Performance

Report

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| Name of service: | Southern Cross Care Allora |
| Service address: | 29 Darling St ALLORA QLD 4362 |
| Commission ID: | 5974 |
| Approved provider: | Southern Cross Care (Qld) Ltd |
| Activity type: | Site Audit |
| Activity date: | 19 December 2022 to 22 December 2022 |
| Performance report date: | 31 January 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 Southern Cross Care Allora (**the service**) has been prepared by K. Reed, 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 19 January 2023
* the provider’s response to a request for information received 12 September 2022
* 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

Consumers were treated with dignity and respect and their identities were valued. Staff knew what was important to each consumer and described how they ensured consumers’ preferences were known and respected. Consumers’ care documentation reflected what was important to consumers and provided information to guide staff in delivering care and services tailored to meet consumer preferences to respect their identity, culture and diversity. The service had a dignity and respect policy to guide staff practice.

Consumers’ cultural needs were respected, and consumers could express their individuality without judgement. Pastoral care services were integrated within service activities seeking to support the provision of culturally safe care by contributing positively to consumer cultural, spiritual, emotional and psychological well-being. Staff described consumers’ cultural and spiritual needs influenced consumers’ delivery of care and services. Consumer care documents included consumers’ preferences for personal care, religious and cultural preferences and what mattered to them. The service had a diversity inclusive care policy to promote inclusive and culturally safe consumer care and services.

Consumers were supported to exercise choice and independence about the way their care and services were delivered, and how consumers were supported to remain connected and maintain personal relationships. Staff demonstrated knowledge and understanding of consumers’ preferences and choices and described how each consumer was supported to make informed decisions about their care and services. Staff confirmed consumers made decisions on meal choices, activity attendance and when staff provide them with personal care. The service had a dignity and respect policy to guide staff practice supporting consumers to exercise choice and independence.

Consumers were respected and supported to make decisions about areas in their everyday life that involves risk. Staff described the ways they supported consumers to enable them to live the best life they chose and how risk was discussed, and how staff supported the consumer to take risks. Risk assessments and dignity of risk forms were completed and strategies for managing risks were included in care directives for staff to follow. The organisation was guided by a risk management framework which sets out the risk identification process as well as the assessment, planning, monitoring and review process.

Consumers were provided with information to help them make decisions about the care and services they wished to receive, meals they wished to consume, and lifestyle activities to be involved in. Consumers were provided with lifestyle activity information that was displayed on a poster in their room. Consumers confirmed staff informed them what activities were on each day and assisted them to attend organised activities. Staff provided information to consumers about meal options, services available, leisure activities, outing venues, and visiting entertainers. The service conducted monthly consumer meetings where consumers could provide feedback about the services offered and evaluate change. Staff interactions with consumers identified an understanding of each consumer’s preferred communication style and staff provided consumers time to respond.

This Standard is compliant, as all six Requirements are 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

Consumers’ care was planned to meet consumers’ care needs and preferences, with strategies to manage risk to consumers’ health and wellbeing. Care documentation demonstrated risks to consumers’ health and well-being was assessed using risk assessment tools and strategies to manage risk was documented in consumers’ care plans. The organisation had policies and procedures to guide staff in their practice for completing consumers’ assessments and care plans.

Consumers’ assessment and care planning processes included consideration of consumers’ current needs, goals and preferences, including end of life care. Care documentation identified consumers’ care and service plans detailed consumers’ individual needs, goals and preferences. The organisation had policies and procedures, and assessment tools to guide staff in planning consumer care including end of life care. Care staff demonstrated an understanding of planned care for consumers. Care needs, preferences, and end of life care were discussed with consumers on entry to the service, during ongoing care reviews and as care needs changed.

Consumers were involved with the planning of their care and services which included their representative and other organisations when required. Care documentation demonstrated consumer assessment and planning included other organisations. Referral processes included other health care services involved in the care of the consumer.

Consumers’ care and services plan were effectively communicated to consumers/representatives and documented and accessible for staff and visiting health care workers providing consumer care. Care staff had time to read consumers’ care documentation and visiting health care services were supported to set up access to the electronic care system. The organisation had care planning policies and procedures for communicating consumer care and service plans. Consumers and representatives confirmed they felt comfortable to request a copy of the consumer’s care plan if required.

Consumers’ care and service plans were reviewed every three months and when changes to care needs or incidents occurred. Consumers and representatives confirmed staff spoke to them when changes in care needs arose and asked them regularly for feedback relating to care and services. Consumer care and service plans were updated in conjunction with information obtained from the consumer or representative, care staff, allied health professionals, and other health care providers.

This Standard is complaint, as all five Requirements are 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

Consumers received safe and effective clinical and personal care in accordance with their assessed needs and preferences. Staff were aware of consumers’ needs which aligned with care directives in care planning. The service had policies and procedures to guide clinical practice.

The Site audit report contained information relating to environmental restraint authorisation for two consumers with a cognitive impairment. I have considered this information alongside the Approved provider’s response and it is my decision consumers were not environmentally restrained by the security of the front door to the service. The Approved provider submitted information to support consumers were able to exit the service using a green button which unlocked the front door. The door is locked from consumers and visitors entering the service, however there is a doorbell to alert staff someone wished to enter the service. The Approved provider stated this was both a method of security and a screening tool to reduce the risk of COVID-19 entering the service. It is also reasonable to expect staff would accompany and support any consumers with a cognitive impairment to leave the service and assist them to return. I have therefore decided Requirement 3 (3) (a) is Compliant.

The service had effective processes to manage high impact or high prevalence risks associated with the care of each consumer. Consumers confirmed their care was safe and right for them. The service had a risk management framework that guided how risk was identified, managed and recorded. Staff described consumers’ individual care needs and care planning strategies to manage and minimise risk. Care documentation identified effective management for consumers at risk of changes in behaviour, pressure injury, seizures, self-harming and falling.

Consumers were confident their end of life wishes, and needs would be respected by staff at the service. Care documentation demonstrated consumers’ end of life care preferences were documented in a care and service plan. Registered staff discussed with consumers and representatives end of life preferences during case conferences and as consumers moved through palliative care phases. Staff monitored consumers for comfort during their end of life and followed care plans for individualised consumer preferences.

Staff recognised and responded to consumers’ deterioration in mental health and cognitive or physical function in a timely manner. Consumers provided feedback staff responded to their needs quickly and care documentation demonstrated staff recognised changes to consumers’ condition. Management and care staff described how they discussed changes to consumers’ mental health, physical function, or cognitive wellbeing at handover. The service had clinical policies to guide staff practice when monitoring consumers for deterioration. The service had access to a registered nurse 24 hours per day.

Care documentation for consumers evidenced consumers’ condition, needs and preferences were communicated to other services and consumers’ representatives. Health professionals visiting the service had access to information to support effective and safe sharing of consumers’ condition, preferences and care needs. Management and care staff described how information was shared when changes occurred through meetings and handover, and how changes were documented in consumers’ care documentation.

Consumers were referred to other organisations and health care providers in a timely manner. Timely referrals occurred to other health care services including Dietitian, Speech Pathologist, pharmacy for medication supply and medication reviews, community dementia support services, dentist, local hospital specialists, and audiology services. Consumers confirmed referrals to specialist services were timely and appropriate. Care documentation contained evidence of regular reviews and input from allied health professional and specialist services.

The service had documented policies, procedures, and an outbreak management plan to guide staff in relation to antimicrobial stewardship, infection control, and for the management of a COVID-19 outbreak. The service had COVID-19 vaccination programmes for consumers and has appointed an Infection prevention and control Lead. Staff provided examples of practices to prevent and control infections such as hand hygiene, encouraging fluids, the use of personal protective equipment and obtaining pathology results prior to commencing antibiotics. The service had policies and procedures to support the minimisation of infection related risks and promotion of antimicrobial stewardship. Consumers provided feedback in relation to the cleanliness of the service and staff practices including hand washing and the wearing of personal protective equipment. Antibiotics were commenced following a confirmed pathology result to ensure appropriate usage and promotion of antimicrobial stewardship. Staff and visitors underwent screening processes prior to entering the service.

This Standard is Compliant as all seven Requirements are 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

Consumers stated services and supports provided by the service met their needs and staff assist them to be as independent as possible. Staff demonstrated knowledge of consumers’ needs and preferences and the support they required to participate in activities or pursue individual interests. Care documentation reflected strategies to deliver services and supports for daily living that reflected the diverse needs and characteristics of consumers.

Consumers participated in cultural and religious practices at the service and were provided emotional and spiritual support when needed. Pastoral staff met with consumers weekly, and more often when requested to provide emotional and spiritual support. Care and clinical staff shared information and provided additional support when consumers displayed increased emotional needs.

Consumers were supported to take part in community activities outside of the service or visit family. Staff described those consumers who had personal relationships or who had developed a close friendship. Care planning documentation identified the people important to individual consumers, those people involved in providing care and the activities of interest to the consumer. Care documentation included lifestyle and leisure assessments that listed things of interest to the consumer to guide staff in delivering care and services.

Consumers confirmed their services and supports were consistent and staff knew their individual preferences and other organisations involved in their care and services. Staff were updated on the changing conditions, needs or preferences of consumers as they relate to services and supports for daily living, including handover notes and progress notes.

The service demonstrated timely and appropriate referrals to other individuals, organisations or providers to collaborate to meet the diverse needs of consumers. Staff described how the consumer or representative was involved in decisions and how referrals were made. Lifestyle staff were aware of organisations, services and supports in the community, including community volunteers and pastoral care workers.

Consumers were satisfied with the taste, variety and quality of meals provided. Consumers were offered meal choices, which were prepared offsite nearby and delivered to the onsite kitchen. Consumers were aware of how to provide feedback to the service regarding meals and felt comfortable in doing so. Care staff offered consumers snacks in between meals and consumers could request snacks anytime, such as cheese and crackers, fruit or sandwiches. A whiteboard and folder in the kitchen listed consumer meal preferences and dietary requirements.

Equipment provided was safe, suitable, clean and any concerns or issues identified were repaired by maintenance in a timely manner. Consumers felt safe when using equipment provided by the service and knew who to notify if they had any concerns. The service had suitable arrangements in place for purchasing, servicing, maintaining and replacing equipment. Equipment was fit for purpose and was inspected periodically to ensure it was safe for consumer use on a day-to-day basis.

This Standard is compliant, as all seven requirements are 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

Consumers and representatives provided positive feedback about their rooms and cleaning services provided. Consumer rooms were observed to have large windows with views and contained personal items. The Site audit report contained information that a lack of signage directing visitors to an alternative disabled entry route, entrance doors were locked, and the entrance area was cluttered provided evidence the service was not welcoming. I have come to a different decision, following the submission of a response by the Approved provider. It is my decision the security of the front entrance was reasonable to ensure monitoring of COVID-19 screening practices and as per my decision in Requirement 3 (3) (a), consumers could freely exit the service using a push button and instructions provided. In relation to the cluttered entry area and lack of seating for consumers, the Approved provider submitted photographic evidence of seating available for consumers in the administration area but conceded the availability of seating may have been obstructed from view due to COVID-19 signage. The Approved provider has committed to reviewing the amount of COVID-19 signage at the service. There is also a lack of feedback from consumers relating to their home not feeling welcoming, however positive feedback was received in relation to their living environment, therefore it is my decision Requirement 5 (3) (a) is Compliant.

Information was recorded in the Site audit report that there was a lack of consumers interacting in communal spaces, this was not supported by any feedback from consumers or representatives and contrasted with information recorded in Standard 4 relating to services and support for daily living and did not influence my decision regarding Requirement 5 (3) (a).

Consumers felt safe and comfortable at the service and were required to inform staff if they were to leave the service. Information in the Site audit report indicated consumers were unable to move freely through the indoor and outdoor area of the service and outdoor areas were not safe, well maintained, comfortable or clean. Following a review of this information alongside the Approved provider’s response I have decided Requirement 5 (3) (b) is Compliant. This was based on a lack of feedback from consumers regarding their living environment not being safe, clean or well maintained. Information relating to the secure area’s garden area being untidy and unsafe was refuted by the Approved provider’s response. Information was recorded the key pad to the garden’s side gate was obstructed by bushes, the Approved provider stated this was an intentional move to detract consumers who display exiting seeking behaviours. Overgrown gardens were recorded in the Site audit report as evidence the garden area was unwelcoming, this was refuted by the Approved provider who stated this was intentional by the Maintenance officer to ensure they could identify all species of bushes and plants to ensure the appropriate removal of unsuitable plants. Plans were in place prior to the site audit to increase maintenance hours as rain and weather conditions had caused rapid growth to the grass and surrounding gardens. Pots recorded in the Site audit report as being broken and located in garden beds were noted by the Approved provider to be used by consumers when completing garden activities and were not broken. In relation to information relating to consumers required to inform staff if they were to leave the service, I consider this to be a reasonable action required to ensure consumer safety in the event of a fire.

Cleaning staff had evidence to support their completion of daily and weekly cleaning tasks within the service. Consumers provided feedback the service including their rooms was clean. Maintenance issues were assessed and prioritised by the maintenance manager daily. Maintenance staff conducted internal and external tours of the service each morning to identify any issues. Staff had received training to identify hazards and were aware of the reporting procedure to lower or remove the risk for consumers. The Site audit report contained information relating to broken and unclean furniture. I have reviewed this information alongside the Approved provider’s response and have come to the decision Requirement 5 (3) (c) is compliant. The Approved provider has refuted the table at the front door of the service was broken and has provided evidence this table was used to afford large scale COVID-19 testing and receipt of medications delivered by the local pharmacy ensuring staff and consumer safety. The Approved provider was responsive to feedback delivered during the Site audit and rectified minor deficits in the outdoor living environment when advised, it is my decision that there is a lack of evidence to support a systemic breakdown in the maintenance of furniture, fittings or equipment and therefore Requirement 5 (3) (c) is Compliant.

This Standard is Compliant as all three Requirement are Compliant.

# Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant |
| Requirement 6(3)(b) | Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints. | Compliant |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant |

Findings

Consumers and representatives felt encouraged, safe and supported to provide feedback and make complaints and described the various methods available for them. This included speaking to management or staff directly, attending consumer meetings, and using feedback forms. The feedback box was located at reception and feedback and complaints were a standard agenda item at monthly consumer meetings. The organisation also undertook consumer and representative surveys twice per year. The service’s complaints and feedback policies and procedures, consumer handbook and consumer meeting minutes demonstrated the service supported and encouraged consumers and representatives to provide feedback and make complaints.

Consumers and representatives were aware of language services and how to make complaints to the Commission and advocacy services, such as the Older Persons Advocacy Network and Queensland Civil and Administrative Tribunal. Staff described how they would assist consumers who had a cognitive impairment or difficulty communicating to raise a complaint or provide feedback. Flyers and posters were observed for advocacy services and interpreter services as well as information on how to make a complaint internally or externally with the Commission.

Management and staff demonstrated an understanding of open disclosure, that included providing an apology when things went wrong. Management and staff demonstrated a shared understanding of the complaint handling process when feedback or a complaint was received from consumers or representatives. Staff confirmed when consumers or representatives raised feedback and complaints, they informed management who was responsible for entering the complaint electronically or directing consumers and representatives to complete a complaints and feedback form.

The Plan for continuous improvement and feedback and complaints register demonstrated continuous improvement actions had been implemented following provision of complaints and feedback by consumers or representatives. Management reviewed the feedback and complaints register weekly and discussed feedback and complaints received at staff meetings and during monthly meetings. Consumers confirmed the service used feedback and complaints to improve the quality of care and services.

This Standard is compliant, as all four Requirements are 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

Consumers and representatives confirmed there was sufficient staff to meet consumers’ personal and clinical needs in a timely manner and in accordance with consumers’ care planning directives. The workforce of the service was planned to meet the needs of consumers and deliver quality care and services and the service had systems and processes in place to ensure there was sufficient staff rostered across all shifts. Staff across various roles and areas of the service confirmed there was adequate staff to provide care and services in accordance with consumers’ needs and preferences and would provide feedback to management directly or at staff meetings if workloads or consumers’ needs were unmanageable. The service employed both registered and care staff, and the roster included permanent and agency staff with the preference of existing staff being offered extended or additional shifts when a shift was unable to be filled. Staff were observed responding promptly to requests for assistance from consumers, meals being served on time and activities occurring at scheduled times.

Consumers and representatives confirmed staff engaged with consumers in a respectful, kind and caring manner, were gentle when providing care and were respectful of consumers’ diversity, culture and preferences and choices they made with care and services. The service had a suite of documented policies and procedures to guide staff practice, which outlined that care and services are to be delivered in a person-centred, caring and respectful manner.

Consumers and representatives felt staff performed their duties effectively, and they were confident that staff were trained appropriately and skilled to meet consumer care needs. Staff had the qualifications and knowledge to effectively perform their roles to provide safe and quality care and services. Management described how they determine whether staff were competent and capable in their role, including observations by management and registered staff, reviews of clinical records and care delivery, feedback from consumers and representatives and completion of orientation documentation. Staff records demonstrated the service maintained position descriptions for each role and monitored national criminal history checks, professional registration and Influenza and COVID-19 vaccination records.

Consumers and representatives expressed confidence in the ability of staff to deliver care and services, and they believed staff were well trained and equipped to perform their roles. The orientation and onboarding process included buddy shifts, online mandatory training, competency assessments, role specific training and training on the Quality Standards. Staff could request further training and education and were supported to undertake this by management. Training reports identified all staff completed mandatory training including, but not limited to, Serious incident response scheme, restrictive practice, open disclosure, infection control, manual handling and fire safety.

A revised performance review process was implemented at the service and was in the transition stage from hard copy to electronic at the time of the site audit. Management advised the electronic system had been designed in consultation with staff to foster role understanding, performance development, employee experience and clear communication between management and staff. Observation of staff performance also occurred through direct supervision, open communication, feedback from consumers and representatives and review of incidents. Consumers and representatives provided positive feedback relating to staff performance.

This Standard is compliant, as all five Requirements are 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

Consumers and representatives confirmed they were informed and involved in all aspects of consumers’ care and were able to describe the ways they were supported to be involved in the service. Methods of involvement included meetings, surveys, feedback and direct conversations with management. Consumer insight surveys were completed twice per year and outcomes were escalated to the Executive Leadership Team. The Plan for continuous improvement evidenced consumer and representative engagement in the delivery and evaluation of care and services.

Consumers felt safe at the service and provided feedback the service was delivering quality care. The organisational structure of the service promoted a culture of safe, inclusive and quality care. The organisation implemented systems and processes to monitor the performance of the service to ensure the Board was accountable for the delivery of safe, inclusive, and quality care and services.

The organisation had effective governance systems relating to information management, continuous improvement, financial and workforce governance, regulatory compliance and feedback and complaints. Staff had access to sufficient and current information to guide them in the delivery of care and services. Opportunities for improvement were identified through a range of sources including the feedback and complaints processes, analysis of clinical and incident data, meetings, audit results and self-assessment. Budgets were set annually and approved by the Board. The organisation was responsive to requests for budgetary changes to support the needs of consumers. Systems were in place to monitor workforce competency and suitability and policies and procedures articulated roles and responsibilities. Consumers and the representatives were supported to provide feedback which was actioned appropriately and in a timely manner.

The Site audit report contained information relating to environmental restrictive practices were not followed as two consumers diagnosed with dementia who had impaired mobility were unable to leave the service due to their inability to coordinate the unlocking of the front door. I have discounted this information as there were processes at the service for consumers to exit the service including instructions and a push button. It is reasonable to expect if consumers had mobility aids they would be assisted by staff to exit the service. Therefore, it is my decision Requirement 8 (3) (c) is Compliant.

Effective risk management systems and practices were in place including the management of high impact, high prevalence risk to consumers, protecting consumers from abuse and neglect, supporting consumers to live their best life and capturing and preventing incidents.

A clinical governance framework was in place which supported appropriate antibiotic usage to support antimicrobial stewardship, reducing the use of restrictive practices by analysing clinical data and promoting open disclosure through the complaints and feedback processes.

This Standard is Compliant as all five Requirements are 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)