Performance

Report

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| Name of service: | Performance report date: |
| Sir William Hudson Memorial Centre | 24 August 2022 |
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| Sir William Hudson Memorial Centre Ltd | 19 to 21 July 2022 |

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 Sir William Hudson Memorial Centre (**the service**) has been considered by G Cherry, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-2).

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 conducted 19 – 21 July 2022, the 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 August 2022
* Performance Report dated 5 March 2021 containing a decision of 22 non-compliant requirements

# Assessment summary

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| --- | --- |
| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Non-compliant** |
| **Standard 3** Personal care and clinical care | **Non-compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Non-compliant** |

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

# Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

Implement effective systems and processes to ensure:

* Assessment and planning informs the delivery of effective care and services.
* Assessment and planning identify and addresses the consumer’s current needs, goals and preferences, including advance care planning/end of life wishes.
* Regular and ‘as required’ review/reassessment of current needs, including when circumstances change or incidents impact consumer’s needs, goals/preferences.
* Each consumer gets safe/effective personal and clinical care that is best practice, tailored to their needs and optimises their health and well-being.
* Effective risk management systems and practices, including but not limited to managing high impact or high prevalence risks and managing and preventing incidents.
* Current and accurate consumer information is documented and communicated to those with responsibility for care giving.
* Effective governance systems relating to accurate information management.
* The governing body promotes a culture of safe, inclusive and quality care and accountability for delivery of care in accordance with all Quality Standards
* Effective risk management systems and practices, including high impact/high prevalence risks and management/prevention of incidents.

# Standard 1

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

## Findings

The Quality Standard is assessed as Compliant as six of the six specific requirements have been assessed as Compliant.

Sampled consumers and representatives expressed satisfaction consumers are treated with dignity and respect, can maintain identity, make informed choices, are supported to take risks to enable them to live as they choose, and their privacy is respected. The service demonstrated support for consumers relating to independence; exercising choice in care and service delivery; when others should be involved, and development/maintaining relationships of choice.

Consumers consider care and services are delivered demonstrating respect of their culture, diversity, background, life history and days of significance are celebrated. They said staff discuss risks associated with their choices and gave examples of how they are supported to participate as safe as possible. Consumers/representatives consider consumers have a say in what they do and are encouraged/supported to maintain independence. Representatives expressed satisfaction staff know consumers needs and preferences. Consumers and representatives said they are kept informed of changes to care and services and receive information to enable decision making.

Staff were observed offering consumers choice and privacy, demonstrating an interest in their well-being and interaction/engagement between staff and consumers was dignified and respectful. Staff demonstrated knowledge of consumers cultural, religious and personal preferences; consistently referred to consumers in a manner demonstrating an understanding of their background/life journey/preferences and how these aspects influence day-to-day care delivery and quality of life. Staff demonstrated knowledge of methods utilised to communicate with consumers experiencing communication difficulties, language barriers and/or living with cognitive impairment. Staff gave examples of supporting consumers to make informed choices during assessment processes and maintaining consumers’ confidentiality and privacy in care provision and communicating with others. Staff described processes to ensure consumers are supported to make and maintain relationships.

Documentation includes individualised detail of consumer’s emotional, spiritual and cultural needs and assessment processes gather relevant information relating to life history/journey and identity. Documentation demonstrates consumer’s choice to participate in activities with an element of risk, engagement in decision making, medical officer/allied health professionals involved and agreement of risk minimisation strategies. The assessment team noted electronic documentation did not contained signatures to demonstrate consent, however management advised consent was obtained. Documentation is securely stored, and electronic records password protected. Policy and procedural documentation guide staff in relation to this Standard.

# Standard 2

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| Ongoing assessment and planning with consumers | | Non-compliant |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Non-compliant |
| Requirement 2(3)(b) | Assessment and planning identifies and addresses the consumer’s current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes. | Non-compliant |
| Requirement 2(3)(c) | The organisation demonstrates that assessment and planning:   1. is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer’s care and services; and 2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer. | Compliant |
| Requirement 2(3)(d) | The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided. | Compliant |
| Requirement 2(3)(e) | Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer. | Non-compliant |

## Findings

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

Overall, sampled consumers and representatives expressed satisfaction of involvement in assessment and care planning discussion, including end of life choices. Consumer’s consider staff provide appropriate care and they, plus representatives, believe consumers receive regular communication/engagement relating to their needs; representatives are updated when consumer’s experience incidents/changes. Consumers and representatives know how to access to care planning documentation.

Via review of care documentation, the assessment team bought forward evidence of ineffective documentation processes resulting in deficits in appropriate care. They evidenced incomplete assessment documentation, lack of individualised care planning guidance, and ineffective systems to consistently identify/implement risk mitigation strategies in relation to behaviour management, skin integrity/wound management, pain and medication management.

Clinical staff described initial and ongoing assessment and planning processes and guidance documentation, however the assessment team bought forward evidence initial and comprehensive assessment to inform care planning documentation and guide staff in providing individualised care was not consistently completed for all consumers. Monitoring documentation to gather data relating to pain, wound, medication and behavioural management is not consistently recorded to inform appropriate clinical care or successful consumer outcomes.

The service did not demonstrate an effective system of managing, reassessing and/or follow-up of incidents (such as an unwitnessed fall) or unplanned weight loss to identify and guide staff in providing appropriate care. Comprehensive assessments are not consistently completed when consumers return to the service from hospital and wound documentation does not accurately describe requirements to guide staff in providing care.

While clinical staff demonstrated knowledge of the processes to capture consumers wishes relating to advance care planning and end of life care, the service did not demonstrate an effective system of consistently documenting discussion and/or consumers choices. Via a review of medical officer directives in relation to end of life care, the assessment team noted deficits relating to accurate and completed documentation to guide staff in providing care.

An effective system of assessment and care planning review was not consistently demonstrated in relation to changes in consumer’s needs or when incidents occur. The assessment team bought forward evidence specialist and allied health directives, changes or safety requirements relating to medications were not consistently recorded in care planning documentation to guide staff in providing current care requirements.

Management team, and the approved provider’s response, acknowledged not all documentation reflected consumers current needs. They responded by completing a review of all assessment requirements and commenced remediation action to correct all issues raised, including staff training/education and process improvements to wound care and behaviour management. In addition, they contend future enhancement of clinical supervision/overview via appointing additional clinical management roles.

I acknowledge the approved provider self-identified the need for additional clinical management/supervision roles to address deficits bought forward by the assessment team. However due to recent employment of additional clinical personnel post site audit, demonstration/evidence of system sustainability to ensure continued compliance with all requirements within this Standard is not yet evident.

I find requirements 2(3)(a), (b) and (e) are non-compliant.

Staff gave examples, and documentation generally reflects involvement by consumers, representatives, medical officers, specialists and other allied health professionals. They demonstrated outcomes of assessment and planning are generally communicated to consumers/representatives and care plans are available to them. Policy and procedural documentation are available to guide staff in relation to this Standard and includes linkages to external organisations and best practice guidelines.

I find requirements 2(3)(c) and (d) are compliant.

# Standard 3

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| Personal care and clinical care | | Non-compliant |
| 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. | Non-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 Quality Standard is assessed as Non-compliant as three of the seven specific requirements have been assessed as Non-compliant.

Overall, consumers and representatives provided positive feedback regarding clinical care provision, including responsiveness of staff, access to medical practitioners and other professionals/specialists and provided examples relating to their satisfaction. Consumers and representatives consider management and staff provide regular communication. Representatives expressed confidence end of life care maximising consumers comfort, dignity and respect is provided. They consider consumers’ needs and preferences are effectively communicated to those involved in care delivery. Interviewed staff gave examples of managing care for consumers including end of life needs and practical methods to ensure comfort is maximised. Staff described the process of information transfer including advising clinical staff when consumers experience a change in condition and receiving updates of referral recommendations and directives.

Staff and management demonstrated knowledge of high impact and high prevalence consumer risks, including falls, weight loss and behaviours and risks associated with diagnoses or decline. Via documentation review, the assessment team noted the service did not demonstrate an effective system to ensure consumers consistently receive safe and effective personal and clinical care tailored to their needs to optimise health and well-being. They bought forward evidence of deficits in wound care, diabetes management, weight loss, pain management, lack of monitoring processes when a consumer experiences a fall, changes in medication, lack of responsiveness when consumers exhibit behaviours of concern due to an unmet need and gaps in documentation relating to restrictive practices. Staff receive training for reporting incidents, including legislative requirements of externally reporting to the Serious Incident Response Scheme. However, the assessment team noted inconsistent review by senior clinician/management resulting in a lack of identifying causal issues to minimise/mitigate repetitive incidents.

Management acknowledge not all consumers were receiving appropriate care associated with best practice guidelines. In their response, the approved provider responded by completing a review of all assessment requirements and commenced remediation action to correct all issues raised, including staff training/education and process improvements to wound care, medication and behaviour management; referral to medical/allied health specialists and evidenced improvement for some consumers as a result of these actions. In addition, they contend enhancement of clinical supervision/monitoring processes via recent appointment of additional clinical staff.

I acknowledge the approved provider self-identified the need for additional clinical management/supervision roles to address deficits bought forward by the assessment team. However due to the recent employment of additional clinical personnel post site audit, demonstration/evidence of system sustainability to ensure continued compliance with all requirements within this Standard is not yet evident.

I find requirements 3(3)(a),(b) and (e) are non-compliant.

The service demonstrated effective systems relating to palliative/end of life care. Documentation detailed appropriate care to ensure comfort and dignity is maximised. Staff described interventions to maintain consumer’s comfort including clinical and complementary therapies and privacy for consumers and families. The assessment team observed staff ensuring consumers needs and wishes are met.

A system generally ensures changes in consumer’s condition is recognised and responded to in an appropriate and timely manner. Staff gave examples of communicating concerns to clinical staff and medical officer and/or allied health specialist involvement. Documentation review detailed identification and responsiveness to deterioration/changes in consumers function/capacity/condition.

The service demonstrates effective implementation of standard and transmission-based precautions to prevent/minimise infections and promotion of appropriate antibiotic use. Staff demonstrate knowledge of processes to minimise infection control. There is a documented infection control program, including an outbreak management plan and recording vaccinations status. Recording and analysis of infections occur to ensure implementation of continuous improvement.

Policy and procedural documentation are available to guide staff in relation to this Standard.

I find requirements 3(3)(c),(d),(f) and (g) are compliant.

# Standard 4

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

## Findings

The Quality Standard is assessed as Compliant as seven of the seven specific requirements have been assessed as Compliant.

Consumers and representatives consider consumers are supported to engage in activities of interest, within the service and the wider community, lifestyle activity programs are varied and meet consumers’ needs/preferences, plus other individuals/external organisations are engaged to supplement activities to benefit consumers. Consumers are supported to pursue individual interests and expressed satisfaction they are supported to maintain personal/social relationships, remain in contact with those who are important to them and many gave examples of how the service optimises their independence, health well-being and quality of life.

Consumers consider their emotional, social, spiritual and psychological needs are appropriate met to their satisfaction by staff and outside sources. Most expressed positive feedback relating to meals, acknowledging the service actively responds to issues raised and noting recent improvement. Consumers expressed satisfaction relating to communication methods and staff having knowledge of their individual needs. Consumers were observed to be engaged in meal service and participating in individual and group programs with staff in attendance to ensure needs are met.

Documentation details consumer’s needs and preferences are effectively communicated within the organisation and with others who provide services/supports, and timely/appropriate referrals are made to other providers of care and services. Documentation detailed information including spiritual, emotional and psychological needs and preferences, dietary preferences/needs, life history/cultural/personal choice which result in lifestyle interests. The assessment team viewed documented processes to ensure communication of dietary information between nursing and catering staff, however noted deficits in communicating current needs for three consumers. They observed some food items had not been appropriately labelled; management advised a process has been implemented to ensure correct labelling and storage of food goods. In their response the approved provider advised of planned education/training to staff and changes in communication/access to dietary needs.

Interviewed staff demonstrated knowledge of consumer’s needs, what is important to them, activities they wish to engage in. They referred to processes which inform staff of changes in consumers’ needs and how consumers have input into the lifestyle program. Staff gave examples of services and supports to promote emotional, spiritual and psychological wellbeing, contact with those of importance; and how some consumers are supported to attend activities with external provider/volunteer involvement. Alternative activities were implemented during times when limited visitors and/or external activities could not occur due to pandemic restrictions. Assessment processes obtain consumer choices relating to the lifestyle program, meal preferences and who consumer’s wish to remain connected to. Monitoring processes ensure continued satisfaction. Programs are available for consumers who prefer individual activities rather than group programs.

The service demonstrated equipment is safe, suitable, clean, and well maintained and staff described the process for pro-active and reactive maintenance programs. Consumers and representatives expressed satisfaction with the suitability and cleanliness of equipment provided. The service’s prior self-identification and responsiveness to deficits identified by the assessment team has been considered and on balance I find all requirements of this Standard are compliant.

# Standard 5

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| Organisation’s service environment | | Compliant |
| 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 Quality Standard is assessed as Compliant as three of the three specific requirements have been assessed as Compliant.

Sampled consumers consider the service is generally clean, comfortable, well-maintained, welcoming and they feel safe. They expressed satisfaction relating to a welcoming environment for visitors, general cleanliness, communal seating areas to engage with others, ability to access outdoor areas and exit the service. Consumers consider the environment provides a sense of independence and generally meets their needs.

The assessment team observed the environment to be mostly clean and processes to ensure furniture and equipment maintenance. In relation to requirement 5(3)(b) the assessment team noted some areas required additional cleaning and/or repair work such as painting. Documentation review demonstrate the service had identified some areas requiring painting/maintenance/repair work and in their response, the approved provider furnished evidence of completion and/or planned completion dates for all items.

Management described the process for ensuring consumer satisfaction and advised of continuing progress in adapting from shared to single bedrooms. They noted some general gardening activities had not occurred due to pandemic restrictions/staff absences, however alternative measures to address this and furniture repairs had been instigated. Staff consider suitable equipment is available to meet consumer’s needs, they receive training to use equipment and described processes for reporting repair work. Maintenance staff demonstrated knowledge of reactive maintenance reporting/rectification processes and for most preventative maintenance however the assessment team noted documentation to monitor/ensure completion of preventative maintenance was not evident.

In their response, the approved provider evidenced immediate completion of actions to issues bought forward by the assessment team and advised of seeking feedback from consumers/representatives for further environmental improvement suggestions and updating of monitoring documentation to ensure all items are included in future.

I am persuaded by the fact the approved provider demonstrated their self-monitoring system identified most issues and they had planned responsive actions, including recent employment of appropriate staff and existence of an action plan to monitor/manage ongoing issues. In addition, I note general satisfaction of consumers and representatives. On balance, I find requirement 5(3)(b) is compliant.

**Standard 6**

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| Feedback and complaints | | Compliant |
| 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

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

Sampled consumers and representatives consider they are encouraged and supported to give feedback/complaints, and appropriate, timely action is taken in response. There are several mechanisms to capture feedback and to inform improvement. Consumers provided a range of feedback including expressing confidence in discussing complaints in a safe manner and most are familiar with internal and external feedback methods. They gave examples of response/resolution including staff’s understanding of open disclosure practices and improvements which had occurred as a result of feedback.

Staff demonstrated knowledge of the process when approached by consumers/representatives with concerns about care or services and an understanding of open disclosure principles. Documentation review detailed actions taken in response to complaints, including open disclosure processes. Management explained processes to ensure consumers receive documented advice regarding complaints processes, including methods to support diverse/vulnerable consumers.

Management provided examples of improvements resulting from feedback. Regular monitoring processes ensure feedback is actioned in a timely manner, trends identified, and follow-up communication to ensure ongoing satisfaction. Information for consumers and representatives regarding complaints/feedback processes, access to advocacy groups and language translators is provided to consumers and representatives. Analysis of feedback is monitored and the service demonstrated improvement activities approved by the Board. Policy and procedural documentation guide staff in relation to this Standard.

**Standard 7**

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| Human resources | | Compliant |
| 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 Quality Standard is assessed as Compliant as five of the five specific requirements have been assessed as Compliant.

Sampled consumers consider they receive care and services from management and staff who are knowledgeable, capable and caring. Consumers said staff are kind and respectful when providing care, they have established positive relationships, staff understand their needs and they feel safe when being assisted. They commented at times of less staff and a need to wait for staff response, however noted minimal impact on care delivery.

Staff were observed to be responding to consumers requests for assistance in a timely manner and offering privacy when delivering care. They referenced consumers in a respectful manner and interactions were observed to be kind, calm and respectful. Staff consider while they are busy there are enough numbers of staff to deliver care and services and generally a process for replacement of unplanned leave. Staff said they are provided with equipment and supports to carry out the duties of their role and receive ongoing support, training, professional development, supervision and feedback to enable them to perform their responsibilities. Staff gave examples of mandatory training and additional training provided as a result of their requests and conveyed knowledge of the performance review process.

Management demonstrated the process for ensuring workforce sufficiency, requirements for qualifications specific to each role and knowledge to effectively perform required duties; noting plans for additional clinical nurse positions to assist in management/supervision duties, plus plans of a new rostering process to ensure appropriate handover between staff. Orientation and training are provided relevant to the service’s processes/expectations, competencies and capabilities required for differing roles. Management provided examples of how staff competency and professional registrations are monitored for currency/suitability to the role and how they determine training required (including feedback from consumers/representatives). There are systems for regular assessment, monitoring and review of staff performance and rectification processes when/if deficits are identified. Education and training records demonstrate examples of training provided to staff regarding the Aged Care Quality Standards including changes in legislative requirements.

I find requirements in this Standard are compliant.

**Standard 8**

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| Organisational governance | | Non-compliant |
| 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. | Non-compliant |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Non-compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:   1. managing high impact or high prevalence risks associated with the care of consumers; 2. identifying and responding to abuse and neglect of consumers; 3. supporting consumers to live the best life they can 4. managing and preventing incidents, including the use of an incident management system. | 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. | Compliant |

## Findings

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

A variety of avenues are available to support consumers and representatives in providing feedback and engaging in improvement processes. Most sampled consumers and representatives consider the organisation is well run, they can partner in improving delivery of care and services and gave examples of improvements implemented as a result of their feedback. Documentation review detailed input from consumers/representatives and responsiveness of management and board involvement in implementing continuous improvement processes.

I find requirement 3(3)(a) is compliant.

The assessment team bought forward evidence relating to the role of the governing body, detailing board involvement and engagement with consumers/representatives. However, the service did not demonstrate effectiveness in relation to the governing body’s overarching monitoring processes to ensure a culture of safe, inclusive quality care. While an organisational clinical governance framework was demonstrated, this is not effective at a service level in ensuring consumers clinical needs are consistently addressed. Self-monitoring systems lacked effectiveness in ensuring compliance with all requirements and Standards of the Aged Care Quality Standards. In their response, the approved provider has demonstrated immediate reactive/adjustments to address issues bought forward by the assessment team, however it has failed to persuade me the organisation meets its responsibilities under requirement 8(3)(b), and I have found 9 requirements of the Quality Standards are non-compliant.

The organisation demonstrated effective systems relating to some aspects of requirement 3(3(c) such as continuous improvement, finance, feedback and complaints, workforce governance and regulatory compliance. However, it has not demonstrated a system to ensure effective information management across all aspects of the service. Lack of appropriate information systems to ensure documentation currency and accuracy of consumer assessment and care planning documentation/information transfer has resulted in negative impact on consumers relating to personal and clinical care in Standards 2 and 3.

While management advised of overarching organisational systems in relation to management of high impact/high prevalence risks, this is not effectively demonstrated at the service level. There is an incident management process, staff generally demonstrate knowledge relation to reporting and managing most incidents. However, the service did not demonstrate an effective system to ensure high impact/high prevalence risks relating to falls management and complex behavioural needs. Falls monitoring processes are not effective in analysis and identification of causal issues and implementation of mitigation strategies for consumers post fall and incidents of consumer aggressive/frustrating behaviours are not managed to ensure consumers unmet needs are consistently addressed in a timely manner.

In their response, the approved provider has demonstrated immediate reactive/amendments to address issues bought forward by the assessment team, however it has failed to persuade me the organisation meets its responsibilities under this requirement.

I find requirements 8(3)(b),(c) and (d) are non-compliant.

Policies and workflow directives guide staff in most requirements. Staff generally demonstrate knowledge of the complaint/continuous improvement, regulatory responsibilities, open disclosure processes; minimising restraint use and management/preventative actions to minimise spread of infection. Documentation detailed examples of open disclosure practices, appropriate infection control management and most restrictive practices.

I find requirement (8)(3)(e) is 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-2)