Performance

Report

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| Name of service: | San Carlo Homes for the Aged |
| Service address: | 970 Plenty Road SOUTH MORANG VIC 3752 |
| Commission ID: | 4351 |
| Approved provider: | San Carlo Homes for the Aged Ltd |
| Activity type: | Site Audit |
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| Performance report date: | 09 April 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 San Carlo Homes for the Aged (**the service**) has been prepared by E Blance, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

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

# Material relied on

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

* the assessment team’s report for the Site Audit; the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 17 March 2023.
* other information and intelligence held by the Commission in relation to the service.

# 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

I find this Standard compliant.

Consumers and representatives confirmed staff always treat them with respect and value the consumers’ backgrounds and identities. Staff described how they supported consumer choices and how awareness of their choices and background influenced their care and services. Management and staff could identify the culture and backgrounds of consumers and how they were supported.

Consumers and representatives confirmed that the service valued and respected their cultural backgrounds and delivered care to reflect this. Staff identified consumers from a culturally and linguistically diverse background and provide information on how they supported the wellbeing and function of those consumers. The care plans of those consumers detailed their background and what was important to them. The Site Audit report documents 137 of the 138 consumers at the service come from an Italian background and observed that multiple staff were fluent in Italian as well as others having learned basic Italian as a way to interact and engage with consumers.

Consumers and representatives stated they were given choice about when care is provided, and their choices were respected. Care planning documentation identified the consumers' individual choices around when care was delivered, who was involved in their care and how the service supported them in maintaining relationships.

Staff demonstrated an awareness of the risks taken by consumers and how supporting these risks enabled consumers to live the way they choose. Consumers confirmed they felt supported by the service to take risks that they choose. Care planning documentation identified risks to consumers were assessed by the service and reviewed regularly and managed in line with the services risk management policy.

Consumers and representatives confirmed they were provided with daily information about meals and activities as well as updates about their clinical care and service changes, some of this information was provided in both English and Italian. Kitchen and lifestyle staff explained how daily menus and activity calendars were displayed throughout the service and a copy of information was provided to consumers if they requested this. Staff described how consumers were also consulted about their activity and meal choices. Monthly activities calendars, daily menus and daily activity schedules were displayed throughout the service, including in consumers’ rooms. Staff were observed providing verbal information about meals and activities.

Consumers said they felt the service was considerate of their privacy and did not express concerns about the confidentiality of their personal information. Staff could describe the practical ways they respected the personal privacy of consumers at the service in line with the service’s dignity and respect policy. Staff said that they always closed doors and curtains before attending to the personal care of consumers and always speak to consumers in private spaces such as their room when discussing sensitive issues. Clinical and care staff said that they always kept files locked away and that they log out of computers when not in use.

In considering my decision I have placed weight on the information evidenced by the service within the Site Audit report and I find this Standard compliant.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | 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

I find this Standard compliant.

Consumers and representatives said they were involved in the care planning process. Staff and management described the assessment and care planning process, and how it informed the delivery of care and services. Care planning documentation detailed consumers’ risks that have been assessed and the strategies to reduce or eliminate those risks. Management and clinical staff described the initial assessment and care planning process when consumers were entered the service and the comprehensive and regular assessment and care planning reviews thereafter. Assessment and care planning procedures, such as the service's assessment checklist, assessment and care planning policies guided staff practice.

Consumers and representatives said assessment and planning identified and addressed the consumer’s current preferences and end of life wishes. Staff described how they approached conversations with consumers and/or their representative’s about end of life and advance care planning. Management and clinical staff described how assessments helped inform staff of consumers’ needs, goals and preferences.

Consumers and representatives said they participated in the care planning process and provided feedback to the service. Staff explained how they actively collaborated with consumers, representatives and other providers of care to ensure quality care was provided. Care planning documentation showed evidence of involvement of a range of external providers and services such as medical officers, allied health providers and specialists. Management and staff described how consumers and representatives were involved in the assessment and care planning process during the service's 2-monthly care plan review process, whenever incidents occurred or when there was a change in the consumer's care needs. Policies regarding the partnership of consumers, representatives and other care providers in the provision of care at the service guided staff practices.

Consumers and representatives said the service was effective in keeping them informed about consumers’ care and assessments. Management and clinical staff were able to describe how they effectively communicated outcomes of assessment and planning to consumers and their representatives and provided a copy of the care plan. Care planning documentation evidenced that staff updated representatives about care outcomes in-person, through telephone calls or via email.

Management and staff described how and when consumer care plans were reviewed. Consumers and representatives said that staff consulted with them when something happened which changed their health circumstances, goals or preferences and implemented changes to their care accordingly. Care plans evidenced review every 2 months, or earlier, if consumers’ health status, preferences or circumstances had changed. The service had policies and procedures which guide staff in the assessment and planning process.

In considering my decision I have placed weight on the information evidenced by the service within the Site Audit report and I find this Standard compliant.

# Standard 3

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| Personal care and clinical care | |  |
| Requirement 3(3)(a) | Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:   1. is best practice; and 2. is tailored to their needs; and 3. optimises their health and well-being. | 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

I find this Standard compliant.

Consumers and representatives confirmed they were receiving care that was safe and right for them and met their individual needs and preferences. The service demonstrated the processes in place to manage restrictive practices, skin integrity and pain were in line with best practice. Consumer files, including care plans, progress notes, medication use and monitoring charts reflect individualised care that was safe, effective and tailored to the specific needs and preferences of the consumer. The service had policies, procedures and work instructions for key areas of care including but not limited to restrictive practices, catheter management and pain management, that reflected best practice. The service was able to demonstrate that restrictive practices for consumers was aligned to requirements, with documented behaviour support plans, tailored non-pharmacological strategies and documented consent. Wound management plans and wound charts identified staff effectively managed wounds and referred consumers to other specialists if needed. Clinical and care staff could describe how they provided pressure area care to consumers such and described the importance of frequent repositioning. Care planning documentation included pain management strategies including massages, heat packs, and analgesia if pain is unable to be managed by non-pharmacological interventions.

The service described how high-impact and high-prevalence risks were effectively managed through regular clinical data monitoring, trending and implementation of risk mitigation strategies for individual consumers. Management described the high-impact and high-prevalence risks for consumers at the service. Consumers and representatives said they felt the service was adequately managing risks to consumers' health. Management described the service analyses clinical indicator data each month this report was discussed at monthly clinical governance committee meetings, and shared with the Board, to identify trends, gaps and interventions to improve clinical care at the service. Clinical staff described the importance of allied health providers involvement to assess consumers' mobility needs in the prevention of falls, and in providing the appropriate interventions.

Consumers and representatives expressed satisfaction about how the service provided care to consumers' nearing end of life. Staff were able to describe how they provided palliative care and maximised the comfort of consumers towards the end of life. Management and staff said the service provided palliative care for consumers by following consumers' care plan to ensure consumers were comfortable and provided regular repositioning, oral and eye care, regular monitoring of pain and supporting consumers' families.

Care planning documentation reflected the identification of, and response to, deterioration or changes in condition. Consumers and representatives said that the service was responsive to consumer’s care needs and staff inform them of any deterioration to their health, along with planned management strategies. Clinical and care staff were able to describe a range of signs related to deterioration and how signs related to deterioration were documented and reported to clinical staff immediately and discussed during handover.

Care planning and handover documentation provided information to support effective and appropriate sharing of the consumer’s information to support care. Consumers and representatives said the consumer’s care needs and preferences were effectively communicated between staff, and they received the care they need. Clinical and care staff were able to describe staff communication and handover processes.

Consumers and representatives said referrals were timely, appropriate and occurred when needed and that the consumer had access to relevant health professionals. Management and clinical staff described other providers of care available to consumers including but not limited to medical officers, osteopaths, dietitians, podiatrists, speech pathologists, in-reach services and palliative care services. Clinical staff described how they made referrals to other providers of care.

Consumers and representatives said they were satisfied with the service’s cleanliness, management of COVID-19 precautions and other infection control practices. Management and clinical staff were able to demonstrate an understanding of antimicrobial stewardship and provided examples of how the service minimised antimicrobial usage. Management and clinical staff were able to describe their responsibilities in relation to antimicrobial stewardship, including in conducting antibiotics use audits and discussion in meetings. Staff were observed wearing personal protection equipment, the service environment was observed to be clean and tidy, and hand sanitation bottles were observed to be placed at sanitisation stations throughout the service. Staff were observed following all infection control procedures and the service had an appointed infection prevention and control lead, who had completed the related competency training.

In considering my decision I have placed weight on the information evidenced by the service within the Site Audit report and I find this Standard compliant.

# Standard 4

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

Findings

I find this Standard compliant.

Consumers and representatives confirmed they were supported to participate in activities they liked. Management and lifestyle staff described how the service partnered with the consumer or their representative to conduct assessments which identified the consumer's individual preferences. Staff could describe what was important to specific consumers and what they enjoyed. Rosary prayer sessions were observed taking place facilitated by pastoral carers and through television broadcasts.

Consumers said their emotional, spiritual and psychological needs were supported by the service, and they could stay in touch with family or friends for comfort and emotional support. Lifestyle staff advised the consumers' emotional, spiritual, and psychological needs were supported in ways including through lifestyle staff support, religious services, and by using technology to connect with people important to them. Care staff described the importance of spiritual connection to many consumers at the service who attend church services and said they recognised when consumers were feeling low.

Consumers and representatives indicated consumers were supported to participate in activities within and outside the service, maintain contact with the people that were important to them, and do things of interest to them. Staff described how they supported consumers to participate in the community or engage in activities of interest to them. Consumers' care planning documentation aligned with the information provided by consumers, representatives and staff about their involvement in activities, the community, and maintaining personal relationships.

Consumers and representatives said the consumer's preferences, needs, and condition were effectively communicated within the service and with others who share responsibility for care. Care staff said that they conducted a handover before each shift and received updates on the electronic care management system and from clinical staff on the floor where changes regarding consumer’s conditions were provided . Care planning documentation for consumers provided adequate information to support safe and effective care as it relates to services and supports for daily living.

Staff could describe the external supports used to supplement care and services for the consumers. Consumers and representatives said they felt supported by the service and providers of other care and services. Care planning documentation and internal processes demonstrate that the service has access to a range of services and can arrange services as required to supplement the lifestyle program such as, a hairdresser on site, visiting entertainers for monthly consumer birthday celebrations, weekly bus trips for scenic drives and cafe visits, entertainers broadcasted on screens, and visiting school children from a high school Italian class to converse with consumers in Italian.

Consumers and representatives expressed satisfaction with the quality, quantity and variety of meals provided at the service and said that they were able to provide feedback and comments on the food which were acted upon. Staff described how they ensured that consumer choices were supported and arrange alternatives if the consumer wishes. Documentation was available that described the dietary needs and preferences of consumers. Consumers’ confirmed their involvement in the monthly food focus group meetings and that the service responds to requests and suggestions made during these meetings. Staff were observed describing meal choices to consumers in Italian, offering alternatives for consumers, and tables were set with condiments including olive oil and balsamic vinegar to align with consumer preferences. Management advised that they have previously received feedback about meals and have implemented continuous improvement actions to address the consumers’ input.

Consumers and representatives confirmed that there was access to equipment such as mobility aids and lifting equipment as well as resources and equipment for lifestyle activities and daily living. Staff said they had access to equipment when they needed it and could describe how equipment was kept safe, clean, and well maintained. A range of equipment, such as walkers, wheelchairs, commode chairs, medication trolleys and leisure and lifestyle equipment was observed. The equipment was suitable, clean and in good condition, with adequate stock in storage rooms. Equipment is checked prior to use to ensure its safety, and if there were any maintenance issues identified, the equipment is removed from the service and a corresponding maintenance request raised.

In considering my decision I have placed weight on the information evidenced by the service within the Site Audit report and I find this Standard compliant.

# Standard 5

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

Findings

I find this Standard compliant.

Consumers and representatives confirmed that the service was welcoming and created a sense of belonging. Management and staff could describe aspects of the service environment that made consumers feel welcome and optimised their independence, interaction and function. Consumer’s confirmed they felt at home in the service and they can personalise their room to reflect their own tastes. Management and lifestyle staff described how they supported consumers with spatial orientation, through signage and physically accompanying them to activities or outdoor areas if required. The interior environment was observed to be clean and designed with dementia-friendly principles in mind, including open, flat halls with accessible handrails, carpets and painting to delineate between floor and walls, and artwork to provide orientation throughout the service. Consumers were observed having warm and welcoming interactions with staff, engaging in conversation with other consumers and mobilising independently within the service.

Consumers confirmed they were able to move freely inside the service area and outside into the courtyard areas and staff will escort them to areas and activities if they require support. Consumers were observed mobilising independently and with assistance in the external garden areas as well as within the secured environments, both indoors and outdoors. Maintenance staff provided records which showed all scheduled maintenance had been carried out.

Consumers were observed using a range of equipment aids, including walkers, wheelchairs and comfort chairs. Furniture in communal areas were observed to be clean, in good condition with consumers seen utilising various lounge, balcony and outdoor seating areas. Maintenance staff confirmed that the electronic maintenance log system allowed for prompt actions to be taken when maintenance is requested as well as when scheduled maintenance is due.

# 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

I find this Standard compliant.

Consumers and representatives said they understood how to give feedback or make a complaint, they felt comfortable doing so and there were multiple ways to provide feedback and make complaints. Management and staff were able to describe the processes in place to encourage and support consumers and representatives. The service had policies to guide the feedback and complaints handling process, including procedures for staff to follow.

Management described how most consumers residing at the service spoke Italian. Staff were able to describe the strategies to support consumers to raise concerns or feedback, such as ensuring an Italian-speaking staff member can facilitate communication with the consumer and liaising with representatives to obtain additional information. Staff further described telephone translation services that they had access to. Consumers and representatives said they were aware of external complaints, language and advocacy services that were available to them. Staff were aware of external complaints and advocacy services, and information on accessing external complaints, language and advocacy services was available around the service.

Consumers and representatives said that staff and management addressed and provide a solution in response to feedback or complaints raised by consumers and representatives, or when an incident had occurred. Staff demonstrated an understanding of open disclosure, and how they have apologised to a consumer and their representatives in the event of something going wrong. Management explained how staff were guided by documented policies and procedures on open disclosure and complaints handling. the service's complaints register, and continuous improvement plan demonstrated that staff response is consistent with the service's complaints handling procedure, appropriate action was taken, and complaints were documented in the complaints register in a timely manner.

Consumers and representatives reported that their feedback was used to improve services. Management described complaints and the actions taken in response, as well as how feedback and complaints have been used to inform continuous improvement across the service. The service demonstrated a system and procedure for receiving, monitoring, and actioning feedback from consumers and their representatives. Management described how the feedback and complaints were trended and analysed via their electronic management system.

In considering my decision I have placed weight on the information evidenced by the service within the Site Audit report and I find this Standard compliant.

# Standard 7

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| Human resources | |  |
| Requirement 7(3)(a) | The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services. | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant |
| Requirement 7(3)(c) | The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles. | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant |

Findings

I find this Standard compliant.

The service was able to demonstrate there were adequate staffing levels and mixes to meet the needs of consumers. Whilst some consumers and representatives said there was a shortage of staff at times, they all said staff were still meeting the needs of the consumers and no adverse outcomes were identified. Management was able to describe how they ensured there was enough staff to provide safe and quality care based on occupancy levels at the service. Management advised that call bell reports were reviewed and discussed at handovers with staff with times outside of targets investigated. Management advised staff are rostered with the aim to keep staff within the same wings so that consumers have familiar staff members providing care. Registered staff were on duty across a 24-hour period 7 days a week. Management was able to describe how unplanned leave is covered, including deploying agency staff.

Consumers and representatives said that staff engaged with consumers in a kind, caring and respectful manner and that they seem to know what they were doing. Staff were observed to always greet consumers by their preferred name and demonstrated that they were familiar with each consumer's individual needs and identity. The service has a suite of documented policies and procedures to guide staff practice, which outlined that care and services were to be delivered in a respectful, kind and person-centred manner.

Consumers and representatives said staff performed their duties effectively, and they were confident that staff were skilled to meet their care needs. Management said the service required staff to complete role-based annual mandatory training that is monitored centrally and followed up by management at the service. Position descriptions provided include key competencies and qualifications that were essential for each role, and staff were required to have relevant qualifications.

Consumers and representatives said they felt staff were competent and qualified to do their job and did not identify or provide any specific feedback on any areas where staff need more training. All members of the workforce felt like they were recruited, trained, equipped and supported to deliver safe and effective care. Management described how they supported their staff to ensure they were receiving the training they needed to perform their roles in relation to the Quality Standards. Written materials and training reports provided evidence that staff were trained and supported to deliver outcomes required by the Quality Standards.

Performance management documentation evidenced that the service reviews staff performance post incident and as per the performance appraisal cycle. Staff were able to describe the annual performance review process and how their performance was monitored. Performance appraisal records reflected that active staff had participated in an annual performance review. The service demonstrated evidence of performance management practices.

In considering my decision I have placed weight on the information evidenced by the service within the Site Audit report and I find this Standard compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant |
| Requirement 8(3)(b) | The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery. | Compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | 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

I find this Standard compliant.

The service was able to demonstrate that consumers and representatives were actively engaged in the development, delivery and evaluation of care and services. Consumers and representatives expressed satisfaction in the management of the service.

The service was able to demonstrate it had policies and procedures that promoted a culture of safe, inclusive and quality care and services and was accountable in the delivery of care and services. Management was able to describe an organisational structure which facilitated the oversight and governing of the delivery of quality care and services across the service. Compliance with the Quality Standards was conducted through the monitoring of monthly reporting as well as audits. Reporting included information about serious incidents, medication incidents, feedback and complaints and falls. Management said the report was discussed at monthly clinical governance committee meetings where a member of the Board participates in a management sub-committee, such as, the risk and quality governance committee, clinical governance committee or finance committee.

The service was able to demonstrate that is had effective organisation wide governance systems related to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Management could describe processes and mechanisms in place for each respective governance system, guided by the organisations workforce governance policies and procedures. Staff confirmed they could easily access the information they needed to perform their roles which included care planning documentation, the risk management system for incident reports and an online portal which provided access to training, policies and procedures. The service identified opportunities for continuous improvement through various mechanisms such as feedback and complaints processes, consumer meetings, internal audits, clinical indicators and staff feedback. The service has a sub-committee that meets monthly for financial and budget reviews with input from service management. Management described how the service’s workforce was governed and how they make sure the service has a workforce that is sufficient and is skilled and qualified to provide safe and quality care and services. Management said legislative changes were captured in updates to policies and procedures at the service level. Management said changes were communicated to the chief executive officer who is responsible for disseminating information to staff at the service and ensuring staff training occurs. The service ensured the governing body had oversight on the feedback and complaints process at the service as feedback data is included in the monthly report that is given to the Board.

The service demonstrated there was a risk management system for managing high-impact or high-prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents, including the use of an incident management system. The service has a number of policies and procedures related to high impact and high prevalence risks that included elder abuse and neglect, restrictive practices, infection control, and an incident management policy that includes serious incident response scheme guidelines. Staff were able to demonstrate a shared understanding of practical applications of these policies. The service had a system and process to support the reporting, recording and review of incidents.

The service had a documented clinical governance framework that was understood by staff at the service which lists out roles and responsibilities for each staff member and involvement of the service’s various committees. Management said the service had an antimicrobial stewardship policy and the service had strategies and initiatives to reduce the use of antimicrobials. Management said that education was provided to staff on the service’s approach to antibiotic usage. Clinical staff explained how they would minimise the use of restrictive practice by deploying non-pharmacological strategies in alignment with consumer's individual behaviour support plan and clinical staff could recognise and list the types of restrictive practices used at the service. Care and clinical staff demonstrated an understanding of how they practiced open disclosure.

In considering my decision I have placed weight on the information evidenced by the service within the Site Audit report and I find this Standard compliant.

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)