Performance

Report

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| Name of service: | Southern Cross Care Reynolds Court Residential Aged Care |
| Service address: | 7 Bias Avenue BATEAU BAY NSW 2261 |
| Commission ID: | 0016 |
| Approved provider: | Southern Cross Care (NSW & ACT) Limited |
| Activity type: | Site Audit |
| Activity date: | 29 November 2022 to 1 December 2022 |
| Performance report date: | 27 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 Reynolds Court Residential Aged Care (**the service**) has been prepared by M.Wyborn, 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 13 January 2023.

# 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 | **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.

# Requirement 2(3)(e)

The service should:

* Ensure that care and services are reviewed on a consistent basis when a consumers’ condition or needs change.

**Requirement 3(3)(b)**

The service should:

* Ensure consistent monitoring of consumers who experience multiple falls.
* Increase the consistency of post-fall assessments.
* Ensure that staff are routinely and consistently considering other strategies recorded in a consumer’s behaviour support plan prior to the use of restraint.

# Standard 1

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

Findings

Consumers and representatives advised that staff treat them with dignity and respect and the Assessment Team observed staff treating consumers with dignity and respect and understood the consumers’ background and individual preferences. Care documentation sampled reflected what is important to consumers to maintain their identity. Consumer rooms exhibited individualised décor which symbolised their identity, culture and diversity.

The service captures relevant information in consumer care planning documentation about individual consumers’ life history which highlights their cultural and spiritual needs. Staff are aware of and deliver care and services in ways that appropriately consider consumer preferences and needs. Lifestyle staff demonstrated how they support consumers to celebrate their culture by celebrating Christian holidays such as Christmas and Easter, and other national days relevant to the consumer cohort.

The service demonstrated that each consumer is supported to exercise choice and independence. Consumers and representatives confirmed that they are consulted and respected when deciding when others should be involved in their care. Consumers and representatives advised they have a choice of the activities they can attend and are satisfied overall with their ability to make choices about their care and services.

The service demonstrates that consumers are supported to take risks to enable them to live the best life they can. The service has systems in place to identify, inform, support and review consumers to ensure dignity of risk is maintained when engaging in activities they prefer. Staff interviews and the Assessment Team’s review of care planning documentation recognised that consumers are supported to undertake activities that involve risk. There are policies and procedures to ensure care and services are delivered in line with consumer preferences and the lifestyle team demonstrated effective procedures to support consumers to take risk.

The service demonstrated consumers and representatives are provided with timely and relevant information to make informed choices and decisions about their care and services. Staff described different channels they use to communicate with consumers and representatives and the Assessment Team observed a resident meeting where twenty consumers were in attendance and were provided a COVID-19 update, what is happening around the service and upcoming events. Each consumer receives a copy of the activities calendar delivered to their room each week and the Assessment Team observed staff informing the consumers of upcoming activities.

The service demonstrated effective processes to ensure that consumers’ privacy is respected and personal information confidentiality is maintained. All consumers advised their privacy is respected and personal information is kept confidential. The Assessment Team observed staff knocking on consumer doors, announcing themselves and asking permission to enter consumers’ rooms. Computers were password protected and consumers’ personal information was stored securely. Consumers have provided consent allowing the service to publish photos of them in the service’s newsletter, and on activity boards throughout the service.

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

Findings

Consumers and representatives provided positive feedback in relation to assessment and planning at the service. The Assessment Team highlighted in their Assessment Team Report that falls risk assessment and management plans were not always reflective of a consumer’s condition and that there was minimal investigation or strategy to address or reduce consumer falls risk. In their response to the Assessment Team Report, the Approved Provider supplied their falls prevention procedure along with their frequent faller investigation form and provided appropriate response to their management of specific consumer concerns detailed by the Assessment Team. The Approved Provider’s response demonstrated effective identification, evaluation, management and follow up activities to best support consumers to ensure safe delivery of care and services. While noting the Assessment Team’s findings, I find the Approved Provider’s response to be more compelling and with the above evidence and considerations, I find the service compliant in Requirement 2(3)(a).

In relation to consumer assessment and planning effectively identifying and addressing their current needs, goals and preferences, including advance care planning and end of life planning, the Approved Provider supplied in their response to the Assessment Team Report a comprehensive review of the specific consumer statements provided by the Assessment Team. In their response the Approved Provider detailed their purpose to support consumer independence and their respect for each consumer’s decision making authority. The Approved Provider demonstrated awareness of consumer preferences as well as oversight of the potential impact(s) on the consumer and need for ongoing monitoring. While noting the Assessment Team’s findings, I find the Approved Provider’s response to be more compelling and with the above considerations, I find the service compliant in Requirement 2(3)(b).

The service demonstrated that assessment and planning are based on ongoing partnership with the consumer and others with whom they wish to be involved, including allied health team and other organisations or providers of care when appropriate. Consumers and their representatives advised they are satisfied with the level of consultation and input into their care and services. Consumers and representatives advised that the care plans are written in a way they understand, and staff discuss it with them when it is reviewed to assess whether it requires any changes. Appropriate recommendations from other services are incorporated in the consumers’ care plan as necessary, such as speech pathology, physiotherapy, Dementia Services Australia (DSA), geriatrician, dietician, podiatrist, and other health specialists.

The service demonstrated that the outcomes of assessment and planning are effectively communicated to consumers and their representatives and are readily available and accessible to staff and representatives.

Staff and management confirmed that care plans are reviewed on a regular basis, however the Assessment Team highlighted that a review does not consistently occur when a consumers’ condition or needs change. The Assessment Team reported a deficiency around a comprehensive investigation of incidents and or consideration of risk factors resulting in nominal strategies to minimise the risk of reoccurrence. Falls prevention strategies are not always updated or trialling new strategies to prevent future falls is not consistently considered. Having provided consideration to the Approved Provider response to the Assessment Team Report, I find the Assessment Team’s recommendations to be more compelling and find the service non-compliant in Requirement 2(3)(e).

The Quality Standard is assessed as non-compliant as one of the five specific requirements have been assessed as non-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. | Non-compliant |
| Requirement 3(3)(c) | The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved. | Compliant |
| Requirement 3(3)(d) | Deterioration or change of a consumer’s mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. | Compliant |
| Requirement 3(3)(e) | Information about the consumer’s condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared. | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant |
| Requirement 3(3)(g) | Minimisation of infection related risks through implementing:   1. standard and transmission based precautions to prevent and control infection; and 2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. | Compliant |

Findings

Consumers and representatives provided positive feedback on the service’s provision of clinical and personal care. The Assessment Team however, reported some deficiencies in the management of restrictive practices, falls management, and management of alcohol consumption. In their response to the Assessment Team Report, the Approved Provider demonstrated awareness of individual consumer preferences and provided oversight of the potential impact(s) on the consumer in respect to providing care that is tailored to consumer needs, and care that optimises consumer health and well-being. The Approved Provider supplied a comprehensive review of their responses to the management of the specific consumers detailed in the Assessment Team Report. While noting the Assessment Team’s findings, I find the Approved Provider’s response to be more compelling and with the above considerations, I find the service compliant in Requirement 3(3)(a).

The Assessment Team identified deficiencies in the identification, assessment, monitoring and management of high impact or high-prevalence risks associated with consumer care including, falls management, the use of chemical restraint and alcohol consumption. As mentioned above, in their response to the Assessment Team Report, the Approved Provider supplied a comprehensive review of how the service managed the specific consumers referenced in the Assessment Team Report, however I provide weight to the Assessment Team’s finding in that further consideration is required in relation to effective management of high impact or high prevalence risks associated with the care of each consumer. This includes further monitoring of consumers who experience multiple unwitnessed falls, increase the consistency of post-fall assessments, and ensure that staff are routinely and consistently considering other strategies recorded in a consumer’s behaviour support plan prior to the use of restraint.

The service demonstrated that the needs, goals, and preferences of consumers nearing the end of life are recognised and addressed, their comfort is maximised and their dignity preserved. The Assessment Team’s review of a consumer’s care and service documents who recently died at the service identified aspects of care provision including pain and skin care was maintained to support maximum comfort for consumers at the end of their life. Consumers and representatives described the processes and discussions they have with staff relating to advance care and end-of-life planning during care conferences, and staff provided examples of how they alter the care of consumers based on the consumer’s agreed needs and preferences when they are nearing the end of life.

The service demonstrated that deterioration or change of consumers’ mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner. Consumers and their representatives provided positive feedback regarding the service’s effectiveness in responding to deterioration in a consumer’s condition. Staff and management advised they routinely discuss any condition changes with the consumer and their representative, medical officer(s), and other medical care providers when appropriate.

The service demonstrated effective systems for communicating information about the care of consumers. This communication is done via comprehensive handovers, verbally and documented in consumers’ care plan, and stored electronically in the service’s electronic care system. Consumers and representatives advised their needs and preferences are effectively communicated between staff and they do not have to repeat information to advise staff of changes in care. Clinical and care staff advised they can access consumer information in convenient ways, including consumer progress notes and files. Care staff said information is provided at handover, communication books, referrals, and verbal communications with consumers and representatives.

The service demonstrated timely and appropriate referrals to individuals, other organisations, and providers of other care and services for consumers sampled. Clinical and care documents indicate appropriate referrals according to the consumers’ current needs. Management and registered nurses effectively described the process for referral to a medical officer or other health professional. Staff advised that referrals are often made to specialists, geriatricians, dietitians, physiotherapists and speech pathologists for consumer assessment and treatment. Consumer care documentation demonstrated appropriate input from others, including medical officers, allied health professionals, and referrals to other health specialists when needed.

The service demonstrated effective infection control policies and procedures to support management and staff. The service’s outbreak management plan and associated documents effectively guide its practice in the event of an outbreak and the service has a qualified infection prevention control lead. Clinical staff described antimicrobial stewardship and care staff were able to describe appropriate measures they follow to prevent infections for consumer safety and to avoid the need for antibiotics.

The Quality Standard is assessed as non-compliant as one of the seven specific requirements have been assessed as non-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 and representatives provided positive feedback demonstrating they receive safe and effective services and support for daily living and that the staff support their independence, well-being and quality of life. Staff were able to describe individual consumer needs and preferences including their likes and dislikes. The Assessment Team’s review of documentation highlighted staff taking the time to identify consumers’ needs, goals and preferences in order to optimise their health and well-being.

Consumers and staff provided consistent positive feedback in regard to the services and supports available to promote consumer emotional, spiritual, and psychological wellbeing. The service has access to scheduled religious services for consumers and staff provided examples of how they support consumers with their emotional well-being including providing direct emotional support to consumers and ensuring they inform the registered nurse staff of any concerns identified or raised by consumers.

Consumers advised of their satisfaction with the services and supports provided to them, including assistance to keep in contact with those important to them as well as the effective facilitation of activities at the service. Care plans include information about the people important to consumers and the activities of interest to them including their participation in the wider community. Consumers advised they enjoy the time they spend with other consumers and are supported to do so.

The service demonstrated appropriate processes and systems for identifying and recording each consumer’s condition, needs and preferences within the organisation and with others when required. Review of lifestyle documentation recognised that the documentation is individualised and includes information which is important to the consumer including their preferences, cultural background, likes and dislikes. Further, staff and external allied health professionals can access the electronic care planning system to view consumer care planning documentation to support safe and effective sharing of consumer care needs. Staff advised they keep up to date on changes in consumer condition and needs via regular handover meetings at the beginning of each shift, checking care plans, review of the communication book, reading progress notes and speaking directly to consumers and other staff.

The service demonstrated that timely and appropriate referrals occur to individuals and other external service providers when required. Lifestyle staff explained when a consumer needs additional emotional or psychological support, the pastor or visiting clergy can be engaged to provide individual support to the consumer at their request. Management advised referrals are made to Dementia Support Australia to assist with behavioural support for some consumers.

Most consumers said that the food was good quantity, quality and variety. Consumer dietary needs and food preferences was appropriately documented and aligned with their assessment and care planning documents. Staff interviews, review of the menu, and Assessment Team observations demonstrated a pleasant dining experience for consumers with a variety of meals and a focus on quality and quantity. Observations made during lunch time meal services showed a relaxed environment where the consumers were socialising with each other while eating their meals. The environment was quiet and staff were politely and respectful in their interactions with consumers.

Consumers advised the furniture, fittings and equipment assist them to be independent and they are kept clean and well maintained. Consumers advised that staff are competent in the use of equipment and said they feel safe when staff use the equipment to provide care and services. The Assessment Team observed equipment to be suitable, clean and well maintained in working order and fit for purpose. This included equipment used to provide laundry, cleaning and catering services. Staff advised they have appropriate equipment to carry out their jobs and demonstrated an effective process involved in reporting and managing faulty equipment.

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

The service exhibits an inviting clean appearance, and has large spacious corridors helpful for ease of movement. The dining areas are spacious and comfortably accommodating to consumers with motorised wheelchairs or reclining chairs. The Assessment Team observed the service to be functional including various social and private spaces and courtyards for the enjoyment of consumers and visitors. Consumers advised they felt at home and the service was very welcoming. Consumers were observed to be independently accessing the outside areas and walking paths as they desired.

The Assessment Team observed the service environment to be safe, clean and well maintained with appealing décor and comfortable furnishings. The layout of the service environment and the availability of easy access to outdoors promotes free movement both indoors and outdoors. Courtyard and garden areas are well kept and maintained, and consumers and representatives expressed their satisfaction with the environment.

The service demonstrated effective systems to ensure fittings and equipment are well maintained and are safe for consumers. The Assessment Team’s review of documentation verified that maintenance is completed in a timely manner and is up to date. Consumers said the furniture and equipment they require is available to them and is cleaned and well maintained. The maintenance request logs demonstrate that maintenance requests are followed up in a timely manner and there is an effective preventative maintenance system where external contractors are engaged on an ongoing basis to provide regular maintenance such as pest control, hot water system servicing, and electrical testing and tagging.

The Quality Standard is assessed as compliant as three of the three specific requirements have been assessed as 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 advised they are consistently supported to provide feedback and complaints to the service if necessary. Consumers are aware they can do so anonymously through phone calls and letters if necessary. Staff advised that they assist consumers to fill out a complaint form if required and escalate concerns raised by the consumers to the attention of the registered nurse.

Consumers were aware of relevant advocacy services and other methods for raising and resolving complaints. Information leaflets about the Older Persons Advocacy Network (OPAN) and other advocacy services, including interpreters, are displayed on notice boards. The reception area has Aged Care Quality and Safety Commission flyers with a contact number to call if they wanted to lodge a complaint.

Consumers advised that appropriate action is taken in response to complaints. Staff demonstrated their awareness and application of open disclosure principles in relation to their responsibilities. The complaints register confirms that feedback and complaints are appropriately acknowledged by management and include the details, date, description and progress of the complaint. The Assessment Team confirmed the register also reflects open disclosure processes are consistently applied.

Management demonstrated effective processes to review feedback and complaints and how this information is used to continuously improve the quality of care and services for consumers. Management also demonstrated how they incorporate feedback and complaints into training, with all staff having completed the open disclosure modules which links to the service’s continuous improvement plan. Management advised that complaints are discussed at staff meetings and all high-risk complaints are escalated to the Board.

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

The service demonstrated the workforce is planned and the number and mix of staff enable delivery of safe and quality care and services for consumers. Consumers advised that they are satisfied with the number of staff available to provide the care and services they require, and staff reported they have sufficient time to complete their work activities. Management have contingency plans in place to replace staff when required, and rosters are reviewed as required to ensure staff allocations are adequately meeting changing consumer needs and preferences. Management advised the service has a 10-minute benchmark for call bell response and the call bell data showed most call bell response times were consistently under 5 minutes.

Consumer feedback and Assessment Team observations confirmed staff interactions with consumers are kind, caring and respectful of each consumers’ identity, culture and diversity. All staff interactions with consumers were observed as respectful, utilising appropriate language and tone.

The service demonstrated effective systems to recruit and ensure staff are competent and have relevant training and qualifications to deliver effective and safe quality care and services. Consumers advised that the workforce is competent and that staff have the knowledge to deliver care and services which meets their needs and preferences. Management appropriately monitors and reviews staff to ensure they are competent to perform their roles. New staff are scheduled buddy shifts and staff performance is regularly monitored via a probationary performance review period. If any issues are identified, additional training is arranged. Management demonstrated that all staff registrations and criminal record checks are current and in accordance with legal requirements, and staff competencies are completed annually including, medication administration (where appropriate), manual handling, hand hygiene, cough etiquette, personal protective equipment donning and doffing.

The service demonstrated the workforce is recruited, trained, equipped and supported to deliver the outcomes required by the Aged Care Quality Standards. Staff complete regular training and demonstrated appropriate experience and skills to perform their roles. Education records confirmed that all staff currently rostered at the service have completed the required annual mandatory training. The Assessment Team reviewed training records that demonstrated completion of training for serious incident response scheme (SIRS), restrictive practices, open disclosure and antimicrobial stewardship for all staff. Further, staff verified that in addition to mandatory training, non-mandatory online modules and face to face training sessions are regularly undertaken on a range of relevant topics.

The service demonstrated annual assessment, monitoring and review of each staff members’ performance is undertaken. The service has an effective system to ensure all formal performance appraisals are conducted in a timely manner.

The Quality Standard is assessed as compliant as five of the five specific requirements have been assessed as 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

The service demonstrated it supports consumers to be involved in the development, delivery and evaluation of care and services. Management demonstrated effective engagement with consumers and ways in which it incorporates consumer feedback and suggestions into changes implemented at the service. Management actively encourages consumer engagement by conducting regular meetings, feedback forms, verbally and through surveys. Management advised that in order to involve consumers in the design, delivery and evaluation of services, they sought consumer and representative input in the colour choices for flooring, curtains and walls for the memory support unit, its equipment, and applicable resources for individualised activities, which included cooking, artwork materials and textiles, gym and gardening equipment, and other activities that would promote and maximise self-reliance for consumers.

The service demonstrated its governing body promotes a culture of safe, inclusive and quality care and services. The organisation’s Board meets on a monthly basis and is supported by a number of subcommittees who monitor and review areas including finance, organisational risk, and provision of care. The Board overseas implementation of changes to policies and procedures to align with new legislative requirements. Consumers are appropriately represented at the leadership and governance meetings, and also participate in regular resident meetings where feedback is delivered to the Board for consideration.

The service demonstrated effective governance systems in relation to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints. Staff demonstrated their knowledge on how to access information regarding consumer care needs from the electronic care system and how they access policies and procedures that support and guide them to perform their duties. Continuous improvements opportunities are identified via consumer surveys, consumer meetings, leadership and governance meetings, one-on-one discussions, staff feedback, audit processes and feedback forms. Staff reinforced that they have what they need to deliver effective care and services. Information on changes to legislative requirements and changes to policies and procedures are provided to staff via email, staff meetings, newsletters and online education modules. Education about reportable incident requirements, restrictive practices and open disclosure are part of the service’s mandatory education program.

The service demonstrated effective management of high impact or high prevalence risk associated with the care of the consumers, identifying and responding to abuse and neglect of consumers, and supporting consumers to live the best life they can. The Assessment Team reviewed the service’s incident management system which demonstrated effective reporting and follow up activities to prevent future incidents. Registered nurses and management effectively monitor consumers identified with high impact or high prevalence risk to ensure staff are providing quality clinical and personal care. Management submits a monthly report on the high impact or high prevalence risks in the service. The Assessment Team’s review of the organisation’s ‘Reportable Incident Procedures’ and the service’s reportable incident register demonstrated effective identification, prioritisation, reporting and management of incidents. This includes management completing appropriate analysis of each incident to find out what went wrong and implementation of strategies to prevent it from happening again.

The service has a clinical governance framework that is underpinned by policies and procedures to guide staff. This includes an antimicrobial stewardship policy that includes the safe use of antibiotics, an open disclosure policy, and policies and procedures relating to the use of restrictive practices. Staff demonstrated their knowledge and application of the principles of antimicrobial stewardship which emphasise the implementation of alternative strategies to minimise the use of antibiotics, including providing adequate or increased hydration to consumers, handwashing and appropriate use of personal protective equipment. Registered nurses demonstrated their knowledge of appropriate pathology testing to determine any resistant pathogens before the medical officer prescribes antibiotics and emphasised that they remind care staff during handovers of the importance of hydration and correct perianal care. All staff demonstrated awareness of what constitutes restrictive practice, and confirmed their appropriate training in restrictive practice. Staff also demonstrated their knowledge of open disclosure, such as providing an apology and ensuring relevant information is recorded in the incident management system for investigation and follow up.

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

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)