lifestyle staff said the service engages external service providers and volunteers for entertainment-based consumer activities.

The service demonstrated that a variety of meals are provided based on a seasonal menu with the oversight of a dietitian. Consumers said they receive quality meals of ample quantity. Staff were observed assisting, encouraging, and offering choices with meals during the assessment. Care planning documents note the dietary needs, dislikes, allergies, and preferences of consumers. These are communicated and displayed in the kitchen. The service has a process to gather consumer feedback on meals, and this is incorporated in the menu.

Consumers and staff were satisfied that they have access to suitable and well-maintained equipment. Consumers and staff were comfortable raising issues if equipment needed repair, knew the process for reporting an issue and said items are repaired or replaced quickly when required. Equipment used for activities of daily living were 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

Overall, sampled consumers and their representatives were satisfied with the service environment. Staff outlined aspects of the environment which support consumer independence, and planned changes to further enhance liveability and function. Assessors observed function and navigation aids, and noted the environment supports visitors.

All sampled consumers and their representatives were satisfied with the cleanliness of the service environment, maintenance of the facility, and the ability of consumers to move freely both inside and outside. Staff outlined the action they take if a hazard or maintenance need is identified, maintenance staff outlined reactive and preventative maintenance systems, and cleaners explained their cleaning schedules.

Overall, sampled consumers and representatives were satisfied that the equipment, furniture and fittings at the service are clean and well maintained. All consumers said they feel that equipment is safe and suitable for their needs. Staff explained how they assess if equipment is suitable for a consumer and the cleaning requirements for shared equipment. Assessors observed furniture and equipment to be clean and well maintained and that cleaning supplies were readily available.

# 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

Sampled consumers and representatives said they are encouraged and supported to provide feedback and make complaints. Staff explained that when a consumer or representative raises a concern or complaint, they will address issues raised if able to do so, or document the concerns, and refer the issue to management. Concerns, complaints, and compliments are logged in the service’s feedback and complaints register. Assessors viewed documents, including feedback registers and continuous improvement plans which demonstrate that feedback is encouraged from stakeholders.

Sampled consumers indicated that they did not require language services to assist them with raising complaints or providing feedback. Most consumers stated that they were aware of how to access external advocacy services. Staff described how they provide information on advocacy and complaints services to consumers. Advocacy and language service information was observed to be available at the service.

Most consumers and representatives sampled were satisfied that actions were taken to resolve issues raised. Staff and management personnel described open disclosure principles in their handling of feedback and complaints. Most consumers and their representatives consistently reported that issues they raised with staff or management were either satisfactorily resolved within an appropriate timeframe or were in the process of being addressed.

Sampled consumers and representatives who had raised concerns about care and services expressed satisfaction that issues had been addressed, and the service is undertaking improvements. Management and staff discussed how feedback and complaints result in improvements being implemented and provided recent examples. Documentation reviewed demonstrated that feedback and complaints are captured in the service’s plan for continuous improvement and include actions taken to review and improve 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

Most consumers, representatives and staff stated that staff numbers and mix are adequate. No concerns were raised regarding call bell wait times. A number of consumers commented on improvements which have been evident, however a number also said they wish the staff had more time to provide social support and would appreciate more consistency in staff. Mixed feedback regarding appropriate use of as needed psychotropic medication was provided by staff working in the Memory Support Unit, however sample file review demonstrated generic strategies are usually trialled prior to administration of psychotropic medications. Given this evidence and the strategies in use by the service to ensure sufficient staff to enable safe and quality care, on balance, the service demonstrated the number and mix of staff enables the delivery of safe and quality care and services.

Overall, consumers and representatives said most staff are respectful and kind, and that consumers feel comfortable with the staff at the service. Assessors observed staff to be respectful and gentle in interactions with consumers.

All sampled consumers are confident that staff know what they are doing, and feel safe in their care. Management outlined recruitment checks and induction processes used to ensure staff are appropriately qualified and knowledgeable to undertake their work safely and effectively. Position descriptions and induction documents evidenced a range of required skills and competencies.

All consumers and representatives sampled said they feel staff are adequately trained and are able to deliver care that meets their needs. All staff interviewed said they have access to training, including training in restrictive practices and mandatory reporting requirements. Staff could outline their responsibilities in these areas. Service management outlined the mandatory training provided and how they ensure it is completed, along with the additional, optional training which is regularly offered. Training records evidenced high mandatory training completion rates and ongoing training in a range of areas.

Sampled staff stated they have not undergone recent formal performance review. The facility manager acknowledged this issue and advised that addressing mandatory training deficits was prioritised and reinstating regular performance reviews is the service’s next priority. Records confirmed most appraisals are overdue. The facility manager outlined a range of informal processes currently used to monitor and address staff performance including frequent observational audits, regular review of progress notes by the clinical care coordinator and clinical care manager, review of complaints and incidents, and direct discussions with consumers.

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

Findings

Assessors recommended Requirement 8(3)(d) was not met as the service did not demonstrate that high impact or high prevalence risks are effectively managed. The service did not demonstrate appropriate risk management in relation to dysphagia and medication administration. Medication management inconsistencies between the electronic care management system and the medication signing system have contributed to discrepancies in the monitoring and evaluation of medication administration for two sampled consumers. In addition, medication errors were not logged in the incident management system for two sampled consumers. One consumer’s choking episodes were not assessed with consideration of risk, and risk mitigation strategies were not considered and communicated. The sampled consumer’s care plan and handover sheet did not include information regarding their high risk of choking, nor detail relevant preventative strategies.

In its response to the site audit report, the approved provider submitted that in relation to Standard 8, actions and improvements within Standard 3 demonstrate compliance and strong governance systems. However, based on my findings of non-compliance in Requirement 3(3)(a) and Requirement 3(3)(b) and the systemic nature of the non-compliance in those requirements, I find the service has not demonstrated effective risk management systems. Accordingly, I find the service non‑compliant with Requirement 8(3)(d).

Assessors recommended Requirement 8(3)(e) was not met as the service did not demonstrate its clinical governance framework ensures that the use of chemical restraint is minimised. Despite regular clinical review, it was evident that chemical restraint is not always managed in line with best practice, personalised strategies are not always employed, and chemical restraint is not always used as a last resort.

In its response to the site audit report, the approved provider submitted that in relation to Standard 8, actions and improvements within Standard 3 demonstrate compliance and strong governance systems. However, based on my findings of non-compliance in Requirement 3(3)(a) and Requirement 3(3)(b) and the systemic nature of the non-compliance in those requirements, I find the service has not demonstrated a suitable clinical governance framework which minimises the use of chemical restraint. Accordingly, I find the service non‑compliant with Requirement 8(3)(e).

I am satisfied the remaining requirements of Standard 8 are compliant.

All sampled consumers and their representatives were aware they can contribute to service development and evaluation via participation in consumer and representative meetings. Most were aware of the availability of feedback forms. Management outlined systems for engaging consumers and representatives, and documentation review confirmed their involvement.

Consumers expressed feeling safe at the service and that they live in an inclusive environment. A number of representatives said care and services have improved. The organisation has a range of documents to guide staff in the delivery of safe and quality care. Management outlined how the governing body monitors the quality of care and consumer outcomes and supports the service in its delivery of safe care and services.

The service demonstrated effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance and feedback and complaints.

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)